



# Inspection Report on

**Home Instead Senior Care for Conwy and Denbighshire**

**Home Instead Senior Care  
26 Market Street  
Abergele  
LL22 7AA**

## **Date Inspection Completed**

Date\_Last\_Inspection\_Completed\_  
14 December 2021

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## About Home Instead Senior Care for Conwy and Denbighshire

Type of care provided	Domiciliary Support Service
Registered Provider	FISOG Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">19 May 2021</a>
Does this service provide the Welsh Language active offer?	Yes. 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 we spoke with are happy with the care they receive. Care staff are happy and secure in their roles. The service provider and management team have worked hard in recent months to improve the timeliness of calls and quality of the review of care. The service is operating effectively and providing good quality care and support.

## Well-being

People we spoke with told us they are happy with the care they receive. People's personal plans have been reviewed and updated. We found a sample of these to be detailed and up to date. People's representative and professionals are involved in the planning of care. Appropriate risk assessments are in place where required. We evidenced effective communication about people's care needs.

There are mechanisms in place to protect people from the risk of harm. Care staff receive appropriate training within timeframe. Care staff know what steps to take to prevent people from unnecessary harm. Management are effective in taking appropriate action to ensure people receive the care they require and in preventing harm. Management have a good oversight in ensuring the service runs smoothly and people receive timely care they require. The office environment has moved to a better and improved premises which is accessible, safe and secure.

There are improved systems in place to monitor the quality of the service provided. These systems have recently been reviewed and improved to ensure a robust process of ongoing monitoring. Up to date policies and procedures are available for care staff to access. Training is provided in line with the policies and procedures. Care staff files evidence this. Care staff told us they receive regular ongoing training in a variety of required areas to assist the care they provide. The provider and management team ensure the best possible outcomes are achieved for people using the service and care staff, who provide the care.

## Care and Support

The service provider considers a wide range of views and information, to confirm that the service is able to meet people's needs and to support them to achieve their personal outcomes. We viewed a sample of initial assessments which evidenced this. People told us they are involved in the planning of their care and are given choice. We saw people's signatures within care records. The people we spoke with told us they are very happy with the care they receive. One person told "*I am very happy with the service*". People and care staff told us they are introduced to people before they provide care. Care staff told us they are well supported; supervision records reflected what they told us.

Care staff have access to people's personal plans, to guide them in meeting their care and support needs. Personal plans are written detailed, person centred and achievements, which means they are based on individual need. Steps have been taken to ensure regular review of care needs and individual plans. In addition, risk assessments are in place to ensure detailed records, to help prevent harm. We found care calls are timely and in line with people's plans. We found the care staff rota shows care staff can provide sufficient time to care during each call. Care staff we spoke with, told us they feel supported and have sufficient time to provide good quality care within the allocated timeframe. One care staff member told us "I love my job". Care staff told us there is enough time for travel between calls.

People are provided with good quality care and support. People are treated with dignity and respect. We spoke with a sample of people and their families. One person told us, "*Care staff are smashing, they can't do enough for me*". Another person told us, "*communication has improved since November 2021*". We reviewed a sample of rota's which showed, the same care workers work with the same people where possible; this means care workers know people well. We reviewed the Statement of Purpose which is consistent with the care provided and is up to date. Appropriate infection control measures are in place and are followed by care staff. The service policies and procedures reflect this.

There are mechanisms in place to ensure people are safe. Care files have appropriate risk assessments in place where required, which prevents risk. Care staff told us they know what to do if they are concerned about someone they care for. Care staff files showed care staff attend up to date safeguarding, medication, lifting and handling, infection control training, to ensure people are cared for safely. The service has up to date policies and procedures which are accessible to all staff. Care records show, appropriate steps are taken when someone is concerned about someone. We evidenced these are monitored by management appropriately.

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## **Leadership and Management**

There are arrangements in place for effective oversight of the service. We found vast improvements have been made since the last inspection. By reviewing management reports and audits, we found the care provided has undergone full monitoring and review, with a view to continuous improvement. We found systems in place to obtain feedback from people using the service, and their families. Care staff receive regular informal and formal support via supervision and annual appraisals. Managers provide regular updates to the responsible individual so they are able have ongoing oversight of the service. We evidenced managers are effectively supported and trained.

The service provider has oversight of financial arrangements and investment in the service, to support people to achieve their outcomes. We found budgets are effectively and efficiently monitored. The service have recently secured an alternative office accommodation, which is accessible, and safe.

We found care records are managed safely and securely. All care records are electronic, and management and care staff can access these safely. The management of the care records has recently been improved, and is in line with data protection legislation. The new premises will provide additional security to the management of care records. There is an up to date policy for the service records, which is adhered to.

People are supported by a service that provides appropriate numbers of staff. Care staff files showed staff access appropriate training within timeframes. We also found care staff are recruited safely with full inductions. There are arrangements in place to cover sickness and holidays. The sample of care staff we spoke with told us they felt supported and enjoyed their job. We evidenced care staff are encouraged and supported to develop in their roles. Management monitor the care provided within people's homes. There is an on call system in place to ensure appropriate communication. Care staff are aware of the service policies and procedures and we evidenced they can easily access these.

## Environment



### 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
6	Regulation 6: Requirements in relation to the provision of the service. The service provider has failed to ensure the service is provided with sufficient care, competence and skill, having regard to the statement of purpose	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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