



## Inspection Report on

**Allied Health-Services Ltd- Cardiff & The Vale**

**Hsbc 2 Hood Road  
Barry  
CF62 5QL**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

18/01/2023

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## About Allied Health-Services Ltd- Cardiff & The Vale

|  |   |
|--|---|
| 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 under the Regulation and Inspection of Social Care (Wales) Act 2016.   |
| Does this service provide the Welsh Language active offer? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

### Summary

This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.

The Responsible Individual (RI) left the service in May 2022 but there is a temporary arrangement in place to cover the role and they are awaiting CIW approval. We found there is good quality assurance arrangements in place to maintain oversight of the service and keep well-informed. People told us the manager and the office staff are helpful and contactable. People feel confident that any issues raised with the management will be addressed appropriately.

People are very happy with the care and support they receive from Allied Health Service. They receive consistent support from staff who are familiar to them. They are treated with respect by knowledgeable and trained staff that understand the people they support. People are at the heart of the service and they take the time to speak with people to ensure they deliver person centred care. Personal plans are tailored to people's routines and preferences. Individuals are listened to, and regularly asked for their views.

Overall, there is good retainment of staff at the service. Care staff are providing good care and support and have built positive relationships with people and their relatives.

## Well-being

People's voices are heard. The service values the importance of taking the time to get to know people to ensure their routines and preferences are considered to ensure they meet their personal outcomes. Personal plans are person centred and any risks are managed. Regular reviews are undertaken to ensure people are given the opportunity to contribute to their care and make any changes. People are complimentary about care staff and their relationships. People told us *'I cannot speak highly enough of the carers'* and *'Carers have got to know my dad really well and they have good banter together'*. People told us of the positive change the service has made to enhance people's quality of life. The responsible individual (RI) takes the time to speak with people to gain their views about the service to maintain oversight.

People receive the right care at the right time. Call times are agreed as a part of people's personal plans. Care documents show that the support has been given in line with people's personal plans. People told us *'Staff are professional and always makes me feel comfortable and provide dignity and respect'*. Improved oversight is needed in relation to people receiving the full duration of their call time but people confirmed that they are not rushed.

People feel safe and staff protect them from harm as far as is practicable. There are risk assessments in place to inform staff of risk areas and how best to support people. Any accident and incidents are reported and looked into and reviewed regarding lessons learnt. People and their relatives told us they feel able to raise concerns and feel the service would be proactive in their response. There are safe recruitment practices in place to ensure care workers employment checks are completed prior to the commencement of their role. Care staff understand the importance of keeping people safe from harm as they receive the relevant training. There is good management of medicines from trained staff to maintain people's health and well-being.

People can be confident there is effective oversight and management of the service. The proposed RI is to be approved by CIW. They regularly visit the service and monitors the quality of care, which keeps them well informed. The manager is visible in the service and maintains good oversight. People told us *'The office staff are excellent and nothing is too much trouble'*.

## Care and Support

Care staff are providing good care and support and have built positive relationships with people and their relatives. A person told us *'I know my carer well which is what I like'*. Care staff speak fondly about individuals they support. The people we spoke with were complementary of the service they receive and said staff are always friendly and respectful. Records show the service retains staff and there are recognition incentives in place which helps staff feel valued and appreciated. People receive care and support from familiar staff which gives them consistency and continuity of care.

The service looks for ways to keep people well informed and provide opportunities to engage with others. They generally use a social media platform, some information examples are,

- Mental Health Awareness week – advertising that the Vale of Glamorgan is hosting a series of community events to connect and support people
- Providing emergency contact numbers to support mental health and loneliness
- Links to videos for deep relaxation to take time for your well-being
- Stress awareness month and the importance to getting to talk and reduce stress
- Latest discounts and offers in the community
- Local events and walks that people can become involved
- Supporting charities by organising events and activities throughout the year to raise money and donations
- Coffee day for mind in the Vale - For people to join and raise money for the local charities

Person centred care is provided with good, clear care documentation. People and their representatives told us they are encouraged to provide information about their likes, routines, and preferences to help develop a personalised care and support plan. We found the personal plans and risk assessments are clear and provide staff with information to effectively support and care for people in line with their identified needs. Support staff are specifically matched to people's needs. People confirmed that new staff are introduced by an experienced staff member before working on their own. People are actively involved in their reviews and at the heart of the service provided. This ensures that people have a voice on how they would like to be supported.

