



Inspection Report on

Cardiff Council Domiciliary Services (Community Resource Team & Cardiff Supported Living)

**Cardiff County Council
County Hall
Atlantic Wharf
Cardiff
CF10 4UW**

Date Inspection Completed

24/07/2024

Welsh Government © Crown copyright 2024.

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.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Cardiff Council Domiciliary Services (Community Resource Team & Cardiff Supported Living)

Type of care provided	Domiciliary Support Service
Registered Provider	Cardiff Council Adults and Children's Services
Language of the service	English
Previous Care Inspectorate Wales inspection	28,29 and 30 June 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Cardiff Council Domiciliary Services - Community Resource Team – (CRT) and Internal Supported Living - (SL) provides domiciliary care to individuals across the Cardiff area. The service has two parts: Intermediate Care and Rehabilitation and Supported Living (for which individuals hold their own tenancy). The registered service provider is Cardiff County Borough Council; they have appointed a Responsible Individual (RI) to provide strategic oversight, and a manager for each of the two parts of the service.

People using both services were highly complementary about the care they receive. They told us the service is *“Excellent, responsive, staff do a wonderful job, they are attentive and always respectful.”*

People’s needs are pre-assessed to ensure the service is suitable. Personal plans are person centred, promote independence and accurately reflect people’s individual needs and preferences. There is good access to health professionals and relevant health information in place for staff to follow.

Auditing arrangements need to improve to ensure there is effective oversight of all aspects of the service delivery. There are good governance arrangements in place and the RI regularly seeks people’s views to improve the service. Care staff are generally supported and trained but further improvement is needed.

Well-being

People have information about the service and are listened to, so they achieve their well-being. Information is available in the Welsh language and other formats. The service promotes the 'Welsh Active Offer' and people can ask for a service in the Welsh language. People are involved in developing and reviewing their personal plans, ensuring preferences are recorded. Short and long-term goals are identified and documented to help understand if people are achieving their desired outcomes. The RI consults people as part of the quality assurance process to understand how the service can improve and develop. People tell us they are listened to and are confident any issues raised will be addressed. In the SL service, people have regular newsletters celebrating their achievements and that of others in the service.

The provider is mostly ensuring people have the right care and support, at the right time. General risk assessments are in place, but this needs to include information on people's specific conditions and when to act. Care staff follow the personal plans, helping people to access health care services if needed. The service makes appropriate referrals to ensure professionals such as occupational therapists are involved in care planning. In the SL service, people are empowered to remain in control of their support and regain skills to help them with future goals, but the accuracy and completeness of records need to improve. Also in SL service, some people are at risk of not always receiving social opportunities as the numbers of staff are reduced at times due to challenges with recruitment and sickness absence. People using the CRT service are satisfied they receive the right calls. In both services, there are dedicated care staff to ensure people get continuity of care and support. Although care staff receive regular mandatory training, they do not always get training around people's specific health conditions.

The provider is mostly protecting people from abuse and neglect, and people feel they are treated with dignity and respect. Care staff are recruited safely with checks carried out to ensure they are fit to work with people in the community. Care staff receive regular safeguarding training and understand how to take action to report concerns. People build positive working relationships with care staff and tell us they are treated in a respectful manner. People benefit from the kindness and thoughtfulness of care staff and enjoy their company and "Chats." Care staff and people have access to an on-call systems to get support if problems arise. Communication could be clearer at times. The oversight of the service is not always identifying where improvement is required, so opportunities are being missed to help reduce any risks to people. Policies and procedures are not always clear for care staff to follow.

Care and Support

The service gives people information which describes what people can expect from the service. The statement of purpose and service information guide is available in alternative formats on request. This information is regularly reviewed to keep accurate. People were highly complimentary about the office staff, telling us, *“They are always helpful,”* and *“They always check in on us and queries are dealt with quickly.”*

The CRT service offers people a short and targeted period of support (usually up to six weeks) to enable them to regain as much of their independence as possible following a period of ill health in hospital. The service completes a pre-assessment to ensure the service is suitable to meet the needs of the individual. The care staff are guided by detailed plans that are created with the individual and focus on the goals they want to achieve while using the service. Risk assessments are in place but are not always sufficiently detailed to guide care staff. Daily records show people receive the support they need. People told us that the service meets their expectations and would highly recommend to a friend or family member. They describe the service as, *“Wonderful”* and *“X is treated with really good care and I feel confident in the service”*, They described the care staff as, *“Thoughtful and respectful”* and *“I’m so lucky as the care I receive is excellent and staff are great.”*

The SL service offers support to people to maintain their tenancy in the community. When a person decides to live together there is a detailed plan to ensure people are well-matched and introduced at their own pace. We saw people are valued as individuals and actively engaged in their care and support to enrich their life. The service has taken the time to consult with some people and develop person-centred outcomes, regularly reviewing to ensure the desired outcomes are achieved. However, changes needed to personal plans must be updated in a timely manner. People we spoke with are proud of their achievements and feel highly valued. This is in the early stages and needs to be in place for everyone using the service. Risk assessments are in place, which includes strategies for positive risk management. Daily care records are not always detailed and complete. This is important to provide staff with information they need and to identify changes for action to be taken. We observed the relationship between staff and people they support. This is positive, caring and built on trust and friendship. People told us, *“Staff are always there for me”* and *“kind, caring and have my best interests at heart.”* Staff told us *“We respect people as individuals and their preferences and interests are always promoted.”* People’s relatives always feel welcome and can visit anytime.

