



Inspection Report on

Home Instead Wrexham & Flintshire

**23 Chester Road
Gresford
Wrexham
LL12 8NB**

Date Inspection Completed

14 September 2022

14/09/2022

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About Home Instead Wrexham & Flintshire

Type of care provided	Domiciliary Support Service
Registered Provider	Wrexham Senior Homecare Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	25 July 2020
Does this service provide the Welsh Language active offer?	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 they receive from care workers. They are knowledgeable, respectful, caring and are available in sufficient numbers to meet people's needs. People told us care staff are never late and calls are never missed. Support is provided in an un-hurried and dignified manner by a friendly staff team. People's care documentation is detailed, giving staff appropriate instruction on how to deliver support. Care Plans are reviewed regularly.

People receive good support from a well-managed service. An enthusiastic staff team are recruited safely, supervised regularly, and trained to meet individuals' support needs. Managers undertake detailed audits of the service on a regular basis and the views of those receiving a service are actively sought. The Responsible Individual (RI) has good oversight of the service.

Well-being

People's views on the care and support they receive is actively sought. People told us they are treated well, with dignity and respect. They said staff are friendly and care staff told us they viewed people's personal plans before care and support commenced. People's care and support documentation is detailed, reviewed regularly, and gives staff adequate instruction on how to support individuals. Care staff told us this documentation gives an accurate reflection of the individual and their needs. People are supported by small teams of staff who develop good, appropriate relationships with the individuals they are supporting. The service supports people to achieve their outcomes.

The service has good measures in place to ensure people receiving a service are protected from harm and takes safeguarding individuals seriously. Recruitment practices are robust and care staff are trained in areas such as safeguarding. There is a comprehensive range of policies and procedures in place. Staff follow care plans closely. Care plans mirror the requirements set out in accompanying documentation provided by health care professionals. Risk assessments are detailed and reviewed regularly.

Care and Support

The service provider considers a range of views and information about prospective clients. People and / or their relatives are consulted regarding their care needs and preferences prior to the service commencing to ensure the service can meet their needs. One relative told us Home Instead undertook a very comprehensive pre-admission assessment prior to support commencing. Care staff we spoke with advised they view the personal plans of individuals they are to support, prior to the service commencing to ensure they are familiar with the requirements of the person. Care workers told us they can view people's care plans at any time and would look at the care required for an individual they have been supporting prior to their visit, to ensure their knowledge about the person is up to date. We saw personal plans which are reviewed and written in conjunction with the individual. People using the service and family members confirmed they are consulted about what care and support is required and this is undertaken in the way in which the person wanted their support delivered. One person told us: *"Care workers do everything I need doing."*

People are provided with good quality care and support which is tailored to the needs of the individual. Detailed personal care plans are in place and give comprehensive instruction to care staff on how to support people. They are reviewed in line with regulations and care staff told us they are made aware of any changes to people's personal plans. Care plans mirror information contained in the service's own pre-admission assessment documentation and information provided by professionals on how to support the individual. People we spoke with, and their relatives, told us they or their relatives receive the care and support they require. Personal plans are outcomes focused. People we spoke with, and relatives, told us they could view the personal plan through the company's portal. Care workers we spoke with confirmed care plans are detailed and gave them the information and instruction they needed to undertake their role. They also confirmed care plans are updated with any changes to the care and support people may require. We also found risk plans to be detailed, comprehensive and reviewed at appropriate intervals.

Leadership and Management

Comprehensive management arrangements ensure effective oversight of the service and required policies and procedures are in place. We saw evidence of regular and comprehensive audits of all aspects of the service. The Responsible Individual (RI) has oversight of the service, visits the service, has regular meetings with managers and undertakes an annual survey with stakeholders. The provider actively seeks the views of people who use the service. Results of surveys undertaken by the service are published and sent to stakeholders. Care staff told us managers are approachable and supportive. One care worker told us its *“a lovely company to work for.”* The RI undertakes their statutory duties in regards quality of care and visits in line with regulation.

