



# Inspection Report on

**1st Enable North Wales Service**

**Llay Resource Centre  
Market Square Fifth Avenue Llay  
Wrexham  
LL12 0SA**

## **Date Inspection Completed**

14 March 2023

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## About 1st Enable North Wales Service

Type of care provided	Domiciliary Support Service
Registered Provider	1st Enable LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since it was re-registered under the Registration and Inspection of Social Care (Wales) Act 2016
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.

### Summary

1<sup>st</sup> Enable Ltd is a domiciliary support service providing support to adults living in their own homes. Sometimes support is provided to more than one adult sharing a home. People receive effective support to help them achieve their outcomes as support plans are comprehensive and detail how the person needs and wants to be supported. People are supported to live fulfilling lives, following activities they enjoy, learning new skills and enhancing their independence. People feel part of their community, they take advantage of local services and facilities. They are supported to live well in their own homes, support staff take care to make sure people are safe and happy where they live.

Support staff are properly vetted prior to employment and are well trained to ensure they carry out their roles safely and with expertise. The management team are visible, always available to chat with people about their support and their lives in general. There are effective arrangements in place to ensure the provider of the service knows exactly how the operation is running. They know what is working well and where they could further improve the service.

## Well-being

People have control over their day-to-day life, their rights and entitlements are protected. People are registered on the electoral roll so they may vote, and the provider is seeking easy read guidance to help their understanding. People are fully involved in designing their plan of support; records detail exactly how they want to be supported, what good support looks like to them, what makes them happy and what they do not like. When incidents or accidents happen, they are not only logged from the support staff perspective but also separately logged from the person's perspective. They record their view of how the incident made them feel and how things could be different.

People are healthy and active and do things that make them happy. They choose to go for walks, visit a gym; they are supported to attend therapeutic services and health appointments. People have support to choose holidays, looking through brochures and choosing things they enjoy. They go out often to eat and take coffee, to chat and socialise with others. They are supported to attend college and learn new skills. One person told us they are '*living their best life*'.

People are safe and protected from abuse and neglect. All support staff are trained in safeguarding and are guided by the providers policies and procedures. Support staff meet with their manager often so they may raise concerns if they have any. People's views about the support they receive are sought frequently so any issues can be quickly resolved. The manager carries out unannounced 'spot checks' of practices and processes at each home.

People are supported to learn and develop to their full potential. They do the things that matter to them. They learn computer skills and arts and crafts in college. Support staff seek out opportunities for people to do volunteer work such as in a charity shop. The provider has developed a skills centre people can access. One person had the necessary skills and gained employment working for the provider; other people using the service are employed as quality checkers; they have their own office and advise the management team on what is being said.

People know they live in their own homes and the support workers visit to support them to live their lives. They have their door keys and are in charge of who they allow into their home. People have a say about who lives with them and great effort is made to integrate people at their pace. There are meetings in the park, invitations for tea and other opportunities to meet before decisions are made. Audits and other checks help ensure the environment is safe for everyone who lives and works there.

## Care and Support

The provider considers a wide range of views and information to ensure the service can meet needs. Records show professionals, family and the person themselves are fully involved in putting together a picture of how the service is to be provided. To ensure compatibility, prior to people living together, staff arrange and support opportunities to meet such as dining out, walks, and visits to the house to meet others living there. Staff support people to express their views about whether the arrangement will work for them. People told us they get on well with those they live with, and photographs and records evidence this. People new to the service also have a choice about staff who will support them. One person coming to the service has specifically asked for staff '*with lots of energy to jump on a trampoline*'. It is clear compatibility with other people and with the staff who support them is a key consideration.

There is an accurate, up to date plan for how people's needs are to be met. All plans are developed with people receiving support; They say how and when they want to be supported, what makes them happy or sad, how to support them to stay healthy and safe. We saw plans are reviewed monthly, including any associated risk assessments. Reviews are person centred and desired outcomes are clear. Reviews begin with recognising the attributes of the person, what everyone likes about them, reminding them they are valued and others appreciate them. People say what is working well and what needs to be improved. Action plans clearly identify people's desired outcomes and deadlines to achieve this. These documents are audited which helps ensure progress doesn't drift.

We saw plans reflect personal wishes, aspirations, potential risks and specialist needs. We saw short and long term goals are identified such as plan a holiday, arrange horse-riding sessions, do voluntary work. We saw people's skills and strengths are identified and people are offered opportunities to use these, such as a team of 'quality checkers' who have live, current experience of using the service. They are paid to visit people in their home, complete surveys, and report back their findings. It was important for one person who previously had a negative care experience, to design their own plan of support. The detail in the plan ensures staff know the person well. The person told us of their complete confidence in the staff; they trust staff know them well and described this as a 'turning point' for them. They said they now do what they want when they want. They live the life they want to live.

## Leadership and Management

The service provider has various governance arrangements in place to ensure the smooth operation of the service and an effective oversight. Records show the responsible individual (RI) visits people in their homes to check everyone is happy with the service they receive. They visit the office at least weekly to meet the manager. People told us they see the RI frequently and enjoy her visits. The service has employed 'quality checkers', who also use the service, to visit people and seek their views. Support staff told us the manager is always available to them; she also visits people's homes to check they are happy with the service and undertakes unannounced 'spot checks' to ensure consistent quality of care and support. The service holds a Driving Up Quality meeting with people using the service, their families and staff; people come together to express their views on what is working well and give ideas for how the service can progress. We saw a report of the meeting and photographs illustrating how people contributed. A conference meeting, with the same people every other year, discusses progress made towards the previously identified actions. The RI produces a 'quality of care review report' that identifies what the service is doing well, the evidence for this and what it needs to improve.

People are supported by a service that employs enough suitable and competent support staff to provide the levels of care and support required. We saw records to evidence these staff are properly vetted, their attributes, skills and interests matched against those of people using the service to ensure best compatibility. Training records show support staff are knowledgeable and competent to carry out their role. Training is compulsory and ensures staff can meet specific individual needs. Support staff told us they sometimes identify additional training that may be useful to them, and the provider will source this if agreed it is required. They told us the provider prefers them to have face to face training rather than e learning; they agreed this is beneficial and more interactive. The provider has strong links with a training organisation which they helped to set up. This makes it easier to access training when they want it and ensures a trained trainer is always available to share the learning to other staff. One support staff told us how they are being encouraged to develop their career by undertaking NVQ level 3. All staff we spoke with agreed they received frequent supervision on a one-to-one basis, affording them regular opportunities to discuss practice issues and their own wellbeing.

The service provider has oversight of financial arrangements and investment in the service so that it is financially sustainable and supports people to be safe and achieve their personal outcomes. We were informed the service is not in a rush to grow bigger; the RI believes this is a time for consolidation, making sure practices reflect the enabling ethos of the service, that the best work is being done to achieve this. The company has invested in skills centres and the employment of an expert in positive behaviour support. The company has applied for grants to enhance the quality of people's lives, helping them to purchase things that matter to them.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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** 12/04/2023