

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

1 March 2022



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	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

People are happy with the service they receive and like the regular staff who come to visit them. Personal plans contain detailed information about the support they want, their preferences and routines. Audits are completed to ensure people receive their medication correctly and health professionals are contacted if any health needs change. Relatives, staff and professionals are complimentary about the service and about good communication.

Recruitment checks are carried out and staff receive training to carry out their roles and responsibilities. Staff told us they are happy working for a "warm and caring" service. Improvements have been made to ensure there is more robust oversight of the service being provided to people. We found some areas which need improvements, these are personal plans, supervisions, responsible individual visit reports and quality of care reviews.

Well-being

People have some control over their day-to-day life. People commented "We get everything we want, and the staff are good to me" and they get to choose what happens, when, how and can do what they want to do. People feel listened to and telephone calls are made to obtain feedback from them about the service they receive. Comments include "always involved, always consulted if changes need to be made and can request changes".

Peoples physical, mental and emotional wellbeing needs are being met. Personal plans provide some detailed information about the support people want and need including their routines. Information about health needs and any contact with professionals is recorded. Medication audits are completed to ensure people receive the right medicine at the right time. People are happy with the staff who support them and are kept informed of any changes. Staff told us about the support they offer to people who they know well and understand their needs and preferences.

People are protected from abuse and neglect. People told us they can raise concerns and complaints commenting "anything not happy about don't hesitate to call the office and is happy with the responses they get". Staff receive training for safeguarding and there is a policy in place however not all staff said they knew where to find this. Notifications of most events are being sent to CIW as required.

Care and Support

People are provided with the care and support they need and some risks are considered. People told us they are happy with the service they receive. They are involved in making choices about what they want and reviews are completed. People, relatives, staff and professionals are being informed of any changes and commented on good communication with the service. Health needs are recorded as well as any professional input and appointments attended. Plans we looked at are person centred and staff we spoke with know people well.

Some risk assessments are in place and Positive Behaviour Support (PBS) plans. We found information in plans and risk assessments is not always consistent, clear or covers all the risks identified. For example, we found some conflicting information about a person's health needs and the level of diet they required. A person identified at risk of falls due to medication did not have a corresponding risk assessment in place for this. Specific risk assessments for epilepsy, diabetes and choking also need to be completed where this has been identified. Information about people's health conditions is recorded in some risk assessments and medication plans but is not always obvious in their personal plans. Personal Plans must take into account any health or other relevant assessments and any risk to individuals wellbeing, and this is an area for improvement.

People's views about the service are being listened to. Telephone reviews are completed to obtain feedback on how the service is being delivered and actions are taken to resolve any issues arising. Senior management told us about a residents' forum which had been held recently and provided an opportunity to bring people and staff together and listen to their views about the service. Relatives commented "very happy with the support and the service from Allied" and "couldn't ask for more from Allied and the support workers".

People receive their medication as required so they stay healthy and well. Medication Administration Record (MAR) charts are completed and audited to identify any issues that need to be raised with staff. We looked at plans and risk assessments which provided information for staff about people's medications and any allergies. They also include any creams which are to be used and where they are to be applied. There is a medication policy in place and staff receive medication training.

Environment

Leadership and Management

People are supported by appropriate numbers of staff who are suitably fit and receive training. Senior management informed us staff are being recruited which is ongoing and no external agency staff are being used. People and relatives confirmed they have regular staff arriving for visits with no missed calls. Staff files contain the required information including full employment histories, references, identification and disclosure and barring service (DBS) checks. Records show staff receive training to carry out their roles and responsibilities. Staff told us they are happy and feel well supported by the service. Spot checks are carried out to observe how staff are supporting people. Supervisions are also completed, but these are not being done every three months and this is an area for improvement.

Staff have the time they need to travel to calls and provide the care and support people require. Rotas have been reviewed to ensure there is sufficient time to get to and from calls and to stay for the duration required. Calls which are no longer needed or are to be reduced are discussed with people and the local authority with any decisions taken recorded and information updated. A person told us they "have never missed a visit and always keep them informed".

The service has notified CIW about events as required. We looked at incident, accident and safeguarding information which record what actions are taken and who has been informed. We are told that all managers are aware of what notifications need to be made. We discussed with management that notifications about all positive covid cases are still required.

There are arrangements in place to ensure people receive the service they need. Senior management told us about improvements made since the last inspection. Systems and oversight have improved including record keeping and audit trails for complaints, incidents and accidents and safeguarding's. People, relatives, staff and professionals had positive feedback about how well the service communicates with them and responds to concerns. Policies and procedures are reviewed, but the Statement of Purpose needs to accurately reflect the services provided. The responsible individual's visit report includes more detailed information, but did not evidence that people, their representatives or staff have been spoken/met with as part of the process. Quality assurance reports have also been completed, but for some services this had not been done 6 monthly, included all the necessary information or evidenced people and staff have been spoken with. These are areas for improvement.

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
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	New

	be aware of.	
36	Staff are not receiving supervisions every 3 months. Ensure that all staff receive regular supervision.	New
73	Responsible individual visits are being completed but do not show that people or staff are spoken with about the service.	New
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.	New

Date Published 16/05/2022