Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Helping Hands Home Care Cwm Taf

Unit E
Nelson House
Langstone Business Village Langstone Park
Newport
NP18 2LH

Date Inspection Completed

12/03/2024

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About Helping Hands Home Care Cwm Taf

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	21 September 2022
Does this service promote Welsh language and culture?	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 Taf regional partnership areas. The service provider also provides a live-in service to people who require care and support in their own homes. There is currently only one person receiving a service in the Powys area and no one is receiving a service in the Cwm Taf region.

People are involved in their care and can express their views knowing they will be listened to. They are complimentary about the care provided and enjoy a familiar rapport with care staff. Personal plans are in place and people have access to specialist support and advice. Assessments of people's needs, and the review of personal plans require improvement. Overall staff are safely recruited, and they feel supported in their role. Regular training is provided which ensures they have the appropriate skills and knowledge to carry out their roles. The service provider has a clear management and governance structure, although CIW are not always notified of events as required in a timely manner. Quality assurance systems are in place and stakeholder engagement is reflected within reports completed by the Responsible Individual (RI).

Well-being

People receive the support they require to remain as healthy as possible. Personal plans include essential aspects of people's physical and mental health support needs. The service contacts health and social care professionals when required. The provider has systems in place to ensure there is oversight of individual's health and well-being. People receive support from care staff who have a good understanding of their needs. This is demonstrated through records we have reviewed and positive responses we received from people about their care and support; including the positive relationships they have developed with care workers.

Individual circumstances and views are considered. People told us they feel listened to and involved in making decisions about their care. Routine quality assurance checks give people opportunities to express their views and opinions. Quality assurance reports completed by the RI detail an overview of the service and include engagement with people and staff to develop and improve the service. Improvements are needed to the oversight of call management to ensure all people receive care and support when they need it. The service provider told us no person currently requires a Welsh language service. Although there is a commitment in making provision for the Welsh language 'Active Offer', which is included in service documentation, although we found this is not always clear within initial provider assessments.

People feel safe. There are arrangements in place to raise concerns. People told us they know how to contact senior staff in the office who are helpful, although at times it can be difficult to get through to speak to someone. Staff receive training and support in their role and are well skilled. One person told us, *'Care and support is provided safely, care workers wear personal protective equipment (PPE) and use the hoist for (x) in a very safe manner.'* Provider assessments and personal plan reviews need to be strengthened to ensure people are consistently supported in a timely manner to achieve their personal outcomes.

Medication systems in place are safe and there is good oversight. There is a process for care staff to escalate matters of a safeguarding nature to senior staff. There are selection and vetting arrangements in place to enable the service provider to safely decide upon the appointment of staff, but some areas require strengthening. Disclosure and Barring Service (DBS) checks on staff are in place prior to the commencement of their employment. The DBS helps employers make safer recruitment decisions. Managers and care staff are registered with Social Care Wales (SCW). SCW maintains the register of the social care workforce in Wales.

Care and Support

People and their representatives are happy with the care they receive, they feel listened to and are satisfied with the service. People we spoke with told us, *'The care is excellent,' 'They care and support (x) with a smile,' and, 'They know all my needs and are friendly.'* Personal plans are co-produced with the person/and or their relative and set out how each individuals care and support needs will be met. People told us they feel involved in their care arrangements although did raise some concerns that care records are on a digital format and are not always accessible. The provider told us this would be followed up and acted on.

Some people we spoke with told us that call timings are not always consistent. We sampled planned call times against actual times for two people receiving a service in Gwent. We found timings of calls are not always in line with people's preferences as recorded in their personal plan. We note one person is spending an excessive amount of time in bed due to later than planned calls in the morning and early bedtime calls. This is an area for improvement, we expect the provider to take action to address these matters and we will follow this up at the next inspection.

Mechanisms are in place to promote people's physical health, although the assessment and review of people's support needs requires attention. Personal plans include specialist advice and support. Referrals are made to relevant health and social care professionals when people's needs change. One relative told us, *'Occupational health was involved, and the staff worked well with them.'* However, in the Gwent service we found provider assessments are not always completed in detail, and there is a delay in the review of plans when people's needs change. One person had sustained multiple falls and we found there was a significant delay in the review of the personal plan and risk strategies in place. Provider assessments completed in a timely manner will ensure people's needs are fully considered and risks can be managed safely. This is an area for improvement, we expect the provider to address these matters and we will follow this up at the next inspection.

People are protected from harm and abuse. Care workers have completed safeguarding training. Staff we spoke with have a general understanding of how to report matters of a safeguarding nature. The safeguarding policy details the required information. We were told staff wear PPE and people feel safe. Care workers support people with their medication and there is oversight of these practices. We sampled a small number of medication administration records (MAR's) and found there are completed well.

Leadership and Management

There are arrangements in place for the oversight of the service. The statement of purpose (SOP) is fundamental in demonstrating the vision for the service. The SOP provides an overall picture of the service offered, including provision of the Welsh 'Active Offer. We reviewed a selection of organisational policies; these reflect information is reviewed and updated. The service provider demonstrates a commitment to service improvement. The RI completes a three monthly report and six month quality of care review report. The quality of care report evaluates the service and quality considering the views of people using the service, relatives, and staff.
There are systems in place for the auditing of key documentation maintaining oversight of care provided. However, the monitoring of call management needs some attention to ensure the reliability of care is monitored and acted on. Complaint management and safeguarding systems are in place and managed well. We saw evidence the service provider engages with safeguarding and multi-agency professionals. The service needs to ensure CIW and SCW are notified of all matters as required in a timely manner. This is an area for improvement, and we expect the provider to address these matters and we will follow this up at the next inspection.

Mechanisms are in place for staff recruitment, training, and support although some areas require strengthening. Some care staff we spoke with told us they feel supported, whereas others told us they can feel isolated in their role. Records showed staff receive three monthly one-to-one supervision and appraisals with their line manager, although we found contact with live-in workers could be more consistent. Regular staff meetings are held in some areas of the service and care staff performance and service is recognised. Staff told us they completed an induction when they started with the provider that was helpful and informative. However, induction records we viewed are not always completed consistently.

The service provider supports staff to register with SCW in a timely manner. The staff training matrix shows most staff are up to date with their training. One member of staff told us they have not received practical moving and handling training for some time. We discussed this with the provider who assured us they have been in contact with SCW and are developing a moving and handling training package for all staff to undertake in line with the All Wales Manual Handling Passport. We will follow this up at the next inspection.

We reviewed a DBS matrix; this indicates the relevant checks have been completed and renewed for staff as required. Staff recruitment files show most checks are in place although we found some discrepancies in the Gwent service vetting processes. This is an area for improvement, and we expect the provider to take action to address these matters and we will follow this up at the next inspection.

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

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

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