



Inspection Report on

Allied Health-Services -North Wales

**Allied Health-services
1st Floor, Unit 6, Ash Court
Parc Menai Business Park
Bangor
LL57 4DF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

09/06/2023

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About Allied Health-Services -North Wales

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	1 March 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and does demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are offered support which is person centred and promotes control, choice, independence and a sense of belonging. Personal plans contain detailed information about how people want to be supported. People told us about the jobs they have, courses they attend, social clubs they go to and their plans for holidays and the future.

Managers and support staff know people well and understand their support needs. They work together to ensure people have continuity and support from familiar faces and their preferences are respected. Managers lead by example and provide direct support to people as and when needed. Support staff told us they feel trained, supported and enjoy working for the service. There is a new Responsible Individual (RI) for the service who has good oversight and will be introducing new systems and processes to further improve service delivery.

Well-being

People are in control, they are listened to, involved in their support and their preferences are respected. People contribute to their person plans; outcomes are being met and records show what each day is like for them. People talk about their own homes, they like where they live, have their own house keys and cars to go out in or use the bus. They are happy with the support they receive and can speak with support staff or office staff if they have any issues. People also like to visit the office for a drink, snack and chat. Preferences are respected and consideration is given to matching people with support staff based on shared interests and personality traits.

People's physical, mental and emotional wellbeing needs are being met. People receive their medication and are provided with support to stay healthy and choose healthier options and lifestyles. Managers and staff know people well and obtain advice and support if their needs change. Professional's comments are positive about their experiences of the service, they told us staff engage well with us, they have a positive relationship with the manager who is always happy to help, available and honest, they receive regular reports, keep in contact and send any relevant updates. Other comments include staff supporting a person *"extremely well"*. People do the things that make them happy and are important to them. They are able to build positive relationships with the people they live with, friends, family and support staff. People told us they are happy with the support they receive from staff and get on well with them. Staff comments include people having a good/ great quality of life, staff are *"really good with the people we support"* and *"I feel we are making a massive difference"*. Relative's comments about people include having a good quality of life, staff being very good and *"marvellous"* with people, they *"work hard always there, nothing I would complain about they take good care"* of them.

People are protected from abuse and neglect. They are able to raise concerns and complaints which are acted on and resolved. People commented they *"can raise concerns"* and *"would tell one of staff who would sort it out"*. Staff receive training in safeguarding and there are policies for safeguarding, whistleblowing and reporting and recording incidents which are due to be reviewed. Staff comments include *"total confidence if I had a safeguarding concern could speak to managers and they would deal with it"*.

Care and Support

People have personal plans which are up to date and contain detailed information about the support they want. Plans are person centred, they are clear and consistent for support staff to follow and kept under review. Staff comments include care plans go “*above and beyond*” and these are all relevant and updated. Daily records provide details of how the persons day has been. Medication administration charts (MAR) charts are completed and audited to identify and address any issues. Risk assessments and positive behaviour support plans are also in place to keep people safe. Hospital passports are completed with important information ready in case people are admitted into hospital. Reviews are attended by people, relatives and others involved in their support. Managers and support staff told us about people and how best to support them. This was clearly recorded in their plans, outcomes and reflected in detailed daily records.

People are provided with the support they need through a service which consults with them. Telephone surveys are completed to ensure people are happy with the service they receive. Managers also work directly with people and can address any issues. We spoke with people who had called into the office for a visit and a chat. They told us if they have any concerns these are responded to. Forums are held for people to come to and get to know each other. People have things to look forward to and help to plan for their holidays, celebrations or attend events. Managers and staff told us they try to make people feel important by giving them their full attention for example when they visit the office or making sure they feel special on birthdays and other celebrations including those who do not have family involved. Managers and staff are passionate and knowledgeable about the people they support and enjoy working for them.

People have the same rights and responsibilities as other people and are supported to understand these. We spoke with and visited people who live in their own homes. They told us their homes are nicely decorated, warm and they like keeping it tidy and clean with repairs carried out if needed. A person showed me their room and talked about purchasing a new item which a quote had already been obtained for and also wanted their room painting. People have their own keys, vehicles and access to public transport. Where people share with others, compatibility is considered when a new person wants to move in and this is discussed with people and staff.

Leadership and Management

There are governance arrangements in place to ensure people receive the support they want and their outcomes are being met. The RI has carried out three monthly visits to each office, engaged with people and staff, looked at a selection of records and compiled reports to reflect this. They have also completed six monthly quality of care review reports which identify what is working well and any improvements needed to the service. The Statement of purpose and policies and procedures are being reviewed so that they accurately reflect the service provided in Wales and processes to follow. Records are kept of any incidents, accidents, complaints and safeguarding with actions taken and notifications sent to CIW as required. People, relatives and staff feel able to raise any issues or concerns they may have and these are responded to positively. Staff told us they raise any issues with their managers or the office, who are very responsive and supportive and on call is working well. Staff commented on what is good about the service as they, *“support clients and staff well always find them approachable if needed”*, *“support their staff and clients”* and *“they say don’t hesitate to ask and they mean it”*.

Staff are recruited, trained and supported in their roles. Staff files contain the relevant information to ensure safe recruitment practices are in place. The RI told us about systems that will be in place to ensure recruitment is more robust. Staff told us they work well together and help out when shifts need covering. They said staffing had been an issue but the service is trying to recruit. Staff told us they receive their rotas in advance and are informed of any changes and are asked if they want to do any more hours. Staff told us they receive training for their roles. The training record needs to be reviewed regarding dates and this was discussed with the RI. Spot check, observations and supervisions are also carried out although this should be consistent across all services. Staff told us it is *“just lovely. have fun with them, not work it is a pleasure”*, *“really loves their job”* and *“I enjoy going to work and I never had that before”*. Staff commented on the team getting on really well, staff morale being really good and everyone is so friendly.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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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N/A	No non-compliance of this type was identified at this inspection	N/A
15	Care plans and risk assessments do not always take in to account any health or other relevant assessments. Ensure plans and risk assessments contain clear and consistent information for all staff to be aware of.	Achieved
36	Staff are not receiving supervisions every 3 months. Ensure that all staff receive regular supervision.	Achieved
73	Responsible individual visits are being completed but do not show that people or staff are spoken with about the service.	Achieved
80	Quality of care review reports are completed but these had not been carried out 6 monthly for all services. They do not include all the required information or show that people, representatives and staff have been included in the process.	Achieved

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