People remain as healthy as they can be due to care provided and effective administration of prescribed medication. There is a detailed medication policy in place which staff follow. Staff competency is checked before they can administer medication. The medication administration charts (MAR'S) show that people receive the right medication. Improved oversight is needed to ensure the reason is noted when (PRN which means when required), medication is administered. This is important to inform the follow-on staff to

assess the effectiveness of the medication. There is regular auditing of medications to ensure good practice is maintained and the policy is followed.

People are protected from abuse and neglect. We examined people's calls which show that people receive a consistent call time so they know when staff will be arriving. People told us staff are usually on time and if they are running late occasionally, the office will inform them. We found some instances when staff are not staying for their duration of their call. However, records confirm that people received the correct level of care and support to meet their needs during this time. Improved oversight is needed in relation to people receiving the full duration of their call time but people confirmed that they are not rushed. There are detailed risk assessments in place to keep people safe and as independent as possible. Care workers recognise their responsibilities in keeping people safe they told us they are aware of the safeguarding procedures and receive up-to-date safeguarding training. There are robust recruitment checks in place to ensure the care workers are safe to support vulnerable people

## Leadership and Management

The service is overseen by a committed and effective management team who strive to ensure the ongoing development and improvement of the service. The Responsible Individual (RI) left the service but there is a temporary arrangement in place to cover the role and they are awaiting CIW approval. The interim RI regularly visits the service to keep well informed. The quality assurance processes are in place to evaluate the quality and safety of the service. The RI formally records the feedback from people, family members and staff as part of their oversight. We found that there is effective routine auditing of information which is important to identify patterns and trends and look at ways lessons can be learnt. Even though we found no impact for people, the service provider agreed that further auditing is required of call durations to ensure people receive the allocated time, or review if needed. People we spoke with felt the service was professional and the quality was excellent. They told us *“There is nothing they would change”*.

The manager told us that they receive good advice and support from the RI and Senior Management Team. We found that the manager had good leadership, oversight and governance of the service. They support the team to drive improvements and shape the service for the future. Care workers told us the manager and other seniors are easy to approach and provides support on both personal and professional levels.

Most people have access to information about the service but this document should be regularly reviewed. During the inspection the Statement of Purpose was updated. The information guide to the service is reflective of what people can expect from the service. The service provider intends to have the information in other formats to meet different communication needs. The complaint policy is being followed by the service and they actively look at ways that they can learn from people’s experiences. People using the service and staff told us they felt confident that they can raise issues and they will be acted upon. People using the service and staff told us that they can always contact the office but the on-call arrangements should be reviewed as there is often a delay in trying to get through.

People receive care and support from staff that understand their needs. There are robust recruitment arrangements in place to ensure staff are appropriately checked prior to commencing their role. Staff receive a full induction and shadowing opportunities with other staff before working on their own. Staff receive refresher training at regular intervals to ensure they are kept up to date with current guidance and understand the needs of people they support. The service has a training room available for staff for face to face and practical training. Records show that staff receive regular supervision sessions which is an opportunity to seek support and guidance. Staff receive annual appraisals which is important to evaluate their performance and discuss their professional development.

The service is looking at different ways to retain and recruit care workers during a challenging time for the health and social care sector. Some examples are, refer a friend for a monetary gift, recruitment open days, paid induction and training, and flexibility of work. We noted recruitment records show the service retains staff well and there are recognition incentives in place which helps staff feel valued and appreciated. These include, staff recognition awards, launch of an eye care voucher, celebrating achievements, promoting, and supporting good mental health, and hosting coffee mornings to raise monies for local charities.

A sample of policies were seen and they are in accordance with current guidance. Staff can access these at induction and available on request. Any updates to policies are communicated to staff to keep them updated.



### 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 |
|------------|---------|--------|
|------------|---------|--------|

|     |  |     |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
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