



Inspection Report on

Hand in Hand Community Care Limited

**Link Group Ltd
Crossgates
Llandrindod Wells
LD1 6RE**

Date Inspection Completed

31 August 2022

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About Hand in Hand Community Care Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Hand in Hand Community Care Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are very happy with the care and support they receive from Hand in Hand Community Care. They receive consistent support from staff who are familiar to them. They are treated with respect by knowledgeable staff who know the people they support well.

Staff feel well supported by the management team. Arrangements are in place to make sure they receive formal supervision and an annual appraisal of their work.

The agency is well managed and regularly seeks people's views to drive improvement. People feel confident that any issues raised with the management will be addressed appropriately.

Well-being

People have choice and control about the service they receive. They have information about what they can expect from the service. They know who is coming to their home to provide the support and when they will arrive. They are regularly asked their views on the service and tell us any issues raised with the staff and management are managed well. People cannot receive their service in Welsh because there are no Welsh speaking staff, however, information can be translated if people want this.

The service helps to promote peoples physical and emotional well-being. People are involved in reviewing their support plans to make sure they get the right support to meet their personal outcomes. They are treated with respect by care staff who are kind and caring.

Staff protect people from abuse and neglect because they know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. Care staff receive training and policies, and procedures are in place to guide them.

Care and Support

People receiving a service from Hand in Hand care agency speak very highly of both the management and care staff. Comments from people and their representatives include “*excellent service*,” “*excellent communication*” “*nothing to fault*,” “*staff go over and above*” and “*I always know who is coming which is important to me.*”

People’s care and support needs are assessed as part of the decision-making process to provide the service. Assessments are evident on the care files we viewed and show people’s involvement in this process. They are not currently updated to show changes in people’s needs but individual personal plans are. The manager assured us this will be addressed.

People are consulted about their care and support needs. They tell us they have a rota if they want one, so they know who is coming to support them and when they are coming. They say they can build good relationships with the staff because the same people visit them. People tell us staff know their wishes and preferences because they regularly ask them. Personal plans seen are detailed and show people and where applicable their family members are involved in compiling and reviewing the plans regularly.

People are supported to do things important to them. Care staff support people to attend medical appointments as well as taking them for days out. This was confirmed in records seen and discussion with people and their representatives. Family members tell us they are kept updated with any relevant information including outcomes of health care visits.

People are protected from abuse and neglect. Since the last inspection, policies have been reviewed to make sure they are relevant. Staff are aware these are in place to guide them. Training opportunities are available relevant to the role people perform. Personal plans are detailed allowing staff to have up to date information about how to support people.

Environment

The office space allows for private meetings and is sufficient space to carry out the business. All records are held securely. The RI told us they will be moving over to an electronic based care management system shortly. Welsh Government Covid guidelines are followed. Staff have access to a good supply of Personal Protective Equipment.

Leadership and Management

People have access to information about the service. There is an up-to-date Statement of Purpose and a guide to the service so people know what services they can expect to receive. People tell us they know how to raise any concerns they may have about the service and are confident they will be listened to and addressed appropriately.

Systems are in place to regularly check on the quality of care and support. People are asked their views in a number of ways including via questionnaires, face to face visits and telephone calls. The responsible individual (RI) completes their three-monthly reports after speaking with people and checking records. Audits of aspects of the service take place regular and a six-monthly report is completed following a review of the service.

People are supported by staff who are appropriately recruited and trained. Recruitment records viewed show checks are carried out on care staff before they start work. At the last inspection, we evidenced not all staff had contracts of employment. This has now been addressed for new staff and ongoing for existing staff. Staff are all registered with Social Care Wales and follow the induction framework which is also an improvement made since our last inspection. Staff tell us induction is good and they have good support to make sure they are confident and competent in using any equipment. Training records show staff have access to training relevant to the job they do in the company.

Care staff feel supported in their role. They tell us they are extremely busy but do have a good work life balance. They said the management are very good and can be contacted at any time. They have sufficient travel time between care calls and have regular discussion with the manager to make sure their hours of work are still suitable for them. One to one meetings with staff are taking place. There is a plan in place to make sure all staff have regular supervision and an annual appraisal of their work. Staff meetings have not been reinstated since the covid outbreak. However, staff confirm they can discuss any issues with the RI at any time and feel listened too. The RI confirms plans are in place to reinstate team meetings.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
16	Personal plans are not reviewed at least once every three months as required in law.	Achieved
36	There was no process in place for new staff to receive a formal induction to their role.	Achieved

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