



Inspection Report on

Saannie Medical Services Limited

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

Date Inspection Completed

08/11/2023

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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	12 April 2023
Does this service promote Welsh language and culture?	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

People are happy with the care and support they receive from Saannie Medical Services Ltd. Care staff understand people's needs and are eager to provide the best possible care and support.

Care staff are supported to access training, including training to meet people's individual needs. Personal plans and risk assessments are person centred and are clear on how best to support people. Regular reviews take place to ensure people continue to receive the right support.

The Responsible Individual (RI) has oversight and is keen to further develop the service. People spoke positively about the new manager, how they are approachable and accessible.

Well-being

People have control over the care and support they receive. People told us they are involved in the development of their personal plans and have regular reviews. Personal plans are person centred and promote choice and independence, by supporting people to do as much as they can. There are appropriate risk assessments in place, which promote positive risk taking. The service provider does not currently have any Welsh speaking staff working at the service, but aim to recruit Welsh speaking staff.

People are supported with their well-being. They told us they are supported to do what matters to them and most care staff understand their needs. Personal plans include relevant healthcare assessments, these are included within the personal plans to ensure people receive the right care and support. Where it is included in people's personal plans, care staff support people to access the community.

People are protected from abuse and neglect. Nearly all people told us they feel safe with care staff who work at the service. They told us they are treated with dignity and respect. Care staff are familiar with the service providers policies and procedures. The RI has oversight of any safeguarding concerns or complaints, we found these are responded to in line with the service provider's own policies and procedures.

Care and Support

People are provided with care and support, through a service which works with the person and/or their representative when developing and reviewing their personal plans. We reviewed a selection of personal plans and found pre-assessments and reviews are carried out with the person and/or their representative. Personal plans are person centred and inform care staff how best to support people. We found appropriate risk assessments are in place, these are based on people's individual needs and are clear on how to reduce risks. We observed interactions between care staff and people who use the service, care staff are warm, friendly and patient with people.

People and their relatives told us they are involved in the reviewing of their care and support, and said most care staff understand their needs. Feedback from people included [the service provided is] "*12 out of 10*", [care staff] "*are willing and eager to please*" and "*they are very gentle and careful*". We received some feedback regarding people not always having the same carers visit each week, and for some people this can cause anxiety. The service provider has assured us a plan is in place to improve continuity for people. Professionals we spoke with, told us the service provider meets the needs of the people they are involved with. They told us staff engage well and are responsive to their requests.

People are protected from abuse and neglect. The safeguarding policy provides care staff with clear guidance around how to raise a concern, including the contact details for the relevant local authority. Care staff receive regular safeguarding training and are familiar with the services policies and procedures. There are effective systems in place for safeguarding concerns to be recorded, along with the outcomes of any investigations. Most people we spoke with told us they feel safe with care staff, and most issues they have raised have been resolved.

The service provider promotes hygienic practices. There is an infection control policy in place. We saw care staff wear Personal Protective Equipment (PPE) during their visits to people. Care staff told us they have sufficient supply of PPE, including a supply at people's homes.

Leadership and Management

The service provider has good governance arrangements in place to support the running and development of the service. The Statement of Purpose (SOP) has been updated and accurately reflects the service provided. Policies and procedures are reviewed regularly. The RI is the designated safeguarding lead for the service and has oversight of any concerns or complaints regarding the service. The RI has regular contact with people who use the service, to obtain their feedback about the care and support they receive. The quality of care report reflects on what the service does well and ways in which it could improve, including the actions required.

The service provider has oversight of financial arrangements and investment in the service. There are plans in place to further develop the in-house training provided to care staff. All care staff are supplied with uniforms, identification badges and PPE.

People are supported by a team of staff, who are suitably vetted and have the appropriate training and skills to provide care and support. We reviewed a sample of staff personnel files and found pre-employment checks are carried out before employing the person. This includes appropriate references, Disclosure and Barring (DBS) checks and employment history. We reviewed staff training records and found most staff are up to date with training, including training to meet people's individual needs. Care staff are appropriately registered with Social Care Wales, the workforce regulator. Regular spot checks are completed with care staff, to ensure they remain competent in their role. We spoke with care staff, who told us they feel supported in their roles. Supervisions provide care staff with the opportunity to reflect on their practice, review training and receive feedback on their performance. Regular staff meetings take place, providing care staff with the opportunity to discuss any issues they may have. Both care staff and people who use the service, told us when they contact the service or the on call support, they receive a swift response and communication is good.

Overall, care staff are provided with sufficient travel time and time to support people. Most people we spoke with, told us care staff arrive on time and spend the full duration as set out in their personal plans. Feedback from care staff indicates they do not always have sufficient travel time. The manager assured us a plan is in place to address this issue. We reviewed a sample of staff rota's, which showed care staff have sufficient breaks between shifts.

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
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.	Achieved
35	The provider has not carried out the appropriate pre-employment checks to ensure all staff are fit to work for the service.	Achieved
7	The provider is not providing the service in accordance with the statement of purpose.	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
73	The RI has not completed their regulatory visits at least every three months.	Achieved
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.	Achieved
18	The provider has not evidenced the involvement of the person and/or their representative when carrying out the provider assessment.	Achieved

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