Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report

## Hapus Home Care Ltd

Big Padlock (self Storage) Ltd, Vauxhall Business Park, Ruabon, Wrexham, LL14 6HA

07775158577

**The inspection visits for this service took place between 09/07/2026 and 27/08/2026**

## Service Information:

| | |
|---|---|
| Operated by: | Hapus Home Care Ltd |
| Care Type: | Domiciliary Support Service |
| Registered places: | 0 |
| Main language(s): | English |
| Promotion of Welsh language and culture: | The provider is not promoting the Welsh language and culture needs of people, and this requires improvement. |

## Ratings:

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

## Summary:

Hapus Homecare delivers a service to people living in Wrexham to support them to live as independently as possible in their own homes. They support adults with a range of physical and mental health needs.

Care staff have formed positive relationships with people, chatting to them and putting them at ease during visits. They support people to build on their strengths and maintain as much independence as possible, ensuring they achieve good well-being outcomes. People have clear and detailed personal plans, which care staff follow to ensure people's needs are met. Care staff recognise when people are unwell and ensure they have access to the health and social care services they need. People receive a consistently good standard of care and support.

People receive consistent care despite a recent change in ownership at the service. The intended responsible individual (RI) has recruited more staff, which is having a positive effect on ensuring people receive consistent visits at the times they prefer. There are systems in place to oversee the service and ensure people receive a consistently good quality service. Leadership and management of the service is good.

# Findings:

## Well-being — Good

People experience positive outcomes and are supported to maintain their well-being, independence, and safety. Feedback from people using the service and their relatives is positive. People describe staff as friendly, approachable, and willing to spend time talking with them during visits. Comments demonstrate care staff know people's preferences, routines, and individual choices well, and people consistently report care staff respond to requests for support. One relative told us, *“Whatever we ask, they do*.” Relatives confirm care is delivered as expected and people know when care staff are visiting.

The provider ensures care planning is person-centred and reflects people's interests, preferences, goals, and desired outcomes. Care plans promote independence by identifying tasks people can complete independently and the support required from staff. Information is available to people in an accessible format, including a service user guide written in plain English. This provides information about advocacy services and how to raise concerns or complaints. There are currently no people in the service who wish to receive a service in Welsh, and the service is not currently working towards the Welsh Active Offer.

The provider ensures people feel safe from harm and neglect. People and relatives report care staff usually arrive at planned times and communicate appropriately if delays occur. People have recently received rotas, and this enables them to know which care staff to expect. People confirm they feel safe receiving support and know how to contact the service if concerns arise. There has been a recent change in ownership and although everyone was aware of this, they had not all met the new owners. This is being addressed with planned home visits. The intended responsible individual (RI) is completing all pre assessments for people joining the service, enabling them to establish a relationship with people when they start receiving a service.

People benefit from positive and meaningful relationships with care staff. Individuals and relatives describe respectful and kind interactions, with one person explaining care staff feel "*like part of the family*". Care planning documentation reflects people's family relationships and support networks, helping staff understand the importance of maintaining these connections.

## Care & Support — Good

People receive personalised care and support which is planned and delivered in a way that reflects their individual needs, preferences, and outcomes. Thorough pre-assessments are completed before accepting a care package to ensure the service can meet people's needs. Personal plans are detailed, comprehensive and tailored to the individual. Documentation reflects people's health conditions, communication needs, emotional well-being, personal care requirements, and aspirations for maintaining independence.

Care staff have access to personal plans which are clear and easy to follow. They clearly identify outcomes and goals from each person's perspective and include guidance for staff on how support should be delivered. Reviews are completed regularly and show care arrangements are updated when needs change. Records demonstrate consideration of a range of specialist health needs including diabetes, epilepsy, continence care, and mobility support. This helps staff understand how best to meet people's needs and maintain consistency in care delivery.

People and relatives report care is delivered as expected and they are satisfied with the support provided. A social care professional we spoke with told us the service has worked effectively with people they support, resulting in increased independence for people. Care planning demonstrates a focus on maintaining independence wherever possible and supporting people to achieve personal outcomes.

The service has systems in place to protect people from harm and abuse. Safeguarding concerns and incidents are appropriately recorded, and evidence shows referrals are made to relevant agencies when required. Incident records demonstrate action is taken following concerns, including referrals to safeguarding services and healthcare professionals. Risk assessments are completed across a range of areas and reviewed regularly.

Medication management arrangements are safe and effective. Electronic medication administration records are in place and supported by auditing processes. Body maps are used where required to support the administration of topical medicines, ensuring clarity about where creams are to be applied. Medication records are completed appropriately with accurate recording if a medication is refused. The intended RI is strengthening the recording of 'as required' medication, to monitor its effectiveness and whether any side effects are experienced.

## Leadership & Management — Good

The service has governance and management arrangements in place which support the delivery of care and provide a foundation for continued improvement. The provider has recently experienced a change in ownership and management and is in a period of transition. Despite the challenges associated with establishing new leadership arrangements, there is evidence the management team are taking steps to strengthen oversight and improve service delivery.

Quality assurance systems are in place and include questionnaires, spot checks, home reviews, telephone monitoring, complaints monitoring and feedback from relatives and advocates. There are arrangements in place for the RI to complete three monthly visits to people, ensuring meaningful engagement with people using the service. Their visit records include observations of care, review of records and discussions regarding care experiences. These visits are thorough and provide useful oversight of service delivery.

The provider has policies and procedures in place to cover key areas of practice including safeguarding and medication management. Incident and accident monitoring systems are established and provide management with an overview of events occurring within the service. Regular staff meetings are held and initiatives such as employee recognition schemes help promote staff engagement. Feedback obtained through governance processes is positive regarding care quality, staff feedback, and management responsiveness.

The provider ensures there are enough suitably qualified staff to effectively deliver care and support. Recruitment arrangements provide assurance appropriate pre-employment checks are undertaken. Files reviewed contain evidence of identity verification, references, employment history, and contractual documentation. Training records show staff complete mandatory training and medication competency assessments. Care staff are registered with Social Care Wales, the workforce regulator, or are progressing registration within the required timeframe.

People and relatives report visits take place as planned, care staff arrive promptly and sufficient time is available to complete care tasks. Care staff report recent recruitment activity has improved rota coverage, and sampled rotas show planned visits being delivered without missed calls during the inspection period reviewed.

The service sends out annual quality assurance questionnaires to people and relatives. Feedback from these is collected and analysed, identifying any patterns or themes and recording the action taken to address these. The intended RI is working on strengthening this report to ensure there is a six-monthly quality of care review which considers analysis of aggregated information relating to incidents, safeguarding matters, complaints, concerns, and whistleblowing.

# 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.

**CIW has no areas for improvement identified following this inspection.**

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

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