



# Inspection Report on

**Alexandra House Support Services**

**Unit 34  
Llys Edmund Prys St. Asaph Business Park  
St. Asaph  
LL17 0JA**

**Date Inspection Completed**

08/03/2023

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## About Alexandra House Support Services

Type of care provided	Domiciliary Support Service
Registered Provider	Alexandra House Support Services Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the first inspection since the service was registered under Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Care staff are knowledgeable, respectful, caring and employed in appropriate numbers. People receive good continuity of care and support. People told us care workers are almost never late or miss calls. People are happy with the support they receive. Though some people's care documentation is detailed, giving staff appropriate instruction on how to deliver support other people's care plans we reviewed do not always have the detail required to give staff enough instruction to undertake appropriate care and support. People's personal plans are not always reviewed in a timely fashion

Support staff are properly vetted prior to employment and are well trained to ensure they carry out their roles safely. Staff have regular supervision; however staff appraisals are not undertaken. The management team are visible and available to chat with people about their support. There are some arrangements in place to ensure the provider knows how the service is running, however the Responsible Individual (RI) needs to ensure the Quality of Care review is undertaken in line with the regulation.

## Well-being

People do not always have control over their day to day lives. The provider has some quality assurance processes in place which consider and act on the views of people receiving support. The RI consults with people using the service on a regular basis. However, the Quality of Care review is not completed in line with the regulation.

People are happy with the support they receive. People told us they are treated well, with dignity and respect, and said care staff are very kind. They told us care workers are never late and never miss calls, people are always told of any changes to the times of their support. People said they receive the support they require, and care staff listen to what support they want. Care workers told us personal plans are updated as soon as the persons support needs change.

People are not always protected from potential abuse, harm, or neglect. Reviews of personal plans and risk assessments are not always undertaken in a timely manner and do not always reflect the information contained in professional documentation on file. Though care staff told us care plans give them enough information to support the person effectively, and people said they are supported appropriately, we found personal plans are not always an accurate reflection of the support the person needs.

## Care and Support

The service provider considers a range of views and information about prospective clients. People are consulted regarding their care needs and preferences prior to the service commencing, to ensure the service can meet their needs. Pre-admission paperwork is detailed, and person centred. It gives an initial overview of the individual, outlines their preferences, and identifies the needs of, and risks to, the person. We saw information from professionals is also obtained prior to people receiving support from the service. We spoke to managers and saw evidence which show managers visit people in their own home prior to their support commencing. Though managers visit and assess people in their own homes when they are referred by the local authority, no formal written assessment is undertaken. We have spoken with the Responsible Individual (RI), and they have agreed to implement this.

People cannot always be confident there is an accurate, up to date plan for how their needs are to be met. We spoke with people who told us they have input into their care plans, and they are happy with the care and support they receive. One person told us *"I have input into my care plan and have not long received an updated one."* However, we spoke with the manager who told us care plans are reviewed every twelve months, this was confirmed by personal care plans we viewed and is not in line with regulations. This is an area for improvement, and we expect the provider to take action.

Personal plans are not always detailed, person centred and do not always give care staff enough instruction on how to meet the person's care and support needs. Managers and care workers we spoke with confirmed care staff must read people's care plans before commencing support with the individual. We spoke with people who told us they receive the support they require, one person said, *"I couldn't ask for anything more than what they (care staff) are doing."* We also spoke with care workers who told us there is enough information in the care plan, they are person centred and care staff are notified about changes to the care documentation. One care worker told us *"Care plans are easy to follow and give a good description of how to meet needs."* We viewed some people's care plans which are detailed and give staff detailed instruction on how to support the individual. We saw detailed instruction in regard to a person's individual health needs and their personal care requirements. We also saw detailed risk assessments had been put in place.

Outcomes in professionals' documentation is also reflected in people's care documentation. However, some people's personal plans we viewed do not give enough detailed instruction to care staff to ensure people's needs are adequately met. We saw in one person's personal plan where information does not reflect risks identified in professionals' documentation in regards areas such as health issues and personal care. This is an area for improvement, and we expect the provider to take action.

## Leadership and Management

Management arrangements ensure oversight of the service, and the required policies and procedures are in place. We saw evidence of regular and comprehensive audits of all aspects of the service. However, the RI advised us they are not able to show audits of missed or late calls. The RI said they would look at implementing a system so this could be accurately monitored. The Responsible Individual (RI) has oversight of the service. The RI undertakes the three-monthly review of the service and the report produced is detailed and shows discussions with stakeholders takes place. Care staff told us managers are approachable and supportive. One care worker told us *“Support from the Managers is very good compared to other jobs I have been in, they are supportive, good at listening, on point, I can go to them with any problems, I am never worried to go and speak to them, they are very approachable and fair.”* The provider also takes complaints seriously and we saw evidence of complaints being received and followed through by managers thoroughly and appropriately. We saw evidence of compliments in regards the care and support people experience have also been received. Policies and procedures in areas such as safeguarding, medication and infection control are in place, comprehensive and reviewed regularly. However, the Quality-of-Care Review, which should be undertaken every 6 months, has not been completed in line with regulations. This is an area for improvement, and we expect the provider to take action.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills, and qualifications to provide the levels of care and support required. We saw several staff files which evidence robust recruitment processes, though on a couple of people’s job applications, dates of employment are missing, which was discussed with the manager. Care staff told us they receive a lot of training which is regular and appropriate for the people they support. We saw training records which confirm this, with training in areas such as safeguarding, medication and epilepsy being undertaken. We spoke with managers and saw evidence which show there is an induction process in place which ensures new care workers shadow an experienced member of the team before they undertake support with that person. Care staff and people using the service told us they are supported by small groups of care workers. Staff rotas confirm people receive good continuity of support from small teams of care staff. One care worker told us *“There is a group of people that I care for and I am familiar with them all.”* One person receiving support said, *“It’s the same group of girls that tend to come, about 6 of them.”* We saw evidence of regular staff supervision, and team meetings, which care staff confirmed take place. However, the RI confirmed that staff annual appraisals have not been undertaken. This is an area for improvement, and we expect the provider to take action.

We also spoke with people about whether care staff are ever late or missed calls. People told us care staff aren't hardly ever late and never miss calls. One person told us if carers are late *"They are very good in time keeping and if there is a hiccup someone will phone me."* People we spoke with also confirmed they receive a copy of their rota weekly, so they know when and which staff are coming.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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15	The service provider has not ensured that all personal plans set out in enough detail how to meet peoples needs, and reflect the risk found in professionals documentation.	New
16	Care plans had not been reviewed in line with regulation, at least every three months	New
36	Staff appraisals have not been undertaken in line with regulations.	New
80	The provider has not ensured there are suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care provided by the service.	New

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