



Inspection Report on

Swansea Council Domiciliary Support Services

**City & County Of Swansea
62 Cardigan Crescent
Winch Wen
Swansea
SA1 7DY**

Date Inspection Completed

Between 24th-28th May 2021

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About Swansea Council Domiciliary Support Services

Type of care provided	Domiciliary Support Service
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	Manual Insert
Does this service provide the Welsh Language active offer?	No

Summary

The Swansea Council Domiciliary Support Service is a large service combining four distinct elements. These include short-term re-ablement (up to six weeks) and long-term domiciliary care to people with complex needs. In addition, providing care and support to adults with mental health issues living in a supported living arrangement. As well as short – term crisis intervention for children and their families at times of urgent need or stress.

People are supported by a well-trained team of dedicated care workers who want to make a positive difference to their lives. Staff are supported and well trained and have good terms and conditions in which to work. The management team are visible, looking to improve and have good oversight of the service.

Well-being

The service is well run by an organised and committed management team. There is clear oversight from the RI, ably supported by an experienced team of managers. Care staff are well trained, supported and listened to. They are recognised for their achievements, hard work and dedication through what has been an extremely challenging time.

Communication is used well and effectively, ensuring staff feel linked into the service and supported via supervision and informal peer support. Comments from staff include *“my seniors are excellent, they are very supportive and always there for advice and guidance”* and *“they keep in contact with me, I always feel included”*. There are effective quality assurance processes in place to ensure people continue to get a quality service. Quality assurance audits are comprehensive, inclusive and identify any shortfalls. There are measures being introduced with the aim to improve the service.

Care and support is centred on the people using the service, although more work is needed in evidencing this through documentation. Everyone we spoke to told us they had a guide to services and are able to raise a compliment or concern. People and their relatives said their views and preferences are always considered. This is through daily contact with care workers or within assessment and review meetings. Care workers develop strong trusting relationships with people and mutual respect is evident. Care workers are not rushed or pressurised by unrealistic call times, resulting in a flexible service. People feel involved in the service and are regularly consulted on the quality of care. People can request information in the Welsh language.

People are supported by well-trained staff who want to make a positive difference to their lives. Care workers have a good understanding of safeguarding procedures, and were able to tell us what action they would take on any suspected abuse. The management team have ensured staff have the relevant training to enable them to carry out their roles. There are also plans to centralise training information for ease of access and to give a clearer picture on what training is due and when. Care workers are clear on current infection control guidance in relation to Covid-19. They also said they have sufficient supply of personal protective equipment (PPE).

Care and Development

The provider has clear contractual arrangements in place for its domiciliary support staff. These are well managed through corporate human resource procedures. All staff complete a comprehensive initial induction and probation process. The service overall has good staff retention. There are well-organised systems in place for the provision of a schedule of visits for each care worker. This includes sufficient call and travel time to enable care and support to be provided to people using the service. There are dedicated staff members employed to manage staff rotas. These are closely monitored and flexible around the needs of people and the availability of staff. Care workers of whom we spoke all felt they had sufficient time to carry out their roles and were happy with contractual arrangements. Staff comments include, *“our call-times are good and very flexible”* and *“no pressure is put on us so we can spend the time we need with people”*.

Significant improvements are needed to ensure the care and support that people need is clear within personal planning documentation. Everyone accessing the service is given a comprehensive “guide to the service” leaflet. Initial assessments were difficult to access at the time of inspection, due to the service introducing a new electronic care management system. Personal plans although provide good guidance to staff were standardised and very task based. Review of personal plans is inconsistent and does not evidence the views of people and/ or their relatives. Care planning documentation clearly needed a focus placed on developing a personalised approach. This will include gathering more holistic information on the person. Daily recordings are detailed and we can see improvements in risk assessment documentation. The management team acknowledged there are areas to improve and are considering additional resources to address these issues. We expect the people who run the service to take action to address this and we will follow this up at the next inspection.

The service provides a consistently good standard of care and support to people. We spoke to a wide range of people using the service and their relatives. All are extremely happy with the service and are very pleased with the quality of staff who support them. All feel care workers treat them with dignity and respect and include them in any decisions that affect them. Although, evidence of these discussions needs improving. People told us they greatly benefited from the care and support, and many said their lives had significantly improved. Comments include *“I’m very happy, there’re dependable, jolly and they do their job very well”* and *“nothing is too much trouble for them”*. A relative said, *“excellent I am not sure what I would have done without them”*. We saw good evidence of joint working with the Local Health Board in assisting people back to independence. One person recovering from a recent stroke told us *“The service is excellent, the staff really push me but in a really nice way”*. We saw clear evidence of people achieving their goals within the service. However, improvements are needed in documenting this information.

Leadership and Management

There are consistently good management and governance arrangements in place to support the delivery of the service. There is a clear management structure with distinct lines of responsibility. A manager has recently retired and the service is actively recruiting a new manager. Interim arrangements are appropriate. The responsible individual (RI) is actively engaged in the service. This is through regular engagement with people who use the service, their relatives and staff. This results in detailed quarterly and six-monthly reports, which include case studies evidencing the success of the service. The RI maintains good communication through regular briefing notes, and uses these to acknowledge/ recognise individual staff members for their commitment and hard work. There are strong corporate policies and procedures in place including safeguarding, whistleblowing, complaints and infection control. It is evident in discussion with staff they are fully aware of their responsibilities in these areas.

The Statement of Purpose (SOP) is nicely presented and an accurate reflection of the service. The guide to service documents provide people with detailed information on the services being provided. They also ensure the relevant contact details are available to enable people to enquire about the service, make a compliment/ complaint or to contact the relevant regulatory authorities. These documents are also available to people in the Welsh Language.

Good support is provided to care staff and overall they receive appropriate levels of training to enable them to deliver a good service. The inspectors acknowledge the service is going through a period of change in relation to its electronic staff personnel and training systems. The personnel records satisfied regulatory requirements and any gaps in information discussed have appropriate reasons given. Care workers referred positively to the induction and training they receive. Most training due to current circumstances is in the form of e-learning. Although, more classroom based sessions in areas such as health & safety and manual handling is being introduced. We viewed training records and saw overall core training for care staff is current and in date. Although, an accurate picture of staff training is difficult to establish. We have been assured training will be centralised within the new systems being introduced. Supervision records were consistently in date, completed three monthly, and appraisals completed on an annual basis. Comments from staff include *“very good support from managers both formally and informally”* and *“they are very supportive, nothing is too much trouble”*.

Environment

The quality of environment is not a theme that is applicable to a domiciliary support service. However, the service operates from a corporate building with secure office space with good facilities for staff. The office has suitable space for record keeping and locked filing cabinets for the storage of confidential information. However, it is worth noting remote working arrangements are in place for most staff when not delivering care and support in the community.

Areas for improvement and action at, or since, the previous inspection. Achieved**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None

Areas where priority action is required

None

Areas where improvement is required

There was minimal evidence that Personal Plan review are undertaken involving the individual and, where appropriate, with the agreement of the individual, their representative across the service.

Regulation 16(4)

There was inconsistent evidence in identifying personal outcomes and how the individual will be supported to achieve these outcomes.

Regulation 15(1)(b)

There was inconsistent evidence when carrying out or revising a provider assessment, the service provider involves the individual and any representative. In addition, the inspectors found it difficult to access initial assessments as these were as a electronic systems change taking place within the service.

Regulation 18(5)

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Date Published 12/07/2021