Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Allied Health-Services Ltd- Gwent

Room 22 & 223 The Innovation Centre
Festival Drive
Ebbw Vale
NP23 8XA

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

28 July 2021

About Allied Health-Services Ltd- Gwent

Type of care provided	Domiciliary Support Service
Registered Provider	Allied Health -Service Limited
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the first inspection of this service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
Does this service provide the Welsh Language active offer?	This area was not considered during this inspection.

Summary

People who receive support and their relatives are mostly happy with the service provided. Care is provided in a dignified way by motivated care workers, in consultation with people using the service. Personal plans are well organised and take into account people's preferences and wishes. Three-monthly personal plan reviews take place but require more consistency, linking in with personal outcomes. Moving and handling plans require further detail to ensure support is delivered safely. Call timings need to be robustly monitored to ensure people receive the right support at the time they need it. Auditing of key service delivery records needs attention to ensure matters of importance are identified and improved upon. People are supported by well-trained care workers, however supervision and recruitment practices require strengthening. Improvements are required in regard to safeguarding recording and reporting requirements to CIW. The oversight by the service provider requires specific attention, including the regulatory responsibilities of the Responsible Individual (RI).

Well-being

People using the service say they are satisfied with the support they receive, although call timings could be more consistent. Comments we received reflect staff are caring and respectful. Personal plans are well structured and person centred, and include matters of importance to the individual. Moving and handling plans do not give clear instruction for staff to ensure support is delivered safely in line with specific guidance. Improvements are needed with regard to the oversight of call management to ensure people receive care and support when they need it.

Systems in place to safeguard people require strengthening. The service provider must ensure safeguarding records are consistently maintained, including any actions taken. CIW has not always been notified of safeguarding concerns by the service provider in a timely manner. People we spoke with told us they know who to contact if they have any concerns and commented office staff are helpful. Disclosure and Barring Service (DBS) checks are completed prior to staff working independently. DBS checks completed by the service provider give extra reassurance to people when staff are working in their homes. Medication systems in place require improvement, this includes the auditing processes of key service delivery documentation.

People receive support from staff who are caring and motivated, however, recruitment processes need some improvement. Care workers receive a detailed induction and training when they commence their role. They told us they feel supported. Mechanisms are in place to support care workers, however, one-to-one supervision sessions are not always held three-monthly. Covid-19 risk assessments are in place alongside an infection control policy. People told us care workers wear personal protective equipment during their call and this made them feel safe. Recruitment checks need to be more thorough, in particular references from previous employers to ensure people are fit to commence their role.

Oversight of the service by the provider needs to improve. We saw quality assurance reports completed by the RI. Reports lack engagement with people using the service and working in the service. These are not completed every three months as required. The service provider has not ensured quality of care reviews are completed in line with regulatory requirements. The quality of care review dated April 2021 was not specific to the service and service user engagement was poor. The provider’s stakeholder engagement processes are not embedded at the service and are considered weak.

Care and Support

People are overall, happy and satisfied with the care provided. We spoke with five people and/or their relatives and received generally positive feedback about the care and support they receive. Comments include, *'the carers are lovely*;' and *'the carers are happy and very kind.'* One care worker we spoke with told us, *'(X) is not able to visit their loved one, so I sit and talk with them, and spend more time speaking with them.'* People have personal plans in place on the commencement of the service and their consent is recorded. One person told us they enjoy reading in bed; their personal plan reflects this preference. Feedback from people using the service is captured through regular telephone reviews. Three-monthly reviews of care take place, however, these do not always include an overview of how people are achieving their personal outcomes.

Arrangements are in place to support people with their medication and daily care needs, however systems need to be strengthened. There is a medication policy in place that provides overarching guidance on the administration of medication. Staff are required to complete training and an assessment of competency before administering medication independently. Medication administration records (MAR's) are not always completed consistently and we found gaps in recording with no written explanation. The systems in place to audit service delivery, for example, medication charts and daily care logs require improvement to ensure oversight of these key areas in order to drive service delivery improvements.

