



## Inspection Report on

**Allied Health-Services -North Wales**

**Allied Health-services  
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**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

04/10/2021

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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	
Does this service provide the Welsh Language active offer?	No

### Summary

Overall, there have been some improvements with the care and support people receive in the Wrexham area. We found that improvements have been made regarding time specific medication, care plans, hygiene, respect, and sensitivity. For Wrexham and another two services, people are having early or late calls resulting in care and support not being provided at the right time as set out in their personal plans. For these services, further improvements are also needed regarding care and support, medication, staffing, travel and care time, notifications and provision of the service.

## Well-being

People do not always have control over their day-to-day life. Relatives told us care staff respect people's preferences. People are contacted for their views on the telephone but feedback is not always acted upon to further improve the service they receive. Personal plans, reviews and consent forms regarding care and support do not include people or their representative's signatures to show their involvement in this process. People had mixed views about whether they receive a rota to let them know which care staff are coming.

Some people's physical, mental and emotional wellbeing needs are being met but not always at the times needed. Relatives told us people's needs are mostly being met. Personal plans are detailed for care staff to follow but risk assessments lack detail and consistency. Information about what support people require is not as detailed for external agency staff providing cover. Advice is sought from the GP if medication errors occur however, medication audits fail to identify and address reasons for missed signatures.

People are not always protected from abuse and neglect. Care staff said they would report incidents but not all staff are aware of the safeguarding policy. Incidents had not been notified to CIW as required or referrals made to safeguarding. Some relatives told us they are able to raise concerns and complaints and are happy with this. We found these are not always recorded or resolved in a timely way to improve the service.

## Care and Support

People are not always provided with care and support in a way, which, protects, promotes and maintains their safety and well-being. Personal plans provide good detail about people's general needs but some information is not as clear or accurate including skin care, moving and handling and number of staff required. Care staff told us plans are in people's homes or they ask other care staff about the care and support they need. There are inconsistencies in the recording of risks and hazards around behaviours, which lack detail for care staff to know what to do. Plans are reviewed but these and care plan consent forms are not being signed by people or their representative to show they have been involved in their care and support.

The service has systems in place for medicines management but these are not robust enough. Care staff told us how they support people with their medication, they said they receive training, competency checks and there is a medication policy in place. Improvements have been made to the recording of allergy information in plans and on Medication Administration Record (MAR) charts. Information about medication and creams is not always clear or refers to relevant health conditions for care staff to be aware of. People are receiving medication but this may not always be on time. Time specific medication is being given consistently but can be 30 minutes early or later than the required time. Records are kept of medication errors and contact made with the person's GP for further advice. Medication audits are completed but do not always identify errors we found with MAR charts and missing signatures.

The service is promoting hygienic practices, managing the risk of infection and treats people with respect and sensitivity. Care staff told us they are supplied with personal protective equipment (PPE) and wear this during visits to people's homes. They said spot checks are being completed, they receive relevant training and policies and procedures are in place for infection control. Care staff respect peoples preferences, there is a social media policy in place and they are aware of issues around obtaining consent.

## Leadership and Management

The service does not always provide appropriate numbers of staff who are suitably fit and have the knowledge, competency, skill and qualifications to provide the level of care and support people require. For the Wrexham service more office staff and management is in place to improve the day-to-day running of the service. Care staff feedback is generally positive about management being approachable with extra support if needed and good communication. Across the services, there are issues with staffing and an external agency are being used to provide additional cover for calls. We found that information for them was more basic and does not ensure they know all about people's care and support needs. Care staff told us they receive training and have supervisions, but these are not always carried out regularly. Comments also included "*they try their best to look after staff*", "*staff are easy going*" and "*all carers are experienced*". Feedback from relatives and care staff is mixed and identifies the need for some improvements in some of the offices regarding communication, responses to calls and changes of rota.

The service does not always notify CIW of events or make the necessary referrals to safeguarding. Incident and accident records for one service showed notifications had been made as required. For other services, we identified events that had not been notified to CIW or referred to safeguarding and we discussed this with the Responsible Individual.

The service does not always ensure staff arrive on time or stay for the duration of the call. A relative told us when visiting they generally meet the same carers doing the home visits. Another commented about the consistency of the carers, the same ones look after the person, know who they are and what they need. There are still discrepancies between times recorded in call logs and visit schedules. We found that some people are receiving early or late calls. A person said they tell care staff to stay for the required amount of time. Care staff told us they receive rotas but these could change many times due to the need for staff cover. There is an alert system in place to ensure people receive the calls they require but we found this is still not effective in noticing missed calls. Only one member of staff arrived or both staff arrive at different times according to the records we looked at for calls requiring two care staff. Care staff said they do not always have time to spend with people and a relative told us this is an area, which could be improved.

Systems are in place to oversee the service but these are not robust enough to ensure improvements are made. Some of the issues we have identified had already been highlighted in the three monthly visit reports by the Responsible Individual and the quality of care reviews, some of which are out of date. We found that the service's own ratings and identified actions to be taken did not result in the necessary improvements being made to the service. Some care staff and relatives told us they report issues to the office but there is not a clear audit trail for making sure these are followed up or acted upon. Concerns and complaints are not always responded to promptly or records kept to evidence actions taken to resolve them. There is no reference to CIW in the complaints policy. Although some improvements have been made since the last inspection, six areas still require further improvements to meet the regulations.

## Environment



### 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
21	People or their representatives are not involved in their care and support and information is not always clear, accurate or provides details about risks. Ensure information is accurate, up to date and involves people or representatives.	Not Achieved
58	Information about medication and creams is not clear or refers to relevant health conditions. Medication audits are being completed but fail to identify errors with MAR charts. Ensure the oversight and audit of medicines management	Not Achieved
34	Staffing continues to be an issue with external agency being used, training and supervisions need improving and communication with the offices. Ensure there are sufficient numbers of staff to carry out visits and who know what care and support people need.	Not Achieved

60	Not all events have been notified to CIW as required or referred to safeguarding. Ensure all notifications and referrals are made.	Not Achieved
41	The service has not ensured that systems in place are effective for visits to be made when required. Ensure that staff arrive and stay for the duration of the calls.	Not Achieved
6	There are systems in place to oversee the service but these are not robust enough to ensure improvements. Ensure that arrangements in place identify issues and take appropriate action to improve the service people receive.	Not Achieved

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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