Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report

## Wirral Lifestart Services Limited T/A Apollo Care Flintshire

**Unit 105 Flintshire County Council, Greenfield Business Centre Greenfield Road Greenfield, Holywell, CH8 7GR**

**07982831259**

**www.apollocare.co.uk/apollo-care-flintshire**

**The inspection visit took place on 11/06/2026**

## Service Information:

| | |
|---|---|
| Operated by: | WIRRAL LIFESTART LIVING SERVICES LIMITED |
| Care Type: | Domiciliary Support Service |
| Registered places: | 0 |
| Main language(s): | English |
| Promotion of Welsh language and culture: | The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service. |

## Ratings:

| | |
|---|---|
| Well-being | Good |
| Care & Support | Good |
| Leadership & Management | Requires Improvement |

## Summary:

Wirral Lifestart Services provides a domiciliary support service to adults, enabling them to live independently in their own home. They have an office based in Greenfield, near Holywell, and currently provide a service to people living in Flintshire.

People are supported by care staff who know them well and develop trusting relationships with them, supporting them emotionally as well as with day-to-day tasks. This person-centred approach enables people to achieve good wellbeing outcomes. The care and support provided by care staff is good. They prioritise people's individual needs and ensure they have good working relationships with health and social care providers, escalating any issues or concerns promptly.

The manager and responsible individual (RI) provides a person-centred service to people and this ethos is shared amongst the team. We found there are some areas in leadership and management of the service that require improvement, such as the monitoring of training, and ensuring suitably qualified staff are undertaking staff supervision.

# Findings:

## Well-being — Good

People are supported to maintain their well-being and exercise choice and control over their daily lives. Feedback from people using the service and their representatives was consistently positive regarding their involvement in decisions about care and support. Individuals describe being encouraged to maintain independence wherever possible, including managing aspects of their personal care and daily routines. People told us care staff respect their wishes and decisions and adapt support to meet changing circumstances. For example, providing flexibility with visit times when appointments needed to be accommodated. This demonstrates a willingness to respond to individual needs and preferences.

Care staff have developed positive and meaningful relationships with people. People described receiving support from a consistent care team who know them well, including their preferences, routines, and communication needs. Feedback indicated care staff not only met physical care needs but also recognise emotional well-being needs and provide reassurance and companionship when required. One person told us, "*These are the best carers I have had in a long time*." This continuity of care contributes to people feeling valued, respected, and understood.

People told us they felt safe receiving support from the service. They are aware of how to raise concerns and expressed confidence that any issues would be responded to appropriately. Feedback highlighted examples of care staff taking prompt action when people became unwell and working effectively with others to protect people's well-being. People and relatives also spoke positively about communication from the management team and described being kept informed about significant matters affecting care and support.

Care staff promote people's connections and relationships within their communities. Evidence showed care staff supporting people to attend appointments, access local services and maintain important social connections. People benefit from support that extends beyond personal care tasks, including assistance with arranging appointments and accessing community resources. Information is available in a range of formats, and the service has begun developing Welsh language provision through translated documents and staff language skills.

People are currently informed of any rota changes with care staff contacting them ahead of visits to inform of any changes. The rota system could be strengthened to avoid late alterations to visits and ensure there is oversight by management of any alterations. Strengthening communication systems around rotas and visit changes would further support people's sense of control and confidence in the service.

## Care & Support — Good

People receive care and support that is personalised, responsive, and based on a good understanding of their individual needs. Before people commence a service a thorough initial assessment of their needs is undertaken, considering the views of people, relatives and any professionals who are involved in their care. Care planning arrangements demonstrate a person-centred approach, with documentation containing detailed information about people's health conditions, routines, preferences, and desired outcomes. Records reflect information gathered from individuals, relatives, health professionals, and referral agencies, supporting the development of comprehensive care plans focused on what matters most to people.

Personal plans provide care staff with clear information about how to support people safely and effectively. Evidence shows consideration of physical health needs, emotional well-being, communication preferences, and personal routines. Records demonstrate regular reviews of care documentation to ensure information remains relevant and accurately reflects people's current circumstances. Care staff are able to describe people's needs and preferences. Feedback from individuals indicated they receive support from care staff who understand them well.

People are supported to access healthcare services and other professional support when required. Care staff assist individuals to attend appointments and liaise appropriately with health and social care professionals. This helps to ensure people receive coordinated support and maintain their health and well-being.

The provider ensures arrangements for managing risks are effective. Risk assessments are available and provide guidance for care staff in managing identified risks. Safeguarding procedures are in place, and records demonstrate referrals are made appropriately when concerns arise. Care staff we spoke with displayed a good understanding of safeguarding processes and know how to access relevant guidance and report concerns.

Care staff are trained in medication administration and complete electronic medication administration records recording any medication administered and any refusals. The manager is looking into improving the clarity in care plans around the level of support people require with medication. This will strengthen the processes for care staff and provide more clarity around the level of support each person requires.

## Leadership & Management Requires Improvement

The service demonstrates a commitment to providing positive outcomes for people and there are several areas of effective practice within leadership and governance arrangements. The RI undertakes regular oversight activities, including monthly visits involving discussions with people and care staff and reviews of care records. These visits provide opportunities to identify issues, monitor quality, and follow up actions when concerns are found. Safeguarding, accident, and incident records are maintained, and there is evidence that concerns are acted upon appropriately. The manager is implementing a tracking system for accidents and incidents to better support the identification of any patterns or trends as the service grows. Quality of care reports are completed every six months, and these reports consider what is working well alongside any areas for improvement.

Recruitment processes are robust, with appropriate checks completed before employment. Care staff are registered with Social Care Wales (the workforce regulator) and are supported to undertake qualifications relevant to their role. Induction arrangements are comprehensive and include shadowing opportunities and competency assessments. Care staff meetings are held regularly and provided opportunities to share information and discuss issues affecting people using the service.

Care staff have access to a range of core and specialist training. Whilst there are records of training being renewed, we identified some concerns around bulk completion of online training courses. Training records show examples of large numbers of online courses being completed within single days, raising questions about the effectiveness of learning and knowledge retention. Care staff reported not always being paid to complete training updates, which may contribute to delays and bulk completion of courses. Care staff receive regular competency assessments in key areas such as medication administration and moving and handling, which provides reassurance around their skills and knowledge. Although supervision systems are established, evidence demonstrated insufficient implementation. Some supervisory responsibilities have been delegated to staff without appropriate qualifications, training, or oversight. An area for improvement has therefore been identified in relation to supporting and developing care staff, and we expect the provider to make improvements. Whilst people continue to receive a good service, governance and workforce management arrangements require improvement to provide stronger assurance regarding quality, consistency, and long-term service development.

Care staff raised some concerns about rota management, travel times, and late notification of schedules. While there was no evidence of direct impact on people receiving support, the issues identified have the potential to affect staff well-being, retention, and service sustainability. The manager is taking action to strengthen rota scheduling in order to address this.

# Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

| Summary of Areas for Improvement | Date identified |
|---|---|
| People are at risk of poor outcomes as not all care staff are receiving supervision or completing core training in line with regulations. | 11/06/26 |

**CIW has not issued any Priority action notices following this inspection.**

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