People feel they have a voice and are heard. The service consults people to help make improvements to the care and support. In the SL service there are quarterly newsletters being produced. The staff tell us that they are extremely successful and individuals love to see the photographs and videos about themselves and others. People are not having the opportunity to review their personal plan within seven days as required to make any

changes. People using the SL service contribute to regular three-monthly reviews of their care and plans for the future.

The service supports people to maintain their health. There is good access to health professionals and when needed referrals are made in a timely manner. In the CRT service the Occupational Therapists help to facilitate a safe transition from hospital to home. In the SL service the care staff enable people to attend or receive visits/appointments regarding their health needs. We found staff are following the health assessments but there must be improved oversight of this. The medication policy requires clarity to ensure staff are following the correct procedures. In the CRT service we cannot be fully assured that people receive the right medication due to incomplete medication administration records (MAR). The provider is addressing this as part of the identified area for improvement.

Leadership and Management

People can be assured that there is good governance and leadership of the service. The responsible individual (RI) regularly visits the service and people and staff told us they valued the opportunity to share their views with them. A six-monthly report based on the RI's evaluation of the service highlights positive outcomes and identifies areas where the service intends to improve. The policies and procedures are regularly reviewed and updated when required. The manager feels supported. They discuss service matters and their own professional development with a senior member of the organisation, but these are not recorded.

The auditing systems in place to monitor and evaluate the service are not robust. Such systems are important to identify any issues with, for example medication administration, call scheduling, people's personal plans, accident/incidents, etc. The service is failing to self-review/audit and identify omissions and poor practice, increasing risks of poor service delivery. This is an area for improvement and the provider took steps to address this.

In recent months there has been a restructure to further improve the service delivery. This has been completed in SL service but still taking place in the CRT service. We received mixed feedback and experience from staff, the (SL) staff told us, *"A full complement of management and seniors has greatly improved morale within the team,"* and *"We now have flexible working, growth opportunities, and there is honest and good communication."* There was uncertainty in the CRT team due to the delay in the restructure and care staff told us *"Clearer and timely communication is needed to help us feel valued."* The service provider acknowledged the feedback and plans to undertake further consultation with staff to maintain communication and to remain open and transparent about the changes.

There are dedicated workers at the service to ensure people receive continuity of care and to help build essential relationships. In recent months recruitment and sickness absence has been challenging for the service. Most people using the service have not been affected by the issues. This is because staff have gone above and beyond to ensure they cover any shortfall to maintain continuity of care for people. We identified instances in the SL service when the staffing numbers have reduced which can impact on people's supervision levels and social opportunities. This can significantly compromise people's health, well-being and safety. Both staff and relatives confirmed that they have experienced difficulties to fully meet people's personal outcomes. The provider is addressing this as part of the identified area for improvement to ensure the right and safe numbers of staff are deployed at all times.

The CRT care staff are mostly provided with sufficient travel time between visits and did not feel rushed. We found calls appeared within the time frame and on the whole people received the time required. The daily records show that people received the support needed before the staff leave the call. People told us. *“I receive a regular team, which is important,”* and *“Calls are delivered on time and staff have a chat,”* and *“It’s a wonderful service and can’t fault them.”*

There are safe recruitment systems and checks in place to protect people from harm. All care staff receive safeguarding training and fully understood their role and responsibilities to recognise the types of abuse and report any concerns. People told us they are able to report concerns and felt confident this would be acted upon. Records confirm that the service appropriately reports any incidents and safeguarding issues arising. Care staff are appropriately registered with Social Care Wales (SCW), the workforce regulator.

Care staff are supported in their role but improvement is required around their training and development. We found the care staff receive regular supervision meetings and feel they can contact the management team for support. The feedback from care staff includes *“Love my job and will never do anything different,”* and *“The management are the best I have ever had.”* They describe the out of hours support as *“Excellent”* and *“Always responsive.”* In the CRT service regular spot checks are not always taking place, which is important to evaluate staff practice and offer support, particularly for new staff. Newly appointed staff receive an induction to the service which includes most core training areas. They also shadow more experienced staff. Care staff are not receiving training to understand people’s specific conditions and associated risks. Most care staff told us that they felt training opportunities could improve as this is often cancelled due to staffing issues. This area of improvement remains outstanding since the last inspection, the provider gave assurance that this will be addressed.

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.

Area(s) for Improvement

Regulation	Summary	Status
8	The service provider to have effective systems and processes in place to monitor and improve the	New

	quality of care and support. The outcome of any review is analysed to identify any patterns/trends and make improvements.	
34	Staff to be appropriately deployed at all times to ensure people's personal outcomes are consistently met	New
36	Staff to receive core training to help them understand the needs and specific conditions of people they support. Staff to receive regular spot checks to ensure they have the confidence and competence for their role when working on their own, this is particularly important for new staff.	Not Achieved
14	There were a number of people discharged from hospital assessed as suitable for CRT support. However on discharge it was established that they did not have adequate home environments, or needs were not suitable to be met by the CRT service.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 16/09/2024