



Inspection Report on

Galluogi Potens Wales

**Unit 7, Plas Pentwyn
Castle Road
Coedpoeth
Wrexham
LL11 3NU**

Date Inspection Completed

22 & 24 February 2022

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About Galluogi Potens Wales

Type of care provided	Domiciliary Support Service
Registered Provider	Potensial Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	16 June 2021
Does this service provide the Welsh Language active offer?	Working Towards. 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, which concentrated upon an area of the service identified at the last inspection as needing priority action; specialist staff training. We also considered an area of the service previously identified as requiring improvement; the reviewing of people's personal plans.

Since the last inspection, improvements have occurred in relation to the specialist training provided to staff. Additionally, action has been taken in relation to the reviewing of people's personal plans. Staff now have access to current written information regarding people's needs because people's personal plans are up-to-date. The improvements made in these two areas lead to better outcomes for people using the service.

People are happy with the service they receive and praise the support provided by staff. Staff feel supported in their roles, and feel they receive the right training to enable them to do their work. The manager has oversight of the service, and the Responsible Individual (RI) monitors the safe running of the service.

Well-being

People are happy with the service they receive and have positive relationships with the staff who support them. Up-to-date personal plans are available to guide staff, which ensures they provide people with the correct care and support. People describe the staff as “*wonderful*” and they have a sense of “*trust*” in them, which helps people to feel well supported and valued. Staff respect people’s choice, autonomy and independence; however, people are confident support is always available when they need it.

The specific and specialised training available enable staff to sustain and promote people’s physical and mental health. The training provided improve staff’s awareness of the impact of various physical and mental health conditions upon the lives of the people they support, which enhances their ability to provide appropriate support. This leads to good outcomes for people, because staff have a better understanding of their needs.

There are effective arrangements in place to protect people from abuse and neglect. Staff know they have a responsibility to respond and report matters related to adult protection. There are clear processes in place to report safeguarding matters to the local authority when required. This service works in collaboration with multiple health and social care professionals to best protect the people they work with. People feel safe and are reassured by knowing who to speak to if they have any safeguarding concern.

Care and Support

There are comprehensive arrangements in place to safeguard people from abuse, harm and neglect. All staff complete safeguarding training to promote their awareness of their roles in relation to protecting people from harm. Staff also have access to a safeguarding policy, which clearly records what is abuse and the responsibility of staff and managers to report any safeguarding concern to the local authority. Safeguarding reports are made appropriately to the local authority, which demonstrates a commitment to working in partnership with external professionals to manage or reduce people's risk of harm. People we spoke with told us they felt safe and if there was anything they were worried about, they knew with whom to speak. People also told us they felt staff would listen to them and would respond appropriately to any concern raised with them.

Personal plans are up-to-date and accurately reflect people's current support needs, and the care provided. People are involved in creating their personal plans and know what the document records. Staff confirm they update people's personal plans as and when required, following any changes to people's needs and at least every three months. There are arrangements in place at a managerial level to check personal plans reflect any changes to people's individual care and support needs and their personal outcomes. This ensures staff have access to accurate written information, which enables them to provide people with the correct care and support to achieve positive outcomes.

Leadership and Management

Action has been taken following the last inspection in relation to the provision of specialist training available to staff. Staff complete various specialist training in relation to the needs of the people they work with. This promotes staff's understanding of physical and mental health conditions, which the people they support are living with. Staff are confident they have access to the relevant training to enable them to do their work. They can also ask for additional training, which they feel they would benefit from completing. There is a staff member appointed with the responsibility of ensuring all staff complete their mandatory training, as well as the specific training related to the particular needs of the people they support. The manager has arrangements in place to monitor the staff training provision and staff's completion of the required training. As part of the quality assurance process the RI monitors the training provided and completed by staff. Forward planning occurs in relation to anticipated changes in people's needs. This ensures staff have received the relevant training in preparation for expected changes in the care needs of the people they support. This proactive approach to providing training aims to provide people with continuity in the care and support they receive.

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
36	The service provider has failed to ensure that any person working at the service receives specialist training as appropriate.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A
16	The service provider has failed to always review personal plan documentation as and when required, but at least every three months.	Achieved

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