



## Inspection Report on

**Wrexham County Borough Council Domiciliary Support Services**

**Wrexham County Borough Council  
Crown Buildings  
31 Chester Street  
Wrexham  
LL13 8BG**

**Date Inspection Completed**

05/12/2023

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## About Wrexham County Borough Council Domiciliary Support Services

Type of care provided	Domiciliary Support Service
Registered Provider	Wrexham County Borough Council Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	21 March 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Wrexham County Borough Council domiciliary support services provide support to people in the Wrexham Borough. This includes services from Homecare, Re-ablement, extra care settings, community living service (CLS), recovery and out-reach services.

People are happy with the care and support they receive from the service. Care staff are enthusiastic about providing the best support to people. Personal plans are person centred, promote independence and accurately reflect people's individual needs. Care staff feel they are supported in their roles, but not all staff are receiving regular supervisions and training. The Responsible Individual (RI) actively seeks the views of people who use the service and is keen to grow and develop the service.

## Well-being

People have control over their day to day lives. People told us they are able to make their own decisions about the service they receive, and they are supported to maintain their independence. Personal plans are person centred and promote independence. Reviews of personal plans take place regularly and evidence people's involvement. Care staff are enthusiastic about enabling people to do as much as they can for themselves. People told us care staff treat them with dignity and respect, are friendly and listen to them.

People are supported with their physical, mental and emotional well-being. People told us they are supported to access health services. Across the service, we found correspondence with health professionals is recorded, including referrals made to appropriate health services, such as Occupational Therapy. In supported living settings, people are supported to attend appointments. People who receive support from the community living service and the recovery service told us they are supported to do what matters to them. Daily records evidence people are supported to go to local groups, activities and to pursue their hobbies and interests.

We observed interactions between care staff and people from extra care, CLS supported living setting and a recovery supported living service. Care staff treat people with dignity and respect. People have meaningful interactions with care staff. The support we observed reflected what is written in the personal plans. Within the supported living settings, care staff treat the property as people's homes and support them to make it their home. People are supported to maintain relationships with people who are important to them. Friends and relatives of people who live in the supported living settings, told us they are able to visit their loved ones as often as they like. We received comments about care staff being like friends or family.

There are measures in place to protect people from abuse and neglect. Overall, safeguarding records are maintained. Staff are familiar with the safeguarding procedures, but records of safeguarding training are not kept up to date, it is unclear if staff are receiving regular safeguarding training. Safeguarding policies and procedures are clear to care staff on how to raise a concern. We found the RI has oversight of any safeguarding concerns and complaints and these are reflected upon in the records from their regulatory visits. People told us they feel safe with care staff and said they are approachable.

## Care and Support

People are involved in their care and support. We reviewed a selection of personal plans across the service. We found, the service provider completes assessments to ensure they can meet the person's needs, before agreeing to provide the service. These assessments are detailed and contain the relevant information, which then supports the development of their personal plan. Personal plans are written with the person and/or their representative, as evidenced with signatures. Personal plans inform care staff on how best to support people, including emotional support. Risk assessments are based on people's individual risks, these are clear on how to mitigate the risks whilst promoting positive risk taking. Most personal plans are reviewed at least every three months, people told us they are involved in their reviews. Care staff record correspondence with health care professionals and for CLS and recovery, we saw evidence of people being supported to attend medical appointments, such as dental and community mental health appointments. Medical advice is sought in a timely manner, where advice has been obtained, this is included in people's plans. Care staff document the support provided in the daily records, which show the support provided is in line with personal plans.

We received positive feedback from people and their relatives from across the service. Comments included, from home care, reablement and extra care settings; *"it's been absolutely fantastic, whatever we have asked it has been seen to"*, *"Brilliant, can't fault them"*, *"The regular carers are very, very good"*. For CLS and recovery, *"Absolutely brilliant"*, *"X is improving no end"* and *"they have been brilliant"*. Most people we spoke with from across the service, told us they receive continuity of care with the same care staff providing the service. Health and social care professionals we spoke with told us they feel the service meets the needs of the people they support. Regarding the homecare service, they told us staff have built up a positive relationship with the person. A professional involved with CLS told us the care staff work well with other agencies and take on advice from others, they said *"this has been a real team approach"*.

There are safe systems in place for medicines management. There is a medication policy in place, which is in line with guidance and legislation. Where staff support people with medication, they receive regular competency assessments, to ensure they correctly administer medication. Medication administration records (MAR) charts are completed following the administration of medication.

## Leadership and Management

The service provider has governance arrangements in place to support the smooth running of the service. The RI visits different settings and speaks with a selection of people from across the service, every three months. As part of the visits, the RI also reviews a sample of records of events, including safeguarding incidents and complaints. The RI and the two registered managers meet each month to discuss the services. The quality of care review reflects on views obtained from people who use the service, as well as external professionals involved with people. This report highlights what the service does well and identifies ways in which the service could improve. There are systems in place to ensure any complaints received are dealt with according to the providers own policies and procedures. The registered managers and assistant team managers complete regular audits, which help to identify where improvements can be made. For the supported living settings, the assistant team managers visit each setting regularly, as part of these visits they directly observe the care provided.

The service provider has oversight of financial arrangements and investment in the service. We reviewed a sample of rotas and found there are sufficient staffing on duty across the service. There is sufficient public liability insurance cover in place. Care staff we spoke with told us they have plenty of Personal Protective Equipment (PPE) available to them.

People are supported by a service which provides appropriate numbers of staff, who are vetted before they are employed at the service. Care staff are appropriately registered with Social Care Wales (SCW), the workforce regulator. Care staff told us they feel supported in their roles, feedback from staff includes *“Love my job and will never do anything different”* and *“The management are the best I have ever had”*. Staff meetings take place regularly and are used to share information across the teams and to discuss any issues. Care staff benefit from regular training and supervisions. Supervisions provide care staff with the opportunity to reflect on their practice, receive feedback on their performance and identify any training and development needs, but they do not consistently take place at least every three months. Training records are not kept up to date, therefore do not evidence if care staff are fully up to date with training, including specialist training. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Within the homecare service, care staff are mostly provided with sufficient travel time between visits. Homecare staff told us they are provided with enough time to meet people's needs and people told us they do not feel rushed.

### 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
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36	The service provider has not ensured all staff receive regular training and supervision.	New
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