



## Inspection Report on

**Caring hands homecare agency LTD**

**1c Penrhyn Road  
Colwyn Bay  
LL29 8LG**

**Date Inspection Completed**

09/10/2019

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## **Description of the service**

Caring Hands Homecare Agency Ltd is a domiciliary support service based in Colwyn Bay. It is registered with Care Inspectorate Wales (CIW) to provide domiciliary care for people aged 18 and over with physical disabilities, sensory impairment, learning disabilities, mental health needs and dementia. Rebecca Evans is the responsible individual and there is a manager in place who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

Overall, people are happy with the service they receive. We found that care staff were considered to be usually on time, and that generally people were happy with the consistency of care staff who supported them. Whilst people have personal plans on how they would like their care to be delivered, we found these should contain more detail, to ensure care is provided consistently. Staff received relevant training, and felt well supported by the management team. We found that the RI and manager have good oversight of the service but this could be better recorded.

### **2. Improvements**

This was the first inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **3. Requirements and recommendations**

Section five of this report sets out the requirements and recommendations to improve the service. These include the following:

- Improvements to the personal plans and risk assessments for people.
- Improvements relating to staff supervisions and support.

## **1. Well-being**

People get the right care and support when they need it. People who completed questionnaires told us they rated the quality of care received as good or very good. We were told care staff were usually on time, and if not they would get a phone call to let them know of the delay. Daily notes demonstrated that people received the care they required, and care staff told us they did not feel rushed when providing support. People's physical and mental health is well maintained as a result of getting the right support at the right time.

People are protected from abuse and neglect and know how to raise concerns. Staff confirmed they received training in safeguarding and would feel comfortable reporting any concerns to the management team. People we spoke with told us they were aware of the complaints procedure and if they had any concerns they would feel comfortable discussing them with the agency, and have found that things have been dealt with as requested. There are systems in place to ensure people are safe and protected from abuse.

People can speak for themselves and contribute to decisions that affect their lives. People told us they were consulted about how they would like their care delivered, and were given opportunities to express their views about the service. We were informed that care files in people's homes contained a service user guide, which described the service and what they could expect and questionnaires received confirmed this. People are able to have control over their day to day lives and influence how their care is provided.

## **2. Care and Support**

As much as possible, people receive support in line with their wishes from carers that they are familiar with. We saw that where possible people received care from a consistent group of care staff. The service had organised their care calls into 'runs' so the same team of care staff provided support to individuals in the same geographical area. This provided continuity of care for people, although due to the nature of the hours some care staff were available for, there was still a large number of care staff for people who required two care staff per call, if they required four calls per day. The responses the agency had received from quality of care surveys demonstrated people were happy with the care staff and the service provided. People who responded to our questionnaires confirmed they received continuity of care. People are reassured that they receive the care they require from a consistent staff team.

People can feel confident the service have a personal plan for how their care is to be provided. We saw plans had been developed and that people and/or their families had been consulted, and for those who had social service involvement that care plan was also on file. We were told people had a copy of their plan in their home, and also families may receive a copy, if agreed by all parties. We were told that care staff could access the care plans in the office, prior to their first visit, and that office based staff or team leaders, updated them with changes. However, we noted that some plans should contain more information and be more outcome focussed, to ensure that care staff knew exactly how a person wished to be supported. Two family members we spoke with noted that some care staff were excellent, but there was variability. If care plans contained sufficient detail this could help with support being delivered consistently to a high standard. We also advised that risk assessments for important areas, for example falls, should be more robust in describing preventative measures. Daily records indicated care was being provided as described in the care plan; most people we spoke with were happy with the service and in questionnaires the service was rated as good or very good. People have personal plans in place but these should be more detailed to ensure that care is provided consistently.

### **3. Environment**

This theme is not applicable to domiciliary support services.

