



## 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**

21/03/2023

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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	28 July 2022
Does this service provide the Welsh Language active offer?	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

This was a focused inspection, which concentrated upon areas of the service identified at the last inspection as needing priority action. On this occasion we did not consider care and support, and leadership and management in full.

People are happy with the support they receive. Since the last inspection improvements have been made in regards the information held in people's personal plans and the frequency these plans are reviewed. The provider is now compliant in all areas.

The management team are visible and managers and care staff are available to chat with people about their support and their lives in general. There are effective arrangements in place to ensure the provider of the service knows exactly how the operation is running. They know what is working well and where they could further improve the service.

## Well-being

People have control over their day to day lives. We spoke with people and care workers, and saw documentation that show people or an appropriate person is involved in reviewing the information held in people's personal plans in line with regulation. The provider has comprehensive measures in place to review the support people receive, to review what is working and where improvements are required. The Responsible Individual (RI) consults with people who use the service on a regular basis.

People are happy with the support they receive. People told us staff knew what they were doing and how to support them. People confirmed they had input into the support they receive and got on well with the people who support them.

People are protected from harm and abuse. Reviews of personal plans and risk assessments are undertaken in a timely manner and in line with regulations. The information held in these documents is accurate and detailed and allows care staff to give appropriate care to people. Care documentation reflects information held in other professionals' documents seen and is outcomes focused. Staff receive appropriate training for the people they support and there are enough care staff in place.

## Care and Support

As this was a focused inspection, we have not considered this theme in full.

At our last inspection, we identified an area for improvement regarding personal plan documentation. At this inspection, we found the necessary improvements have been made. We looked at several people's personal plans, risk assessments and associated documentation. People's personal plans are well written, detailed, giving care staff enough instruction to carry out their role and support people appropriately. Risk Assessments are detailed and gave care workers information about the individual and enough instruction so any risk can be managed safely and effectively. Outcomes for individuals are clearly documented and being met. Pre-admission assessments are in place and the information in the care documentation reflects the information in these pre-admission assessments. We also found that Social Services integrated care and support plans are also in place where necessary and the person's care plans reflect the information found in these documents and went further in assessing the outcomes for the individual, with the input from the person or an appropriate adult. We spoke to a number of people who use the service, they told us care staff are aware of what is required when undertaking care and support with them. We spoke with several members of the care team who confirmed care plans gave enough instruction and reflect the needs of the individual accurately.

We also found improvements in regards the frequency of the provider reviewing personal plans and associated documentation. We viewed several personal plans and saw these plans have been reviewed in line with regulations and have been signed and dated by the individual or an appropriate person. We spoke with people who use the service who confirm they are involved in their reviews and reviews have taken place recently. We spoke with staff who also confirm service user care plans are reviewed regularly and with the input of the individual.

## Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

The service provider has various governance arrangements in place to ensure the smooth operation of the service and an effective oversight. We saw managers have a range of detailed audits in place to ensure they were able to oversee the service effectively. The RI undertakes their three-monthly visits in line with regulation. The reports the RI compiles in regards these visits are detailed and shows stakeholders views and experiences are sought.

People are supported by a service that employs enough suitable and competent support staff to provide the levels of care and support required. We saw staff files which show there is a comprehensive induction process in place to ensure care staff have the knowledge and experience before they undertake support with people. We saw evidence training was appropriate for people being supported and people benefit from good continuity of care. We saw on one occasion care was missed by one person, however the provider has put processes in place which will stop incidents such as this happening in the future.

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