



# Inspection Report on

**Home Instead North Wales**

**28-32 Princess Drive  
Colwyn Bay  
Conwy  
LL29 8LA**

**Date Inspection Completed**

08/06/2023

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## About Home Instead North Wales

Type of care provided	Domiciliary Support Service
Registered Provider	Conwy Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service
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 receiving care from Home Instead and their families are happy with the care and support they receive. Care workers demonstrate a good understanding of people's needs and provide support in a caring way. Personal plans contain detailed information regarding people's needs and are person centred. People are supported to access specialist and professional advice where required and all personal plans and risk assessments are updated accordingly. People are given information to be able to do things to keep them active within the community and are supported to access places of interest. People's wellbeing is the main focus of the service.

Staff are happy working for the service and feel supported in their role having regular supervision sessions with management. Staff receive regular training to ensure they are knowledgeable in carrying out their role. The Responsible Individual (RI) visits the service frequently and gathers feedback from people, families, friends and staff to further improve and develop the service.

## Well-being

Care records are person centred detailing the views and wishes of the person being cared for and their wellbeing. Care staff told us they are happy working at the service and feel supported in their role. Staff receive regular supervision enabling them to receive regular support from management to discuss any areas of concern and an opportunity to reflect on their practice. Staff are up to date with all mandatory training which ensures they have up to date knowledge on specific topics related to their caring role.

People receive person centred care from staff who know them well. Feedback from all people using the service was positive praising the care staff for their '*caring*' nature and being '*reliable*'. People are given a choice of what they would like to do. We saw people being supported to access a hairdresser and others being supported to visit places of interest. Electronic call logs are in place indicating people being supported for the whole hour, allowing time for care staff to prepare freshly cooked meals and opportunities for staff to sit and have meaningful interactions with people. The service provider has introduced a 'What's on Where' leaflet for people using the service and the general public. This leaflet informs people of local events throughout the week and useful contact numbers to support people's physical, mental health and emotional wellbeing.

People are protected from harm and abuse and staff are confident in whistleblowing and approaching management with any concern they might have. Staff are able to describe the actions they would take if they had a concern, and records demonstrate staff follow policies in place for this. All staff members are up to date with safeguarding training and other mandatory training, ensuring staff maintain understanding and awareness of their responsibilities. Safeguarding referrals are completed in a timely manner and we saw safe staff recruitment and vetting practices in place to ensure staff are safe to work in the care setting.

## Care and Support

People are happy receiving care from Home Instead. We spoke to both families and people receiving support who all praised the staff and delivery of the service. One family member stated *"My family member seems very happy and confident since receiving support."* This was supported by talking to people using the service, one person stating *"Carers are punctual and they show me respect. I'm overall happy."*

Personal plans are accessible to care staff electronically via mobile devices. These documents are important as they guide staff on how to care for people correctly. Staff can log in and out of calls on these devices as well as recording care and support activity. Records also show calls are punctual, last the required length of time agreed and that care is delivered following people's personal plans. Staff know people's likes, dislikes and preferences and show a caring approach. Personal plans are reviewed regularly and updated with any new information from external agencies. Risk assessments are in place which contain up to date information and are reviewed and updated as required.

All staff have attended mandatory training and refresher courses such as Safeguarding, Moving and Handling and Infection Control to ensure their knowledge are up to date. Staff have also attended specialised training courses to enhance their knowledge when caring for people with specific health related needs such as PEG training, Dementia training, Stoma and Catheter training and Parkinson's training.

People have a choice and control in what they would like to do. We saw one person being supported going to the community to go shopping or going for a coffee to the local cafe. We saw another person being supported to visit the graveyard of a relative on the anniversary of their passing. We saw various examples of people having a voice and being supported in doing things that matter to them.

The service provider has an adequate supply of personal protective equipment (PPE). Staff members wear face masks during visits and ensure hands are sanitised before and after visits, reducing the risk of cross-infection.

## Leadership and Management

People receive regular care from consistent staff which enables people to have continuity of care. Management has systems in place to cover any staff shortages rather than using agency workers. We saw sufficient numbers of staff employed by the service who are all registered with Social Care Wales. All Policies are up to date and are accessible for all staff members. A manager is appointed and was described by staff as 'approachable'. Regular anonymous surveys are sent to people receiving support and their families and representatives. The latest survey found 100% of people felt staff kept them safe and 100% would recommend the service to others.

The RI has structures in place for the oversight and monitoring quality of the service delivery. The RI visits the office at least twice weekly where staff and management will attend the 'Monday Huddle' and 'Friday Planning Meeting'. These meetings allow staff to discuss any issues which may have arisen over the weekend, service reviews for the upcoming week and any safeguarding issues to be addressed and actioned promptly. We saw records of formal RI visits recorded as required by regulations.

We saw evidence of safe staff recruitment and vetting practices. Staff receive regular supervision from management who ensure care workers complete a Disclosure and Barring Service check prior to their starting date. New staff are given a well-supported induction programme with shadowing arrangements in place and regular face to face and phone call contact from management. Arrangements are in place to ensure all new care staff are given mandatory training prior to starting their role. Staff spoken to felt supported by management.

People are protected from abuse and harm and care staff are up to date with Safeguarding training. Safeguarding policies are in place and we saw evidence of safeguarding referrals being sent in a timely manner. We saw evidence of management advocating on behalf of people using the service to establish correspondence with health professionals to ensure the wellbeing of the person was being met.

### 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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