



## Inspection Report on

**Share Care Services**

**Co-options Buildings  
9 Victoria Avenue  
Prestatyn  
LL19 9DF**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

06/02/2024

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## About Share Care Services

Type of care provided	Domiciliary Support Service
Registered Provider	Co-Options Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">26 October 2020</a>
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 benefit from the person-centred service they receive and told us they are *“really happy”* it is *“fantastic”* and *“brilliant”*. People are supported in many different aspects of their lives including at home and out in the community. Staff are committed and enthusiastic about supporting people, offering encouragement, motivation and increasing their independence. There is good communication and trusting relationships formed between people, families, staff and management. Feedback about the service is consistently good. Relatives are very complimentary, commenting *“overall pleased”*, *“really good service”* and *“they are brilliant”*.

Recruitment checks are completed and we discussed with the responsible individual (RI) and manager about this being more rigorous. Staff feel valued, well supported and commented on their ‘job satisfaction’ and working in a very supportive environment. They receive an in-depth induction, shadow more experienced staff and have completed some training but this is inconsistent and improvements are needed with staff training. The responsible individual (RI) and manager are aware of this and have a plan to address it.

There is some oversight of the service but there are short falls in systems and processes in place to monitor and continually improve it. Improvements are needed with the quality-of-care review.

## Well-being

People have strong control over their lives. They are listened to and make decisions about how they want to be supported. Emphasis is placed on people setting and achieving realistic and purposeful goals to live more fulfilled lives, increase independence and plan for their future. People's comments include, *they "take my needs in to account" are "really supportive" and "help with day-to-day life"*. Relatives confirmed people are supported to do what they want, have positive experiences and gave an example of how the service had advocated on behalf of people. A relative told us their family member *"absolutely loves it"*. People's personal preferences are respected and staff are matched with them based on shared interests and personality types. Relatives referred to the different qualities and personalities staff have. Staff informed us *"It's a good service, people are listened to and respected"*.

People's physical, mental health and emotional wellbeing needs are consistently met. Health professionals are involved as needed and feedback is positive about the service. Thorough information about people's health and support needs are recorded for staff to be aware of. Daily notes refer to people's emotional wellbeing and health. They also reflect the support offered, acknowledge how people are feeling and record any progress made with independence, reaching goals and accessing other services. People benefit from being able to socialise with their friends, enjoy activities, college courses, voluntary and paid employment and increase their daily living skills. Staff comments include there is *"a good variety of work/activities throughout the week"*. People have valuable relationships with staff supporting them. Relatives told us about the bonds formed between people and staff, commenting their family member *"trusts them"*. Staff told us about *"Job satisfaction from helping service users and their families"*.

People are mostly protected from harm but improvements are needed with staff training. People can call into the office at any time commenting they are *"approachable"* and *"friendly"* there. Relatives confirmed they are able to raise any issues or concerns they have which are effectively dealt with straight away. Staff told us they are *"Always supported when issues arise"* and there is a *"lovely atmosphere, any problems there is always somebody to contact"*. There is a safeguarding policy but not all staff have received safeguarding training and there are some gaps in other core training.

## Care and Support

People have personal plans which contain person centred, comprehensive information about the support they want from the service. This includes what really matters to people, what works and does not work for them and any barriers. Preferred methods of communication, family involvement and any other services people access are also recorded. We spoke with the RI and manager about adding some additional information into plans and other related documentation to ensure consistency. Plans are kept under review and updated every three months by the manager. Any changes are communicated to all the staff via an electronic group app. A relative told us there is *“very good communication with us”*.

The service consults with people, considers their personal wishes and any risks. People are encouraged to call in to the office to have a chat. The manager spoke about how this can be effective in increasing people’s independence with traveling as well as helping them in times of uncertainty or distress. People and relatives confirmed this happens and find it beneficial and worthwhile. A relative commented their family member *“feels they can drop into the office”*. Relatives told us people have one to one staff support with their independent living skills, improving communication, understanding money, access to work and leisure opportunities and general guidance. Health and social care professionals are contacted when advice and support is needed. Professional comments include *“Whenever there are issues, they take on board advice very quickly and implement it”*. Thorough information is recorded in ‘About my health and body’ including any issues, regular and annual health checks and health action plans are also completed. Risk assessments are in place to keep people and staff safe. There are also successful strategies to support people with specific actions for staff to take. Professionals told us correct approaches are being used and commented they have *“worked very well in developing in those areas”*. Daily notes are recorded in different ways for example email, apps and on daily logs. The manager is looking at how this can be done more consistently and audited to ensure good quality care and support is being delivered.

The provider mostly promotes hygienic practices and manages risk of infection. Staff have access to personal protective equipment (PPE) and there is a policy in place for infection control. According to the training record not all staff have received infection control training.

## Leadership and Management

People are supported by a service where a strong staff team is recruited and they feel valued and supported but training needs improvement. Recruitment checks are being followed and we discussed with the RI and manager about these being more rigorous. Staff are effectively supervised in their roles and can access advice and support any time from management. Staff comments include *“uplifting supportive environment”*, *“A great atmosphere in the workplace, feel supported by management and other staff”*, *“friendly and supportive service”* and *“excellent service and support provided”*. Staff are generally positive and happy about the training they receive. For learning and development staff surveys mostly responded *“good”* and one said, *“needs improvement”*. According to the training record there are some gaps in core training as well as specialist training. The RI and manager are aware of this and consideration is already being given to sourcing relevant training. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

A positive culture is promoted by the RI and manager who are passionate, committed and lead by example. Professional comments include *“The manager is very caring and goes the extra mile in my opinion to ensure people are supported well”*. Feedback about the manager from relatives is consistently good including they are *“fab”* and *“amazing”* and they can ring them about anything. When asked what works well staff told us *“Managers are really good”*, they *“value teamwork”*, *“Teamwork and support from line managers”*, *“The team I work with are thorough, dedicated, show empathy”* and *“love my job, love going to work”*.

There are some governance arrangements but they fall short in improving the service. The RI and manager are very much ‘hands on’, providing direct support to people when needed, however this can impact on their other responsibilities. An action plan has been developed to prioritise and delegate work that needs to be done. Quality-of-care reviews are being completed but these are limited and are not carried out at six-monthly intervals. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

### 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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36	The provider has not ensured that all staff working at the service have received core and specialist training. Ensure all staff receive core training and specialist training to carry out their roles and responsibilities.	New
80	The responsible individual is not making provision for the quality of care and support to be reviewed at least every six months. Ensure that the quality of care review is completed within the required frequency.	New



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