



Inspection Report on

Wepre Villa Homecare Ltd

**Wepre Villa Homecare Ltd
Holywell Road Ewloe
Deeside
CH5 3BS**

Date Inspection Completed

29/08/2023

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About Wepre Villa Homecare Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Wepre Villa Homecare Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	12 May 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support provided by Wepre Villa Homecare Ltd. Care staff understand people's needs and are keen to provide the best possible care and support. Personal plans are clear and inform staff on how to support people.

Care staff are supported to access training, including training to meet people's specific needs. Plans are in place to ensure staff receive more regular supervisions. New staff are introduced to people who use the service, before they provide support to them. Care staff are generally provided with sufficient travel time between visits.

The service provider has experienced a change in staffing at the service, including a change in management team. The service provider is keen to develop and expand the service.

Well-being

People have control over their day to day lives. Personal plans are person centred and encourage people to do as much as they can. The information written in the plans is led by the person, providing people with choices and control over the support they receive. People told us they are supported to maintain their independence and they said care staff treat them with dignity and respect. Care staff understand people's needs and this is reflected in the daily documentation. If a service user requires documentation in Welsh, this can be provided. People have access to information about the service, to help them to understand the service being provided. Most people are provided with a copy of their care plans and receive the services contact details, including out of hours. People told us they had not had a reason to call the out of hours.

People are supported with their health and well-being. Records evidence people are supported to access relevant health care services where required. Correspondence with health professionals is recorded and it is clear what action has been taken following the discussion. There are systems in place to ensure staff are competent to administer medication.

People are protected from abuse and neglect. There are systems in place to record and report safeguarding concerns and appropriate actions are taken. People said care staff are kind and they feel safe with them. People said they know how to raise a concern, but told us they have not needed to. Staff are awaiting safeguarding training with the Local Authority. The safeguarding policy needs to be amended to reflect the All Wales Safeguarding procedures.

Care and Support

People receive good quality care and support. Before agreeing to providing care and support to people, a detailed pre-assessment is carried out by a suitably qualified staff member. Personal plans are person centred, and clear about what support people need, reflecting their personal views and wishes. We reviewed a sample of personal plans, these demonstrated the routines at each visit are led by the person, providing people with choice and helping them to maintain their independence. Where a risk has been identified, a risk assessment is put in place to reduce this. Care staff complete daily records, which show the care provided is as directed by the personal plans. People told us they are happy with the care and support provided, feedback included staff are “*respectful and courteous*”, “*We enjoy X coming in*” and “*they always ask if there is something else they can do for me*”. Relatives we spoke with, told us they are happy with the care and support their relatives receive and told us care staff understand their loved ones needs.

People are protected from abuse and neglect, there are effective measures in place to report and record safeguarding concerns. People told us they feel safe with care staff and they treat them with dignity and respect. The service are currently awaiting safeguarding training to be provided by the Local Authority. Staff working at the service are supported to raise concerns through the services Whistleblowing procedures. The safeguarding and whistleblowing policies provide care staff with the relevant external agency contact details, but do not reflect the All Wales Safeguarding procedures. The service provider assured us they will update these.

There are safe systems in place for the management of medicines. Care staff are up to date with medication training. Care staff are assessed on their competencies to administer medication during observations completed by the management. The medication policy is in line with current guidance and legislation.

The service provider promotes hygienic practices to manage the risk of infection. The service provider ensures there is plenty of Personal Protective Equipment (PPE) available to staff. There is an effective infection control policy in place which is in line with guidance and is reviewed regularly.

Leadership and Management

The service provider has good governance arrangements in place. The Responsible Individual (RI) visits the service regularly and evidences speaking with staff during the visits. The most recent quality of care review report shows views are sought from both care staff and people who use the service. This report identifies ways in which the service could improve, in order to further develop the service. Complaints received are logged, but it is not always clear what actions were taken. The provider assures us they will review the way in which complaints are recorded. There is sufficient oversight of financial arrangements and investment in the service.

People are supported by a service which provides appropriate numbers of staff who have either completed training or are booked on training with the Local Authority. Before people are employed at the service, relevant references and identification checks are gathered. The service provider is currently recruiting new care staff. Care staff are provided with a fixed hours contract. At the time of the inspection, staff working at the service had received recent spot check observations to ensure they are competent in their role. The provider assured us there are plans in place to ensure one to one, formal, supervisions are carried out at least every three months. Staff we spoke with, told us the training provided has improved. We reviewed training records, which showed staff receive training according to people's individual needs. At the time of the inspection, there had been a change in staffing and the staff working at the service were not yet eligible to register with Social Care Wales, the workforce regulator.

Overall, sufficient time is allocated for care time and travel time. We spoke with care staff, and people who use the service and also reviewed a sample of staff rotas. We found care staff are mostly provided with sufficient travel time between visits. Most visits from carers are at the time as set out in their care plans and for the required duration.

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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