



## Clocktower Enterprises CIC limited



The Clock Tower, Coast Road Mostyn, Holywell, CH8 9DZ



01745 561602

The inspection visit took place on 30/03/2026

### Service Information:

Operated by:	Clocktower Enterprises C.I.C.
Care Type:	Domiciliary Support Service
Provision for:	Supported Living
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

Good

## Summary:

Clocktower Enterprises CIC is a domiciliary care and support agency supporting adults in Flintshire. They support people living with learning and physical disabilities, autistic spectrum, mental health issues, complex needs, and dementia. The service provider also has a day centre based in Mostyn, which people can access.

Support staff ensure people have choice and control in everyday life. They support them to maintain as much independence as possible, which means people achieve good wellbeing outcomes. Clear and detailed personal plans, including positive behaviour support plans, ensure people's needs and routines are well known to staff. Support staff ensure these are followed and provide a consistently good standard of care and support to people.

The responsible individual (RI) is heavily involved in the service, providing direction and supporting the staff team. Alongside the manager they have good oversight of the service, providing robust monitoring processes to ensure it is running smoothly.

## Findings:



### Well-being

Good

People experience support that promotes their wellbeing, safety, and personal choice. Personal plans and one-page profiles describe individuals' routines, preferences, communication needs, and areas where support is required. Staff use these documents to inform day-to-day practice and to support people to have choice and control over how their support is delivered. People are involved in decisions about their daily lives, including personal care routines, activities and how they spend their time. People's interests, culture, spirituality, and important relationships are all recognised by leaders and staff, acknowledging the importance of these aspects for each individual. Records show people are supported to make informed choices about religious observance. Staff guidance supports people to balance religious practice with their health needs. Communication needs are clearly recorded, and staff are provided with guidance on how best to communicate with people, including the use of alternative communication methods such as British Sign Language (BSL) or Makaton where required. Some staff speak Welsh and people would be allocated to Welsh speaking staff if required. Key documents can be translated into Welsh.

Support staff assist people to build and maintain relationships that are important to them. Records show ongoing involvement from family members. Where family members are advocates for people, they are fully consulted. Compatibility assessments are completed for shared living arrangements and reviewed when circumstances change. People are supported to access activities in their local community that reflect their interests, and support is tailored to individual preferences.

People's well-being and safety is prioritised by identifying and managing potential risks. Concerns and incidents are recorded and referred appropriately, and the service works with families and external professionals where risks are identified. People are provided with information about how to raise concerns, and advocacy information is available, which they are confident to use when needed.

Feedback from relatives describes satisfaction with the support provided, particularly in relation to staff understanding of individual needs and communication with families. Many relatives took time to complete feedback questionnaires to CIW which were consistently positive. Comments included that since starting at the service it has, "... *been so much easier with support in place, very caring staff and very professional.*" Also, "*I recommend this service because of their 'person-first' approach. They don't just provide a service; they ensure that the individual's well-being and safety are the primary focus of every decision made, which provides great peace of mind.*"



## Care & Support

Good

People receive care and support that is planned and delivered in line with their assessed needs. Assessments are completed prior to support commencing and include information about health conditions, communication needs, risks, and personal outcomes. Care plans are person-centred and show involvement from people and, where appropriate, their representatives. They contain clearly defined outcomes individuals wish to achieve. People can access a copy of their personal plan in an easy read format.

Positive behaviour support plans are in place and aligned with personal plans and risk assessments. These plans contain good detail identifying known triggers, early indicators and agreed strategies, and are reviewed as people's needs and circumstances change. Support staff can follow these to reduce the risk of agitation or distress. Active support plans set out daily routines and the level of assistance required, supporting staff to deliver consistently good care. Support staff use active support plans to ensure people are encouraged to maintain and develop their independence. Records show staff support people to make choices and to be involved in everyday activities.

People are supported to manage their health and wellbeing needs. Care documentation demonstrates ongoing communication with health and social care professionals, including attendance at appointments and follow-up actions where concerns about health or wellbeing are identified. Hospital passports are in place to ensure relevant information is available if people require hospital care.

Support staff ensure people are kept safe from harm and abuse, ensuring all legal requirements are met. Safeguarding procedures are followed within care delivery. Incidents are recorded, referrals are made when required and actions are documented. Training records show staff have access to safeguarding and related training to support safe practice. The manager and RI take the lead when support staff identify concerns for people's safety and wellbeing. They take a proactive approach, liaising closely with health and social care professionals to secure good outcomes for people. There is a culture of positive risk taking in the service, with risk assessments formulated to support this and encourage continuous personal development. One relative commented "*X is safe and happy in their care.*"

Medication is managed safely. Policies and procedures are in place, medication is stored appropriately, and medication administration records are completed accurately. Staff administering medication have received training and competency assessments. Records demonstrate understanding of mental capacity and best interest decision-making, including where covert medication is considered.



## Leadership & Management

Good

The manager and RI provide oversight of the service and are involved in its day-to-day operation. The RI completes regular formal visits to monitor the service, which include speaking with people and staff, and reviewing a sample of records. The manager oversees the quality assurance systems which are in place, including audits. These cover areas such as medication, safeguarding, and care planning. Where issues are identified, actions are recorded and monitored. There is an arrangement with another service provider to undertake mutual mock inspections. This has helped the leadership team scrutinise the service and identify areas for improvement.

Feedback is sought from people, relatives and staff through questionnaires and other engagement methods. Responses received during the inspection period were positive overall, and no complaints were recorded. The service provider produces a six-monthly quality of care report which considers feedback and analyses what is working well. It also considers and identifies areas for improvement, indicating a commitment to continuous improvement of the service.

The service provider ensures recruitment processes include appropriate pre-employment checks, such as references and disclosure and barring service checks. Staff receive regular supervision and an annual appraisal. Supervision records demonstrate opportunities for staff to discuss practice, risks, and development needs. Appraisal processes consider competency and identify areas for learning and improvement. They also attend regular training to ensure they are skilled and competent for their roles. Staff meetings are held to support communication and shared understanding of people's needs and any service updates. The minutes of these meetings evidence support staff confidently sharing concerns which are taken seriously with actions identified and recorded for follow up.

The manager ensures staffing arrangements reflect commissioned support hours, and the service does not use agency staff, which supports continuity of care. People have a regular staff team, and preferences for male or female staff are accommodated. Rotas reviewed showed staff were allocated in line with people's assessed needs. Staff feel well supported and told us they enjoy working for the service. They reported a strength of the service is its person-centred approach and ensuring individual needs and wishes are met, which makes their job worthwhile.

## 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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