



## Inspection Report on

**Link-Up Care Ltd**

**Office 25, Llynfi Enterprise Centre  
Heol Ty Gwyn Industrial Estate  
Maesteg  
CF34 0BQ**

## **Date Inspection Completed**

21/04/2023

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## About Link-Up Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Link-Up Care
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	20 December 2021
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

Link Up Care is a domiciliary support service that provides personal care and support to people in their own homes, in the Bridgend area. The service provider has a Responsible Individual (RI), who has oversight of the running of the service. There is also a care manager who is suitably qualified and registered with Social Care Wales as required.

The service ensures people receiving support have personal plans that detail their individual care needs. These are reviewed regularly, but records of people's plans and progress to meet outcomes could be clearer across all parts of the service.

People and their representatives are complimentary about the positive relationships they have with care and office staff. Staff are suitably trained, and regular supervision and appraisal has improved since the last inspection. Staff feel well supported, confident and happy in their roles. All staff communicate effectively to ensure people using the service receive their agreed support. The RI visits all parts of the service regularly and carries out their regulatory duties.

As this is a domiciliary support service, we do not consider the environment theme, however the office premises and other service site visited during our inspection appeared secure and 'fit for purpose'.

## Well-being

People have choice about the care and support they receive. Staff develop plans with the individual and their representatives, using good assessment tools. They review their care and support regularly. People and their relatives provide feedback either face to face or through telephone monitoring, which contributes to the quality assurance of the service. The manager, team leaders, and other provider staff complete audits of care practices and service site environments, to make sure people are receiving a safe, consistent and good quality service. People's language and communication needs are considered. The service does not provide the Welsh language offer, but 'More Than Words' training that considers the Welsh Language and other ways of communicating with people is available to staff. There is a Welsh Language Policy at the service and we are told all documentation can be provided in Welsh on request. The service currently has no Welsh speaking service users or staff.

Staff document people's needs, risks to their safety and well-being in personalised risk assessments. The service is responsive to changes in care needs. The service has started using an electronic management application and are in the process of moving information such as staff rotas, care plans, policies, staff supervision and training on to this application.

Staff help protect people from potential harm or abuse. They receive safeguarding training and have knowledge of the procedure to report any concerns they have. There are policies in place at the service such as Safeguarding and Whistleblowing, which are reviewed regularly.

People can have assistance with their medication if required. There are medication policies and procedures in place at the service, and staff have training and monitoring to ensure they can carry this task out safely and appropriately.

## Care and Support

People and their families have positive relationships with staff. People told us the communication is generally good. We saw a service user guide that people are given, and a Statement of Purpose, which is consistent with the service provided. Management ensures they inform staff of everything they need to know to provide good daily care. There are channels to feed any concerns or queries back to the office. Feedback from people and their families is extremely positive. One relative said of the carers *'very good...I couldn't work without them...very personalised.'* Another person told us *'I love it...they treat me well...I choose what I want to do...it's really good.'*

Care plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are reviewed regularly and involve people, their families, and other professionals such as social workers. Clearer records of these could be more consistent across all parts of the service.

There are measures in place for assisting people with their medication, if needed. The medication policy and procedures provide clear guidance to staff, and staff have medication training.

The service aims to protect people from potential harm and abuse. Staff receive safeguarding training and there are policies in place informing them how to report abuse. Staff told us they could approach management with these issues.

There are infection control measures in place to reduce the risk of transmission of infectious diseases including COVID 19. Staff have received training in the correct use of Personal Protective Equipment (PPE) and there is a clear policy and procedure in place. During our site visits, we saw that there were good supplies of PPE and staff using this as appropriate.

## **Environment**

As this is a domiciliary support service, we do not consider the environment theme, however the office premises and other service site visited during our inspection appeared secure and 'fit for purpose'.

## Leadership and Management

Staff are knowledgeable in their roles and responsibilities, feel supported by the management team, and benefit from the training and development programme that is in place. Staff told us they have time to gain the knowledge and experience they need before visiting people on their own. There is an induction process in place, which includes training and shadowing other staff. Staff have regular supervision and appraisal, which has improved since the last inspection. They have one-to-one discussions with their line managers regarding their wellbeing and professional development. Staff receive training, which is a mix of face to face and online. Staff told us they receive rotas in good time via the care application and management advises them of any changes. Staff told us they feel happy and confident in their roles. Some staff feedback includes '*Really good...like family...approachable and flexible.*' Others said '*Brilliant...can contact any time*'.

Recruitment and vetting processes are in place and are robust. All staff have up to date Disclosure and Barring Service checks, and are registered or in the process of being registered, with Social Care Wales (SCW). Recruitment is ongoing at the service and there are incentives in place. There are no issues around the financial sustainability of the service.

There are monitoring and auditing processes in place to maintain the quality of the service. The RI visits all parts of the service regularly and has good oversight of day-to-day occurrences with staff and people receiving care. Quality of care reports and quality assurance reviews are completed. There is an up-to-date complaints policy in place, and there have been no complaints at the service since our last inspection. People receiving support and their relatives provide feedback on the service during visits and through monitoring calls. They told us they are happy to call the office with any issues or queries, and feel confident any concerns would be dealt with promptly and appropriately.

### 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

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
36	The provider is not compliant with regulation 36(2)(c). This is because the service has failed to provide the required level of supervision and appraisal to staff members.	Achieved

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