



Inspection Report on

Domiciliary Support Services

**Single Point Of Access
Denbighshire County Council
Wynnstay Road
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Date Inspection Completed

17/08/2023

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About Domiciliary Support Services

Type of care provided	Domiciliary Support Service
Registered Provider	Denbighshire County Council Adults and Children's Services
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the service's first inspection since its re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016.
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

People are happy with the service they receive and praise the standard of care delivered. Efforts are made to involve people in decisions regarding the care and support they receive. Their views are respected, and their care is tailored to their own wishes and preferences. The care provided is flexible to changes in people's needs. Personal plans reflect people's current care needs, how they wish to be supported and these documents are updated when required. People's views are sought as part of the formal reviews of the service provided. The service is well lead and consistently well managed. There are firm arrangements in place to regularly monitor the quality of the service provided and to consider how the service can be improved or further developed. Staff are recruited safely, are well supported by managers, and are provided with relevant training. Staff enjoy working at the service and feel they are valued in their roles.

Well-being

People who use the service know and understand what care, support and opportunities are available. This is because they can access clear, written information regarding the service provided. This enables people to make an informed decision about whether the service is suitable for them. This includes information regarding how to make a complaint, if required.

People have control over their care and support. Arrangements are in place to gather information from people who use the service regarding what matters to them, and how they wish to be supported. These are recorded in people's personal plans, and staff have easy access to these documents. The care delivered reflects each person's individual needs and preferences. This shows people's voices are heard. Care documentations are updated as people's needs change, which ensures people always receive the right support to meet their individual outcomes. Quality-of-care reviews include feedback from persons who receive support, which means they are involved in shaping the future development of the service.

People are happy with the service they receive and have good relationships with the staff who support them. We saw staff are respectful toward the people they support, and they recognise each person as an individual with their own needs. Support is provided to enable people to do the things they want to do, and this contributes to their positive sense of well-being. Staff enjoy their work and receive appropriate training to their roles. They also feel well supported by management and feel able to raise any concerns they may have. There is good managerial oversight of the service provided, which means people receive a good quality service. Regular monitoring checks are completed by the management and Responsible Individual (RI) to ensure the service delivered is as it should be.

Physical and emotional health is promoted. Arrangements are in place to support people to regain their previous level of independence when people are recovering from poor health or an injury. Staff recognise the importance of enabling people to do as much as they can for themselves and protecting people's independence. This means people maintain their sense of autonomy and sense of control over their own lives.

People are safeguarded from harm. Appropriate action is taken when there are concerns regarding the safety of people using the service. Staff working at the service are subject to suitability checks being completed before they start to work with people. Staff complete safeguarding training to ensure they know how to recognise abuse and neglect as well as what their responsibilities are to protect people from harm. A safeguarding policy is in place which states the actions required by management in response to any safeguarding matters arising.

Care and Support

Arrangements are in place to involve people in discussions regarding their care and support. We saw personal plans record people's wishes regarding how they would like to be supported and their individual preferences are respected. What people can do for themselves is recorded and staff told us promoting people's independence is given importance. People told us they are supported to regain their previous levels of independence, which they feel is a positive outcome for them. The manager told us the support provided is flexible and is responsive to people's specific needs. Staff confirmed they have ongoing conversations with people regarding the level of assistance they require, and the support provided is adaptable according to changes in people's needs.

People told us they are happy with the care and support they receive, and their care needs are met. A social care professional told us staff work in partnership with them and health professionals. This facilitates people to overcome obstacles and achieve positive outcomes.

People can be confident their personal plan records their current care and support needs. We looked at a sample of personal plans and saw they are kept under review, and they document any changes in people's needs. This means staff can access up-to-date written information regarding the support people require, which ensures people consistently receive the correct assistance.

There are systems in place to protect people from harm and neglect. We saw staff have access to a safeguarding policy and training is provided. Staff demonstrate a good understanding of their responsibilities in relation to protecting people from abuse and are confident in how to report such matters. The manager refers safeguarding concerns appropriately to the local authority when required.

People can receive a service in their preferred language. The Welsh language and culture are respected, and efforts are made to provide Welsh speaking staff to people who want it. Written information regarding the service provided are available bilingually.

Leadership and Management

People can access written information about the service provided. The statement of purpose accurately describes the service provided. There is a service user guide available which details the service people can expect. The guide includes clear guidance for how to raise a complaint and how complaints are responded to, in line with the complaint procedures. Policies and procedures are in place to fulfil the aims of the statement of purpose.

People can be assured robust arrangements are in place to consistently monitor the quality of the service provided. Reports are available to show the RI undertakes formal visits to review the service provided. The report identifies areas of the service which can be further developed, and what action is required to facilitate improvements. Progress made is monitored at the following RI visit. The manager has arrangements in place to carry out monthly monitoring checks to ensure the service delivered is safe and effective. Reports are available to evidence the audit checks completed by the manager. The views of people who use the service are considered within formal quality of care reviews which take place twice a year. This means people are involved in developing and improving the service provided. The manager and RI are proactive in finding different ways of working with people and are committed to evolving the service so it can meet the needs of a wider population of people.

Staff are recruited safely and receive appropriate training relevant to their work. We looked at staff files and saw suitability checks are completed before new staff start to work at the service. Staff training records show staff can access mandatory training and some specific training related to the needs of the people who they support. Staff confirm they completed an induction and undertook shadow shifts when they started working at the service. Support is also provided for staff to undertake formal social care qualifications, which further enhances staff's knowledge base. Regular team meetings take place and staff receive one-to-one supervision support meetings with a senior staff member. Staff told us they enjoy their work. They also feel supported in their roles, feel able to raise any concerns with the manager and feel listened to. Some staff have worked at the service for several years, which means they are experienced and can provide a consistency of care to people.

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

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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