



Inspection Report on

S & S Domiciliary Care

**S & S Care Ltd
49 High Street
Caergwrle
Wrexham
LL12 9LH**

Date Inspection Completed

11/02/2021

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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	2 October 2020
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

This was a focused inspection and on this occasion we did not consider the well-being, care and support and leadership and management in full.

People receive care and support from a well managed service. People are at the centre of their care and supported by staff they have been able to build positive relationships with. Staff are confident and enthusiastic in their roles which enables them to support people to achieve their outcomes. Up to date personal plans reflect people's individual needs and preferences well and ensure people remain safe.

The service are committed to making and sustaining improvements.

Well-being

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

People's voices are heard which enables them to contribute to decisions which affect them. The service provider ensures people are involved in formulating and reviewing their personal plans, and therefore they have control over how their care and support is delivered. The service provider makes the necessary improvements within the service and gains people's views. Feedback we received supported that the service listen and value people's opinions and preferences.

People are protected from harm. Safe administration and management of medication systems are now in place. These, and other systems in place to monitor, review and improve the quality of the service have improved and are good. People are able to build positive relationships with staff they trust, and are able to raise any concerns they may have.

Care and Support

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

Personal plans reflect people's current needs and desired outcomes. There has been a significant improvement in the process of formulating and reviewing personal plans within the service. People are involved in the regular review of their support plans and risk assessments and their views and preferences are valued; documentation and feedback evidence this. Staff are confident they have a good knowledge of people's current needs and are able to recognise changes in people they support.

Staff told us they support the same people each week and we saw evidence to support this. There is evidence people are able to build positive relationships with staff that support them.

There are safe systems in place for the administration and management of medication. Documentation we reviewed evidenced significant improvements in the medication processes within the service; documentation is completed accurately and in a timely manner. Medication audits are in place at the service and being completed on a weekly basis to ensure improvements are sustained. Staff receive the relevant training in medication and their practice is regularly observed to ensure the service's policies and procedures are being followed accurately. The administration and management of medication is good.

Leadership and Management

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

There are systems in place to monitor, review and improve the quality of the service. Regular audits are in place and any actions arising from these audits are addressed. The Responsible Individual (RI) has improved oversight of the service and three monthly visits are taking place; the reports are of a good standard and cover requirements stipulated in the regulations. The service provider now has a system in place for reviewing the quality of care and support every six months; this process was discussed in detail during the inspection. The service provider is proactive about gaining the views of individuals involved in the service. The service is provided in line with up to date policies and procedures which are reviewed within specific timeframes; all previous review dates are detailed on policies.

Areas for improvement and action at, or since the previous inspection

Regulation 73 - RI visits	Regulation 73(2)	Achieved
Regulation 15; Personal Plan (6)	Regulation 15(6)	Achieved
Regulation 58 Medicines for 58 (2) b and (3)	Regulation 58(2)(b) Regulation 58(2)(b) Regulation 58(2)(c) Regulation 58(3)	Achieved
Regulation 80 (1) ; Quality of care review	Regulation 80(1)	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

None

Areas where improvement is required

None

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No noncompliance records found in Open status.