



## Inspection Report on

**Wepre Villa Homes Ltd**

**Wepre Villa Care Home  
36 Hall Lane Connah's Quay  
Deeside  
CH5 4LX**

## **Date Inspection Completed**

23 April 2024

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## About Wepre Villa Homes Ltd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Wepre Villa Homes Limited
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	12 May 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive good quality care and support at Wepre Villa Homes Ltd. People told us they are very happy with the support they receive. Personal plans are person centred and are clear on how best to support people. Care staff are kind and caring towards people. There is a dedicated activities co-ordinator at the service to provide activities to people and the service provider is looking to increase the frequency of the activities.

Care staff are well supported by management, they receive frequent supervisions and said management are friendly and approachable. Care staff are up to date with training, including specialist training. There are appropriate staffing levels in place at the service, people said staff respond quickly when they request assistance.

The environment is clean and tidy, people have access to specialist equipment when required. People told us they like their rooms and we saw these are personalised with people's own belongings. The relevant health and safety checks are up to date.

There are good governance arrangements in place. The Responsible Individual (RI) visits the service regularly and records the outcome of their visits, including feedback from care staff, people living at the service and their representatives.

## Well-being

People are supported to maintain their independence. Personal plans are clear on how best to enable people to do as much as they can. We saw people are supported to maintain their independence during mealtimes. Where people cannot consent to their care and support, their relatives sign the documentation to evidence their involvement. People told us they feel listened to and are able to approach management with issues, should they have any. The service is not currently offering the 'Active Offer' of the Welsh language. Key documentation is not currently available in Welsh but can be translated on request. There are two staff who can speak Welsh.

People are supported to maintain their health and well-being. Regular activities take place four days of the week, the activities co-ordinator records what activities people have participated in. There are varied activities which people told us they looked forward to and enjoy. The menu is varied, and we saw people's dietary needs are catered for, including modified diets. Care staff receive specialist training to be able to better understand people with their individual needs. Care staff document the support provided, which show people receive the right care and support at the right time. Correspondence with healthcare professionals is recorded and we saw referrals are made to the relevant service in a timely manner.

People are protected from abuse and neglect. Care staff receive regular training, including safeguarding training. People are treated with dignity and respect; they told us staff are friendly and approachable and "*nothing is ever too much*". Safeguards are in place for people who are unable to consent to receiving care and support at the home, Deprivation of Liberty Safeguards (DoLS) are requested when required.

People are supported in an environment which supports them to achieve their well-being. The home is clean and tidy, all bedrooms are decorated differently, and people have their personal belongings on display. People told us they are happy with their rooms. People can access specialist equipment when required.

People are supported to maintain relationships which are important to them. People told us they are supported to see their family and friends. Relatives told us the home has a warm and friendly atmosphere and the care staff are very pleasant and helpful. There is good communication with relatives, to keep them well informed.

## Care and Support

People receive a service which considers their personal wishes, aspirations and outcomes of any risks and specialist needs. Before agreeing to providing the service to people, detailed pre-assessments are completed to ensure the service can meet their individual needs. From this information personal plans are written which are person centred and clear how to meet people's needs, wishes and preferences. One-page profiles are written using person centred wording and reflect what is important to the person. Risk assessments are clear on the measures in place to reduce the risks to people. Care records show people receive the right care and support and are in line with their personal plans. The 'what is working/what is not working' documentation show how people's care and support is kept under review and highlight what works well for the individual. Care reviews take place monthly and are updated when there are changes. We spoke with care staff and found they are familiar with people's needs and preferences. There is a good rapport between people and the care staff, they are caring and patient.

The service promotes good hygienic practices and manages the risk of infection. There is an infection control policy in place which is in line with guidance and legislation. There is a sufficient supply of personal protective equipment (PPE) for all staff. We saw the service has a sufficient supply of cleaning equipment and these are securely stored. The home is clean and tidy throughout and there are domestic staff on duty to maintain the cleanliness of the environment. The home has a level five rating "very good" from the Food Standards Agency (FSA).

There are systems in place for the safe management of medicines. We reviewed a sample of Medication Administration Records (MAR) charts and found these are fully completed to show people receive their medication as prescribed. The medication room is secure, and the relevant checks are carried out each day. Care staff receive regular medication training and complete regular competency assessments to ensure they are competent in their roles. The manager completes regular audits of the medication to ensure any issues are identified quickly. There is a medication policy in place which is in line with guidance and legislation.

## Environment

The service provider ensures people receive care and support in an environment with facilities and equipment which promotes achievement of their personal outcomes. The facilities available are accurately described in the Statement of Purpose (SoP). People can choose where they spend their time, either in their own rooms or in communal areas. Communal areas, toilets and bathrooms are fully accessible. People have a choice of baths or showers; as often as they wish. We saw the home has specialist equipment in place, such as moving and handling equipment, specialist seating and assisted cutlery. The service employs a maintenance person who completes works around the home, care staff told us any issues reported are resolved quickly. The home is decorated in a homely way and all bedrooms are personalised. The service provider has an ongoing refurbishment programme in place to replace flooring, furniture and to redecorate remaining rooms. The lawn area is currently being re-designed and will include outdoor seating for people.

The service provider has systems in place to identify and mitigate risks to health and safety. There is regular servicing and checks of facilities and equipment to ensure the environment is safe for people. The Personal Emergency Evacuation Plans (PEEPs) are clear on how to evacuate people in the event of an emergency and these are up to date.

## Leadership and Management

There are good governance arrangements in place to support the running of the service. The SoP accurately describes the service provided. Nearly all policies in place are in line with the guidance and legislation. The RI visits the service at least every three months and records the outcome of each visit. These records show the RI inspects the premises, reviews a selection of records and speaks with people living at the service, their relatives and staff who work at the service. The quality-of-care review reports are completed every six months and highlight what the service does well and how it can improve. The manager completes regular audits of documentation to ensure these are maintained and any issues identified can be resolved quickly.

The service provider has oversight of financial arrangements and continues to invest in the service. There is an ongoing refurbishment plan in place, people can access specialist equipment where needed. There is appropriate insurances in place.

People are supported by a service which provides appropriate numbers of staff, who are suitably fit and have the knowledge, competency, and skills to meet people's needs. The training provided is in line with the SoP, care staff told us they receive regular training and are supported to access extra training. Care staff feel well supported and they receive regular opportunities for supervision and appraisals. This is important to seek support and discuss their professional development. Competency assessments for medication and moving and handling are completed regularly to ensure they remain competent in their roles. Care staff are robustly vetted before they begin to work for the service to ensure they are safe to work with vulnerable people. This includes appropriate references and Disclosure and Barring Service (DBS) checks. Nursing staff are registered with the Nursing and Midwifery Council (NMC) and around half of care staff are registered with Social Care Wales (SCW), the workforce regulator. Monthly staff meetings take place and issues discussed are recorded, care staff confirmed they receive minutes from these. Staff rotas show there is sufficient staffing levels at the service, including nursing, care, kitchen and domestic staff. Care staff told us they feel supported in their roles, comments include *"It's a friendly atmosphere"* and it is *"Very supportive here"*.

### 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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