Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Caring Hands Homecare Agency Ltd

Unit 5 Conwy Business Centre, Junction Way, Llandudno Junction, LL31 9XX

01492 580055

The inspection visit took place on 22/06/2026

Service Information:

Operated by:	Caring Hands Homecare Agency LTD
Care Type:	Domiciliary Support Service
Provision for:	Supported Living, Provision for learning disability, Provision for mental health
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	Requires Improvement

Summary:

Caring Hands Homecare agency provides domiciliary care and support to people living in their homes across the North Wales regional footprint.

People experience good wellbeing outcomes. Care and support are person centred and mean people experience positive wellbeing outcomes and continue to do the things which matter to them.

People receive good care and support. Care staff are experienced and dedicated to deliver the best support possible. People experience continuity of care from small teams of care staff. Improvements are needed to the quality and consistency of formal assessment and planning processes so a clear timeline of admission and commencement of service can be evidenced which is reviewed as required by the regulations.

The management team work hard to ensure people receive a good quality service, and care staff are well supported. Improved oversight is required to ensure processes such as call scheduling, assessment, care planning and review, and risk assessment are fully complete and reflect the providers own policies and procedures meeting the requirements of RISCA. In depth analysis by the responsible individual (RI) during their regulatory visits will ensure issues are identified and actions can be set. The leadership and management of the service requires improvement.

Findings:

Well-being — Good

People experience positive wellbeing outcomes. People choose how they want to be supported so they maintain as much independence as possible. People we spoke with gave positive feedback about the support they receive and said they are involved in decisions about their care. One person said, "*Care staff are absolutely amazing, my family member loves a laugh and joke*", another said, "*care staff are caring, friendly, good communication and the office staff are wonderful*", and "*care staff are all reliable and treat my family member with dignity*". Feedback from people is sought through review processes and the manager keeps a good record of any issues raised by people and action taken to address it. We saw evidence within the RI report of feedback being reviewed so this could be fed back to the care team and to identify any areas for improvement. People spoken with said if they had any concerns, they are happy to contact the management team.

People are supported to maintain a good physical, mental and emotional wellbeing. We saw evidence of the provider engaging and working with external professionals such as social workers, district nurses, GP, and occupational therapists. Care records show the care staff identify changes in people's needs and support them to contact the most appropriate service. We saw evidence of changes in care need being risk managed to keep people safe whilst they waited for professional involvement.

People are supported to do the things which are important to them. In addition to meeting personal care, medication and nutritional needs, the provider strives to promote independence, social inclusion and maintaining important relationships. People are supported to access their local communities for shopping, walks on the prom, watching sports at the pub, and attending social groups. At home, people receive companionship, help with maintaining skills such as housekeeping and gardening. Care staff go the extra mile so people can still enjoy treats such as having a takeaway. Where people have family or friends who live away, care staff support with making contact so people can stay in touch with their loved ones. One family member told us, "*Communication is excellent, nothing is too much trouble*." One family are very grateful the service had gone above and beyond to support a person to attend a family wedding, which they said would not have been possible without Caring Hands telling us, "*We will always be grateful for the day we had at the wedding."*

Care & Support — Good

People receive person centred care and support which meets their identified needs and personal preferences. The provider considers information shared by social workers and health services as well as people's own requirements. A tailored personal plan supports physical, mental, and emotional wellbeing. Whilst the provider told us they complete initial assessments and retain external documents provided at the point of assessment, they must ensure a full record of initial assessment is retained. Any agreed plan of care must be reviewed within seven days of the commencement of the service. The provider has a detailed review document in place to meet with people and their representative and discuss how they feel the package of care is going as well as seeking feedback. Reviews of care and support must be completed every three months, and evidence people or their representative have been offered the opportunity to engage in this process. Daily care notes completed by care staff are good quality, recording the care delivered and important observations. Daily notes evidence the required care and support is being delivered as per people's personal plans. People are asked about their personal preferences such as call times and carer gender, which are facilitated as best as they can be. People are asked about their language preferences, and the provider recruits Welsh speaking staff, so people can receive support in a language of their choice.

People are protected from abuse and neglect. All staff complete safeguarding training and safeguarding policies support this learning. We saw evidence of care staff identifying concerns and reporting appropriately. Incidents, accidents, and safeguarding concerns are recorded and reviewed to ensure any actions are addressed. We saw the provider works with professionals to ensure any actions are completed to keep people safe and improve their wellbeing.

The provider has taken action to amend medication administration records, seeking guidance from a pharmacist to create a detailed record which will ensure the safe support and administration of medication.

Care staff complete infection prevention and control training. We observed a good stock of personal protective equipment (PPE) stored in the office, which care staff come and collect as and when they need it. Infection prevention and control practice is observed during spot checks of care staff.

Leadership & Management Requires Improvement

People benefit from a management team who are dedicated and strive to deliver the best possible service. People speak positively about the management of the service and told us they can call the office if they need to, or the management team will contact them if there is a problem. The provider has an on-call procedure in place which ensures advice and support is available outside of office hours. The RI for the service is present on a regular basis and documents any discussions or records reviewed on each visit. The quality-of-care report is a positive record of how the service is performing. The RI told us the quality-of-care report is a joint effort with members of the team collaborating to document the good work being recognised in the service. Whilst some evidence of quality monitoring is present, more in depth analysis of areas such as assessment, care planning and review, call scheduling and call monitoring is required to identify areas which need to be developed. The RI must ensure daily processes are reflective of the organisations policies and procedures. Improved oversight of the management of the service will ensure the service continues to develop and improve. This is an area for improvement, and we expect the provider to take action.

People are supported by care staff who are safely recruited and suitable to work with adults at risk. We found all the required pre-employment processes to be completed before a person begins working for Caring Hands. This includes obtaining appropriate references and completing a disclosure and barring service check (DBS). Care staff complete an induction which includes shadowing experienced care staff, alongside the completion of training. This is completed online and in person with regular spot checks undertaken by the management team to ensure people continue to receive good quality care. Care staff have regular one to one supervision with the management team, and they are supported with their ongoing learning and development. Care staff reported good communication and excellent training, saying managers are helpful and understanding. The manager produces a bi-monthly newsletter for the team to share news and information. Care staff are required to register with Social Care Wales, the workforce regulator.

People receive a service which provides continuity and assurance. The provider told us they endeavour to match care staff with people, where they feel a positive working relationship can develop. People have a small team of care staff, so they develop trust and have continuity. A family member told us, "*Carers are rotated through a small team allowing my family member to get to know people*." Most people reported care staff are on time, and no one reported any concerns with missed or short calls. Whilst we received positive feedback from people supported, the provider must ensure call schedules factor in travel and break times and care staff accurately record the times they arrive and depart a person's home. This is an area for improvement, and we expect the provider to take action.

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.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People cannot be assured care staff have sufficient scheduled time to travel between domiciliary appointments. Where appointments overlap, people may experience delays in care being delivered. Care staff are at risk of being rushed which may impact on their wellbeing and the quality of care delivered.	22/06/26
Ineffective oversight by the Responsible Individual means concerns affecting the quality and safety of the service may not be identified or acted upon in a timely manner. This may limit the provider's ability to drive continuous improvement in outcomes for people using the service.	22/06/26

CIW has not issued any Priority action notices following this inspection.

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