



Inspection Report on

S & S Domiciliary Care

**49 HIGH STREET CAERGWRLE
WREXHAM
LL12 9LH**

Date Inspection Completed

07/10/2020

Welsh Government © Crown copyright 2020.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.*

About S & S Domiciliary Care

Type of care provided	Domiciliary Support Service
Registered Provider	S & S Care UK LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service

Summary

People are happy with the care and support they receive from the consistent staff at the service. Staff are knowledgeable, respectful and caring. Opportunities for people to take part in revising their personal plans is required. Enhanced medication monitoring is in place to reduce errors due to ongoing non-compliance. Improvements are required to quality assurance systems. The provider ensures staff receive regular, recorded one-to-one meetings and training relevant to their roles. The Responsible Individual (RI) and registered manager work together as they want an improved service.

Well-being

People can access the right information, when they need it and in the way they want it. They are provided with a service user guide and statement of purpose that informs them of the services available and what to do if they have concerns or a complaint. People and their relatives told us they are treated with dignity and respect by a consistent team of staff that know them well. People are asked their views on their views on the service as part of the quality assurance system in place, although this does require some improvement to ensure it meets regulations.

People's physical and mental health is promoted. There is a good level of detail to guide staff contained in individual personal plans that is updated to reflect an individual's current needs and sets out how on a day-to-day basis the individual's care and support needs will be met. We did not see evidence of people's involvement with the personal plans but people confirmed they had seen them. There are positive relationships with care staff that helps to support people's emotional health and well-being. Comments from people were all positive; *"I enjoy seeing them."*; *"Always lovely and very happy."*

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. People told us they are listened to and communicated with, in a courteous and respectful manner with their care and support being the main focus of staff's attention; *"Very nice staff always."* People are treated with respect and feel valued. Care staff are trained in safeguarding and have clear up to date policies and procedures to guide them.

Care and Support

Personal plans contain a good level of information, they are updated to reflect the individual's current needs and set out how on a day-to-day basis how the individual's care and support needs will be met. People told us they had personal plans in their homes. We looked at a sample of five personal plans. When revised people did not have the opportunity to comment on the plans. The placing authority (if applicable) or any representative were not asked to contribute. The impact on people using the service is they have not had the opportunity to agree to their personal plans. We have not issued a priority action (non-compliance) notice on this occasion. We expect the people who run the service to take action to address this and we will follow this up at the next inspection.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. People have the information they need to raise concerns. Staff receive training appropriate to their role; new medication and safeguarding procedures have been provided and we saw in previous staff meeting minutes new ways of working is discussed. People told us if they had a concern, they would "*call the office.*" One relative told us they are "*happy with the care*" provided. One person told us they "*feel happy to raise concerns but honestly no problems at all.*" People are provided with a service user guide that contains contact information for the service and the placing authority. Staff have access to policies and procedures that are aligned with national guidance.

At the last inspection, we issued a priority action (non-compliance) notice as we found medication is not always dealt with in the safest way. At this inspection, we saw a high number of medication administration "*errors*" recorded in internal audits. We saw from documentation that medication administration is not always recorded as staff did not always sign records presenting risk of unnecessary errors. We have not been provided with evidence to show medical advice had been obtained for adverse effects where required. We saw staff had recent medication competency assessments completed. We saw all staff had received recent training. Staff have access to policies and procedures. We saw documentation has improved. We considered five medication record charts and found there to be missing signatures that corresponded with the findings of the internal audit, however we found no further action to ensure no adverse effects on people because of the missing medication. Following discussion, the provider took immediate action and assured us the errors are "*documentation errors*" and people receive their medication as prescribed. The Responsible Individual (RI) and registered manager want an improved service. The provider has implemented an enhanced monitoring system with immediate effect. At this inspection, we found risk to people's wellbeing, which is likely to continue if no action is taken. Therefore, the priority action (non-compliance) notice remains and we expect the provider to take immediate steps to address this and make improvements.

Leadership and Management

There is a written guide; statement of purpose; that reflects the service provided. There is evidence of annual reviews. Improvements to ensure accuracy regarding staff training and quality assurance systems is required. The statement of purpose provides information to ensure people know how to raise concerns to the provider and local authority.

There are limited arrangements in place for the effective oversight by the RI of the service. Systems in place to review ongoing quality assurance processes and review standards of care and compliance with regulations require RI oversight and in some areas completion in person in accordance with the regulations. We saw information is reviewed by the manager and views of people and staff are obtained and used for the continued development and improvement of the service. There is no quality of care review available for the service. The impact on people using the service is they are not benefitting from a service that has suitable arrangements to assess, monitor and improve the quality and safety of the service sufficiently overseen by the RI. We have not issued a priority action (non-compliance) notice on this occasion. We expect the people who run the service to take action to address this and we will follow this up at the next inspection.

Well-trained care staff support people living in their own homes. Records confirm they are trained to support those in their care; they told us they feel confident and competent and have the necessary equipment. Staff are positive about the service and the support they receive from the care manager and registered manager. One member of staff told us they feel confident raising issues with the manager as they have "*always been listened to.*" They confirmed they receive regular, recorded one-to-one meetings and records supported this. There is appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to achieve the individual's personal outcomes.

There are systems for the provision of schedule visits for each person using the service and each domiciliary care worker that is in line with the requirements of regulation. The system in use does not always accurately reflect the actual visit time; the provider told us this is due to the system requiring people to have a "*landline telephone system*" which may not always be possible. The time allocated for travel time is sufficient and staff told us this "has improved in the last six months". People told us call times are mostly on time and the staff "*always*" stay for the allocated time. The provider ensures each domiciliary care worker has a choice of continued employment in line with the requirements of regulation.

Areas for improvement and action at the previous inspection

Ensure all new staff receive an induction appropriate to their role; receives appropriate supervision and appraisal; and receives training appropriate to the work to be performed by them.	Regulation 36 Supporting and developing staff (2) (a) (b) (c) (d)	Achieved
The service provider must have suitable arrangements in place to ensure that medicines are administered safely.	Regulation 58 Medicines (2)(b)(c) (3)	Not Achieved
The time allocated for travel time must be sufficient.	Regulation 41; Delineation of travel time and care time (3)(a)	Achieved

Where providers fail to improve and take action we may escalate the matter by issuing a priority action (non-compliance) notice.

Areas where immediate action is required

The service provider must have suitable arrangements in place to ensure that medicines are administered safely, and if errors in documentation are identified, prompt investigation to establish that medication has been administered and/or medical advice has been sought where required.	Regulation 58 Medicines (2)(b)(c) (3)
--	--

Areas where improvement is required

When a personal plan is revised, it should be co-produced with the individual receiving care and support, the placing authority (if applicable) or any representative.	Regulation 15
Responsible Individual visits must be completed by the RI themselves and include information as described in the regulation.	Regulation 73
Quality of care review is required in order to assess, monitor and improve the quality and safety of the service.	Regulation 80

Date Published 26/11/2020