



## Inspection Report on

**Saannie Medical Services Limited**

**19, Charles Street  
Charles Street  
Clwyd Wrexham  
LL13 8BT**

## **Date Inspection Completed**

12/04/2023 & 18/04/2023

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## About Saannie Medical Services Limited

Type of care provided	Domiciliary Support Service
Registered Provider	SAANNIE MEDICAL SERVICES LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since registration with Care Inspectorate Wales (CIW).
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Saannie Medical Services Limited is a Domiciliary Support Service, with the aim to support people over the age of 18 in the community. At the time of the inspection, the service was providing care and support to a total of four people. Representatives of people who use the service are overall satisfied with the care provided. The provider is not providing a service in accordance with the Statement of Purpose (SOP). The provider does not ensure the relevant assessments and personal plans are in place prior to the care and support commencing. This is placing people's well-being and safety at risk therefore the provider must take priority action to address these issues.

Staff feel supported by management, but the provider does not ensure pre-employment checks are fully completed prior to staff starting to work at the service. The RI is not completing their regulatory visits to monitor the running of the service at least every three months. This is negatively affecting their oversight of the service provided. Most of the policies and procedures are in line with guidance and legislation. However, improvements are required to the safeguarding policies and procedures in place.

## Well-being

People are supported to maintain their independence, this includes assisting people to access the community. Representatives of people who use the service, feel people are supported to maintain their independence and overall, the support provided is in line with the personal plans.

Overall, people are supported with their physical, mental health and emotional well-being. At the time of the inspection, the provider was supporting four people. Many of the people receiving the service were being supported for social outings, in order to promote their well-being and maintain their independence. The service provider must ensure all service users have pre-assessments and personal plans in place, which are up to date, to inform staff how best to support the person.

The service provider has measures in place to report and record safeguarding concerns. The safeguarding policy needs updating to include relevant external agencies contact details. However, recruitment practices need to be more robust to ensure staff are suitably fit and safe to undertake the role. The provider must ensure the service being provided is in accordance with the SOP and the RI completes their regulatory visits to monitor the quality of the service provided at least every three months.

## Care and Support

People cannot be assured the provider has an accurate and up to date plan for the care provided. The provider gathers most of the relevant information regarding people's care and support needs as part of the pre-assessments. However, they do not include a date of when the assessment was completed or any evidence of consulting with the person and/or their representative regarding how they would like to receive their care and support. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are not always provided with the care and support they need. We saw one page profiles detail what is important to the person, and it is clearly recorded how best to communicate with the person. During the inspection we requested to see a person's personal plan, this was not available, but was later sent on to us following the inspection visit. We spoke with representatives of people who use the service. We were informed one person did not have a personal plan in place from the service provider, and staff are not always aware what support the person needs. This means we cannot confirm whether staff are informed of the support the person requires before the staff provide a service. This is placing people's health, safety and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

We received some positive feedback from relatives regarding the care and support provided. They told us staff are approachable and they can raise issues or concerns with staff, including the manager. Relatives told us any issues they have raised had been resolved. Feedback also included the service is accommodating and flexible if they require the times of the calls to be changed, and the carers arrive on time most of the time.

The service has a medication policy in place; however, this is not in line with current guidance and legislation. Most staff files we reviewed, showed staff have received medication training. At the time of the inspection, the service was not administering medication to people who use the service. The provider informed us because staff were not administering medication, staff had not received medication competency assessments. However, the services SOP states staff can support people with medication.

The provider has mechanisms in place to record and report safeguarding concerns, but improvements are required to the safeguarding policy in place. Staff we spoke with demonstrated knowledge of the safeguarding procedures and told us they can approach the manager/RI with any safeguarding concerns. Staff receive safeguarding training and

safeguarding incidents are recorded along with the actions taken. The RI has oversight of the safeguarding concerns. The safeguarding policy is not in line with current guidance and legislation. It does not include all the required information such as the local safeguarding authorities details or include reference to the All Wales Safeguarding procedures. This means staff may not know who to contact outside of their agency, if they had a safeguarding concern. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

## Leadership and Management

The service provider has insufficient governance arrangements in place to support the smooth operation of the service. Policies and procedures in place are mostly in line with current guidance and legislation. However, the RI does not have adequate arrangements in place for their effective oversight of the quality of the service provided. The RI is speaking with staff and service user's and/or their representatives in order to gather feedback about the service provided. But, the RI has not completed their regulatory visits at least every three months as is required. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

We spoke with external professionals, who told us the provider does currently meet the needs of the people they are currently providing with a service. However, feedback from external professionals also included communication from the provider requires improvement, when information is requested. One professional we spoke with, told us when the provider first provided support, staff were not informed of the support required at each visit and this was putting the person at risk. Feedback also included there are not enough staff to visit service users, when the usual staff are on holiday or if they were to be absent for other reasons. This does not provide an assurance of continuity of care for people.

The service provided is not in accordance with the Statement of Purpose (SOP). The SOP states the service has Welsh speaking staff, however this was not evidenced during the inspection. Staff are not receiving supervisions and staff meetings are not taking place as detailed in the SOP. The provider is not following the recruitment processes as per the regulations and the SOP. The provider has not evidenced following the quality assurance measures as stated in the SOP, such as carrying out regular spot checks and reflecting on the services performance in an 'improvements folder'. The SOP is not dated and does not reflect what version or the dates of amendments. This means the provider is not adhering to its own SOP. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service provider has oversight of financial arrangements and investment in the service, to ensure it is financially sustainable. The service has the appropriate insurances in place, including public liability insurance. We saw there are sufficient supplies of PPE and staff are provided with uniforms.

The service provider has not undertaken robust recruitment checks prior to commencing employment and this is placing people at risk. We reviewed a sample of staff files and found not all staff have up to date identification checks, employment history checks, references and Disclosure and Barring checks (DBS) prior to commencing employment. We found most staff are not employed as domiciliary care workers and the checks which have been completed are relating to their current and previous employment at another of the service provider's businesses and are therefore not applicable to their role as domiciliary care worker. This means, the provider cannot be assured staff are fit to undertake the role. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Staff we spoke with told us they feel well supported and they are provided with sufficient training to undertake their role. Staff told us the Manager/RI is approachable and overall, any issues they have raised have been addressed. We reviewed a sample of supervisions, it is unclear whether this is for the domiciliary side of the business. The supervision records we reviewed demonstrate staff are provided with the opportunity to reflect on their practice. We did not see a copy of all the training all staff have undertaken, from the staff files we reviewed we found the majority have received the relevant training for their role, including training in supporting people with learning disabilities.



### 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
15	The provider has not ensured personal plans are in place for all individuals who receive care and support from the service. The service provider has not evidenced the involvement of the individual and/or any representative when preparing the plan.	New
35	The provider has not carried out the appropriate pre-employment checks to ensure all staff are fit to work for the service.	New
7	The provider is not providing the service in accordance with the statement of purpose.	New

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
73	The RI has not completed their regulatory visits at least every three months.	New
27	The service provider does not have safeguarding policies and procedures in place which are in line with current legislation, national guidance and local adult safeguarding procedures.	New
18	The provider has not evidenced the involvement of the person and/or their representative when carrying out the provider assessment.	New

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