People cannot be confident that they will get the right support in the way they need it. We found many discrepancies in people's call times. We note call times lack consistency. This relates to call times in the personal plan, call log records and actual recorded times on the Electronic Call Monitoring (ECM) system. Call times are not always aligned to the service delivery plan. On more than one occasion, we saw one person was receiving a lunch time call approximately three hours following their morning call, however, their calls are scheduled to be four hours apart. Therefore, support for personal care was not always required and records we reviewed reflect this. Many calls do not reflect the care worker stays for the duration of their call and daily recording alongside this circumstance is weak.

Further, we note call times at night for a second person are inconsistent. Two people we spoke with told us calls are not always on time. Feedback from health and social care professionals is mixed. One told us they were satisfied with the overall performance of the service, whereas another told us communication and feedback could be improved. Personal plans for moving and handling lack sufficient detail on how people must be safely supported. We raised this concern with the service provider who gave assurance this would be acted upon as a priority.

Leadership and Management

The service provider's systems to review the quality of care require strengthening. The manager is registered with Social Care Wales and told us they feel supported by the service provider. The RI has completed visit reports in November 2020 and July 2021. The reports are not completed on a three-monthly basis. This is a regulatory responsibility of the RI. Reports contain information on the performance of the service. However, they do not show the RI speaks to individuals using or working at the service in order to measure their experience. We note the service provider has not completed a quality of care review in line with regulatory requirements. The quality of care review shared with CIW dated April 2021 is not service specific and includes information from other services the provider is responsible for. The review of the service reflects engagement from just over a quarter of people using the service. The quality of care review completed in November 2020 lacks stakeholder engagement. We note telephone feedback on quality of care is obtained by office staff on a regular basis, however, the quality of recording is variable.

Recruitment and supervisory practices require some improvement. We examined three staff recruitment files and consider these are well organised. Employment histories are accounted for, contracts of employment are in place and DBS checks are completed. Identification records and employment references are not consistently in place. Care workers told us they feel supported and are observed in their practice on a regular basis. However, supervision records reflect lengthy gaps between supervisions with their line manager. Care workers are recognised for their contribution in regular team meetings. Some staff told us they have a fixed hours contract, however, some are on zero hour contracts and are not aware of any other contractual option available to them. Training records evidence staff receive appropriate induction, coaching and refresher training to help them support people effectively. Care worker compliance with regards to registering with Social Care Wales requires attention.

Systems in place for storing safeguarding enquiries, reporting and recording outcomes need to be strengthened. The service provider has systems in place to make, store and audit safeguarding referrals, however these do not always capture the required information. CIW are aware that safeguarding enquiries have been ongoing for some incidents, although these have not been recorded centrally and not reported to CIW via a regulatory notification. There is a safeguarding policy in place that has been recently updated. The policy indicates, *'internal systems must be kept up-to-date throughout the process.'* Contact details of safeguarding teams and CIW are not present in the policy. We recommend these are included and shared with all staff. Staff receive safeguarding training, and have good knowledge on internal reporting procedures, but some staff we spoke with are unsure of who to contact unconnected to the service provider, if required.

Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved	
None	

Areas where priority action is required	
None	

Areas where improvement is required	
Ensure there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided.	Regulation 8(1)
Ensure the Responsible Individual meets with members of staff and individuals using the service at least every three months	Regulation 73(2)(a)
Ensure that care and support is provided to each individual in accordance with the individual's plan.	Regulation 21(2)
Ensure the moving and handling personal plan for the individual sets out how the individual care and support needs will be met	Regulation 15(1)(a)
Ensure arrangements are in place to administer medication safely	Regulation 58(1)
Ensure where there is an allegation of abuse, neglect or improper treatment a record is kept of any evidence or the substance of any allegation, any action taken and any referrals made	Regulation 27(4)(d)
Ensure CIW are notified of events specified in Parts 1 and 2 of Schedule 3	Regulation 60(1)
Ensure care workers on non-guaranteed hours contracts are offered the choice of alternative contractual arrangements	Regulation 42(1)
Ensure all staff receive appropriate supervision on a three monthly basis with their line manager	Regulation 36(2)(c)
Ensure any person working at the service has provided full and satisfactory information and documentation in respect of the	Regulation 35(2)(d)

matters specified in Part 1 of Schedule 1 and this information and documentation is available at the service for the inspection by the service regulator	

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Date Published 22/09/2021