



Inspection Report on

Helping Hands Home Care Cardiff & Vale

**Helping Hands
5a
Beulah Road
Cardiff
CF14 6LT**

Date Inspection Completed

06/02/2023

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About Helping Hands Home Care Cardiff & Vale

Type of care provided	Domiciliary Support Service
Registered Provider	Midshires Care Limited
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since the service registered under The Regulation and Inspection of Social Care (Wales) Act 2016
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

People receive care and support by a dedicated and experienced care team. People told us they share good relationships with regular care staff. Staff teams across the service understand people's needs, preferences and personal circumstances. Care is delivered with dignity, respect, and sensitivity. Care staff receive strong support and guidance from office-based staff. People are supported to achieve their personal outcomes.

Care documentation is stored and updated securely. People do not currently have access to documentation in a suitable format. The provider is taking immediate steps to resolve this. Care staff keep accurate daily records of the care people receive. The management team provide oversight of the service, and there is robust oversight of the quality of the service people receive from the Responsible Individual (RI).

Care staff are knowledgeable and understand how to safeguard people from harm. Staff receive a broad range of training; competency checks and supervision. We found some gaps in training records and the frequency of supervisions needs to improve. Staff have access to policies and procedures that are reviewed regularly. The provider engages with people on a regular basis to gain their feedback on the quality of service they receive.

Well-being

The provider meets with people to inform them of the service they can expect to receive. Agreements between people and the service provider are in place prior to service delivery, however, we found people do not receive a letter of confirmation before starting a package of care. The provider is taking positive action to ensure people receive all necessary documentation.

People and their representatives are involved in planning their care before receiving a service. Things that are important to people are included in the initial assessment completed with the provider. Care staff access thorough personal plan information and complete care tasks detailed in the plan. Care staff keep accurate records and include people's choices on a day-to-day basis. Families told us they have good relationships with established care staff and feel reassured outcomes for people are achieved.

People told us they feel confident to speak to care staff or office staff if they have a concern or complaint. We found people who use the service unclear about the formal complaint's procedure. The provider assured us this information is accessible to people in their homes. People have access to an on-call service which is readily available, and responsive. People can be assured the provider is quick to respond to all concerns and complaints and takes timely action.

The service ensures people are listened to and their views matter. Individual circumstances are considered when care is being delivered. People told us they feel listened to and make day to day choices about their care and support. The provider includes the person and their representatives when completing personal plan reviews. Personal Plans are stored confidentially and accessed electronically. Personal plans are accompanied by detailed risk assessments which are reviewed regularly. Regular quality monitoring calls take place with people to gain their views on the service they receive.

People told us that they feel safe when receiving care and support. Staff complete training relating to safeguarding and whistleblowing and have various methods of raising concerns to safeguard people. The provider is ensuring all staff are aware of the confidential reporting methods and complete the relevant training. People told us care staff respect their homes, their belongings, and their families.

Care and Support

People share good relationships with care staff who treat them with dignity, respect, and kindness. People told us *'I know who the care staff are'* and *'My family member really likes her carers.'* People receiving live-in or visiting support can expect continuity of care. Whenever possible, the provider communicates with people in advance when there are changes in care staff. Care staff complete most call times in full and all care tasks are completed in accordance with the personal plan and people's preferences. People told us they do not feel rushed by the care staff.

The provider supports people to maintain their health and well-being. Personal plans contain key information about health conditions and allergies. Care staff contact the office team when they have concerns about a person's health or well-being.

The service provides support to people to safely administer medication. There are robust systems in place to ensure people are supported appropriately by skilled staff.

Personal plan reviews are updated every three months with the person and their representative. Care delivery is well documented, and people's daily records are detailed and up to date. Care staff are well informed when there are changes to a person's needs and care documentation is updated. Representatives told us contact with the office is dependable and responsive when passing on essential information. People told us they *'Trust'* the service and *'Feel Safe.'*

People told us that care staff follow good infection control measures, dispose of rubbish properly and leave their homes clean and tidy. Staff have ample supplies of Personal Protective Equipment. Concerns relating to poor hygiene practices are quickly resolved.

People told us *"We can always get hold of someone by telephone"* when they need to speak to staff at the branch. Not all people are able to access digital service information. The provider is proactively making changes to ensure all people can access information in a format that suits them, including details of the personal plan, call times and staff roster.

People can be assured care is provided by dedicated staff who maintain a good understanding of people's needs. People told us they are happy with the standard of care and support they receive.

Leadership and Management

There are policies and procedures in place which are accessible to staff. The Statement of Purpose accurately describes the service.

Quality care reviews are detailed. There is good oversight and monitoring of the quality and effectiveness of the service. The report shows the service is performing well. The service provider encourages feedback from staff, people, representatives, and professionals which inform improvements made to the service people receive. There are robust quality auditing systems in place to monitor and evaluate all aspects of the service. The manager has access to the RI and receives regular support for their role and personal development. The RI completes quarterly visits to the service and speaks with people and staff to gain their views. The RI has good oversight of record keeping, safeguarding concerns, complaints, and resources. The RI completes checks on care documentation.

The management team demonstrate positive, kind, and sensitive engagement with people receiving a service. People benefit from a consistent staff team that are well informed of their responsibilities.

There is robust oversight of the personal plan reviews, medication audits and risk assessments. Latest information is shared promptly with care staff. Staff teams meet regularly throughout the year.

Most care staff are up to date with training. We cannot be assured all staff complete core training prior to delivering care and support. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. Staff are provided with comprehensive specialist training to meet people's individual needs. Staff tell us they receive a detailed induction, and the quality of training is good. Staff appraisals are up to date, but a small number of supervisions and spot checks are overdue. The provider reports a high percentage of staff with social care qualifications and registration with Social Care Wales. The provider has good oversight of resources to meet the needs of people using the service.

Not all care staff files we viewed contained the required information, we found some employer references and previous employment histories incomplete. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Care staff told us they receive good support, and office-based staff are available and helpful. All staff told us they are confident in raising concerns and they are listened to. People and staff tell us the provider is open, honest, and trustworthy.

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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35	The provider has not completed safe recruitment processes for all staff at the service.	New
36	The service provider has failed to ensure that all care staff working at the service have received the appropriate core training and supervision required to undertake their roles safely and effectively.	New

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