We saw evidence of robust recruitment processes and knowledgeable staff are provided in appropriate numbers to support people. Care staff told us they receive regular and appropriate training for the people they support, we saw training records which confirm this. We also saw the service provides training videos for care workers on specific topics such as manual handling techniques. We saw evidence of regular staff supervision, appraisals and spot checks are undertaken, which care staff confirmed took place. We also saw minutes of recently held team meetings. Care workers we spoke with also confirmed this. The provider also takes complaints seriously and we saw evidence of complaints being received and followed through by managers thoroughly and appropriately.

The provider takes safeguarding seriously and has good mechanisms in place to safeguard the individuals they support. The safeguarding policy reflects current national guidelines. There are safe systems for medicines management being followed with policies in place for staff to follow. The provider has comprehensive infection control policies and procedures and manages the risk of infection well.

Care staff told us they have enough time to undertake their calls. People who receive the service and their relatives told us care staff spend their allotted time undertaking support, are never late and never miss calls. This was confirmed by care workers we spoke with and records we viewed. Staff rotas confirm people receive good continuity of support from small teams of care staff. People receiving support, their relatives and care staff also confirmed this was correct. One person's relative told us they received support from *“a small group of carers.”*

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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Date Published 22/11/2022

Crynodeb o'r achos o ddiffyg cydymffurfio	
Statws	Ystyr pob un
Newydd	Nodwyd y diffyg cydymffurfio hwn yn yr arolygiad.
Wedi ei adolygu	Adolygwyd cydymffurfiaeth yn yr adolygiad hwn ond ni chafodd ei chyflawni. Mae'r dyddiad targed ar gyfer cydymffurfio yn y dyfodol a chaiff ei brofi yn ystod yr arolygiad nesaf.
Heb ei gyflawni	Profwyd cydymffurfiaeth yn yr adolygiad hwn ond ni chafodd ei chyflawni.
Wedi ei gyflawni	Profwyd cydymffurfiaeth yn yr adolygiad hwn ac fe'i cyflawnwyd.

Rydym yn ymateb i ddiffyg cydymffurfiaeth â'r rheoliadau pan gaiff canlyniadau gwael i bobl, a / neu risg i'w llesiant eu nodi drwy gyhoeddi Hysbysiad(au) Gweithredu â Blaenoriaeth.

Mae'n rhaid i'r darparwr gymryd camau ar unwaith i fynd i'r afael â hyn a gwneud gwelliannau. Os bydd darparwyr yn methu â chymryd camau gweithredu erbyn y dyddiad targed, gallwn uwchgyfeirio'r mater at Banel Gwella a Gorfodi.

Hysbysiad Gweithredu â Blaenoriaeth		
Rheoliad	Crynodeb	Statws
Dd/G	Ni nodwyd unrhyw ddiffyg cydymffurfio o'r math hwn yn yr arolygiad	Dd/G

Pan rydym yn canfod achos o ddiffyg cydymffurfio â'r rheoliadau ond nad oes unrhyw risg uniongyrchol na sylweddol i'r bobl sy'n defnyddio'r gwasanaeth, rydym yn eu hamlygu fel Meysydd i'w Gwella.

Rydym yn disgwyl i'r darparwr weithredu er mwyn unioni hyn, a byddwn yn ei ystyried eto yn ystod yr arolygiad nesaf. Os bydd y darparwyr wedi methu â chyflawni'r gwelliannau angenrheidiol, byddwn yn uwchgyfeirio'r mater drwy gyhoeddi Hysbysiad Gweithredu â Blaenoriaeth.

Meysydd I'w Gwella

Rheoliad	Crynodeb	Statws
Dd/G	Ni nodwyd unrhyw ddiffyg cydymffurfio o'r math hwn yn yr arolygiad	Dd/G

Dyddiad Cyhoeddi 22/11/2022