



# Inspection Report on

**Helping Hands Home Care Cwm Taff**

**Unit 6  
Wesley Buildings  
Newport Road  
Caldicot  
NP26 4LY**

## **Date Inspection Completed**

21 September 2022

**Welsh Government © Crown copyright 2022.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Helping Hands Home Care Cwm Taff

Type of care provided	Domiciliary Support Service
Registered Provider	Midshires Care Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act.
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language.

### Summary

Helping Hands Home Care is a domiciliary support service operating in Gwent, Powys, and Cwm Taff regional partnership areas. The service provider also provides a live-in service to people who require care and support in their own homes.

People are listened to, and their voice is promoted. People told us they receive a good standard of care and support and are very complimentary of the service provided. Personal plans are in place although these are not always reviewed in detail across all services. Safeguarding concerns are dealt with appropriately. Measures are in place to promote safe medication practices. The service is well-run, supported by internal quality assurance systems, a clear management structure, clear lines of delegation and governance arrangements. Staff receive training and support which ensures they have appropriate skills and knowledge to carry out their roles effectively. We identified some deficits regarding staff recruitment and the timely submission of regulatory notifications which require addressing. There is regular oversight of the service by the Responsible Individual (RI).

## Well-being

Staff provide care and support promoting people's overall well-being. Assessments of need are undertaken with people before they receive a service. The service takes a personalised approach. People's preferences are acknowledged and understood, and how they wish their support to be provided is documented in their personal plan. Personal plans need to be reviewed more frequently. People receive support from staff who have a good understanding of each individual person's needs. The service provider told us no individual currently requires a Welsh language service, although there is a clear commitment in making provision for the Welsh language 'Active Offer', which is included in service documentation.

Measures are in place to safeguard people. Care workers receive safeguarding training and know what action to take if necessary. Staff are confident in reporting any concerns and feel they would be listened to, and actions would be taken. Specific assessments are in place to support people with risk taking. Safeguarding details are on display in the office, and a safeguarding policy is available. However, we consider this policy requires further information. Recruitment practices need attention to ensure these are consistently safe. The provider has completed Disclosure and Barring Service (DBS) checks on staff. The DBS helps employers maintain safety within the service. Medication management systems are in place, and there is good oversight of these practices.

The service provider has a clear management structure in place to maintain standards and drive quality. We saw quality assurance reports completed by the RI on a quarterly basis. Reports detail an overview of the service and note there has been some engagement with people, their representatives, and staff. The provider has systems in place to seek people's views and opinions on all aspects of the service. Quality assurance processes are in place, this includes the auditing of day to day records and the oversight of service delivery by the provider. Systems are in place for staff to receive regular one to one supervision with their line manager.

## Care and Support

People value their relationships with care workers, who they feel go above and beyond for them. Care workers told they are given enough travel time to enable them to deliver calls at the expected times. We sampled planned call times against actual times for two people and note timings of calls are consistent. People get good continuity of staff delivering their care, which enables them to build good working relationships and ensures that care needs are met with ease. People we spoke consistently told us they are happy with the service. One person told us *“They always ask if there is anything more they can do for me. They all do, just before they leave”*.

Mechanisms are in place to support people’s health and well-being. Care staff complete a variety of risk assessments supporting safe care delivery. Records show the provider makes referrals to social and health care professionals in a timely manner to support people to remain healthy. There is an on-call process providing guidance and management support. This informs care workers on what action to take in the event of an emergency outside office hours. Staff we spoke with were complimentary of the on-call arrangement and support mechanisms in place. People and their representatives told us staff wear the relevant personal protective equipment (PPE) and they feel safe. Staff we spoke with are confident and knowledgeable of when and to use PPE.

People can be confident that their personal circumstances are considered. We viewed a selection of personal plans and associated care records. Care documentation is person-centred with clear information of their routines, preferences, likes and dislikes. The plans clearly describe how care and support should be delivered. Records reflect plans are co-produced with the person/and or their relative. Personal plans are reviewed, and changes are made where required. However, this approach was not consistent across the services. We found care needs are not always reviewed on a three monthly basis in the Gwent service. For example, we saw one person has experienced two falls in quick succession. We note their plan has not been reviewed taking these incidents into consideration to assess the risk. We expect the service provider to address this and we will follow this up at the next inspection.

Arrangements are in place to support people with their medication. We completed a partial review of the service provider’s medication procedures. A medication policy is in place alongside medication training for staff, including observations of competency. Medication safety is promoted by an auditing process overseen by office staff. We found most administrations are completed accurately; however, we did note some gaps in recording with no written explanation. The service provider gave assurance these matters would be reviewed and follow up action taken where necessary.

## Leadership and Management

The service provider is clear about its aims and objectives. We viewed the statement of purpose (SOP) and written guide for people using the service. The SOP is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of needs the service will provide support for, including any specialist service/care provision offered. The SOP provided an overall picture of the service offered, including provision of the Welsh 'Active Offer.'

Systems are in place to measure and monitor the performance of the service. The RI completes a report every three months that reflects they meet with staff and people using the service and considers the quality of service delivery. The service provider must ensure three monthly visits consider a proportion of people using the service across all geographical footprints where services are provided. The quality of care is reviewed on a six monthly basis and a report is produced. Surveys are used to obtain the views of stakeholders. People and relatives know how to make a complaint if they need to. Internal systems show complaints are managed well. Systems for recording care delivery, medication administration and accidents are in place. There is good oversight of key documentation ensuring tasks are completed and audited to review compliance and areas for improvement. The service provider conducts safeguarding investigations and reports matters to the relevant local authority. CIW do not always receive a regulatory notification of events as required in a timely manner. We expect the service provider to address this and we will follow this up at the next inspection.

There are arrangements for supporting and developing staff. Staff we spoke with consistently told us they feel supported and valued. Supervision and training records examined indicate processes are in place for staff support and development. Regular staff supervision is provided. A recognition scheme 'Moments of Kindness,' identifies carers who have gone over and above in their role. Staff induction processes are in place. All social care workers are required to register with Social Care Wales. Less than 50% of staff across the service have completed their registration. The manager told us the provider is currently supporting all staff through the registration process.

Recruitment processes are in place; however, some improvements are required. We reviewed recruitment records for four staff employed across the services. All the required information was not always kept on file as required, this includes two written references prior to commencement of employment. Service providers should ensure contractual arrangements are reviewed with staff and a record is kept of this discussion. Records reveal DBS checks are completed although we found a DBS check requires renewal for one member of staff in the Powys service. These regular checks and updates are important to review a staff member's suitability to work with vulnerable people. We expect the service provider to address these matters and we will follow this up at the next inspection.

A safeguarding policy is available; however, this requires further detail including escalation measures and contact details pertinent to the local authorities where the care worker is placed. Staff we spoke with have a good understanding of when and who to report matters of a safeguarding nature.

### 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
------------	---------	--------



N/A	No non-compliance of this type was identified at this inspection	N/A
-----	--	-----

**Date Published** 25/10/2022