## 4. Leadership and Management

There are arrangements in place for the effective oversight of the service. The RI has a duty to monitor the service, and log discussions held with people who use the service and staff, as well as reviewing a sample of records. We were unable to see reports to evidence this had been carried out, we were advised they had not been written due to absences, we could see that the RI was in the service regularly, was accessible to staff and worked closely with the manager to oversee the service. We recommend the RI develop a monitoring tool to evidence their oversight of the service, every three months as required. We saw the manager had oversight of some aspects of the service; for example care plans and ensuring calls were for the planned length of time. Team leaders held responsibilities for reviewing people's care packages and care staff's performance by conducting spot checks. The manager handles complaints and we saw these were well documented, including the actions taken to resolve issues. A family member we spoke with told us when they had raised issues they were listened too. We looked at a sample of policies and found they were fit for purpose, although we have recommended the Training Development policy could contain more detail so it describes current practices. Regulations state there should be a policy on admissions and commencement of service, and we saw there was not one in place; the RI advised she would develop one and send it to CIW as soon as possible. We saw that the service was effectively overseen, but this should be better evidenced.

Generally, travel time and care time are delineated ensuring that care is not rushed. We saw schedules of calls for care staff that evidenced that travel time between calls was allocated. The RI told us that they planned care so they could minimise travel between calls, so travel time does not always show on schedules. A member of care staff we spoke with told us they usually had travel time allocated, although if they were to cover calls due to unexpected absences this might not be the case. People can feel assured their care calls will not be rushed as sufficient time had been allocated for the call and travel time.

Individuals are supported by a service that provides appropriate numbers of staff with the knowledge, skills and qualifications to achieve their outcomes. We saw that staff recruitment was safely carried out, with the appropriate checks having been carried out. We were advised that they were introducing a new induction framework which would be in depth and robust. We were told that care staff carried out shadow shifts to get to know how to support people, and members of staff spoken with confirmed this, however we did not see any evidence of this. People who responded to our questionnaires told us that the care workers did their job well, and rated the service as 'good' or 'very good'. Care staff told us they felt well supported by the management team, who were approachable and flexible. We saw a training matrix that showed staff had received mandatory training and that some staff had a relevant care qualification and some were in the process of completing one. Some carers told us they found it helpful that they could carry out training in the evening, so it didn't impact on child care arrangements. We saw on the day of inspection staff were being

supported to start the registration process with Social Care Wales, which has to be completed by April 2020. There was evidence some care staff had received supervision, but this was not consistent or as frequent as required, and we have advised the management team that this should be addressed. We were told that they hold staff meetings, but this was not routinely recorded. We were shown evidence of a newsletter that was sent out to staff earlier this year, and were told that they had sent out other ones, but had not kept them on file. We have advised the service provider that better recording of how staff are informed and supported should be kept. People receive support from a staff team that are competent and safely recruited.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

None.

### **5.2 Recommendations for improvement**

- Personal plans need more detail to describe people's needs, goals and how to meet them. Where people have been assessed as being at risk of falls, detail should be recorded as to how staff can support preventative action.
- The RI should develop a monitoring tool, to evidence they carry out their regulatory visits.
- Review policies to ensure they reflect practice and regulatory requirements
- Care staff supervision should be carried out every three months as per regulatory requirements.
- The induction process for staff should be recorded to evidence they have received a thorough induction and had their competency assessed.
- Records of staff meetings and communications should be retained.

## **6. How we undertook this inspection**

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. We made an announced visit to the service on the 9 October 2019 between 9:30 a.m. to 4:30 p.m. The following regulations were considered as part of this inspection: The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017

The following methods were used:

- We spoke with three relatives/friends of people who receive a service on the telephone.
- We spoke with three care staff.
- We held discussions with the responsible individual and manager.
- We sent out questionnaires to obtain views on the service; we received completed ones from five people who receive a service, two from relatives of people who used the service and one from staff.
- We looked at a wide range of records. We focused on five personal plans and daily notes, four staff files, training and supervisions records. We reviewed a number of policies and procedures. We considered the Statement of Purpose (SoP) and compared it with the service we inspected. This sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, and other methods, the service will promote the best possible outcomes for the people they care for.

CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights. <https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Domiciliary Support Service
Service Provider	Caring Hands Homecare Agency LTD
Responsible Individual	Rebecca Evans
Date of previous Care Inspectorate Wales inspection	This was the first inspection under RISCA
Dates of this Inspection visit(s)	09/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service are working towards this.
Additional Information:	

**Date Published** 29/12/2019