



Inspection Report on

Cardiff Council Domiciliary Services (Community Resource Team and Internal Supported Living)

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

Date Inspection Completed

28,29 and 30 June 2022

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About Cardiff Council Domiciliary Services (Community Reablement Team and Internal Supported Living)

Type of care provided	Domiciliary Support Service
Registered Provider	Cardiff Council Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA)
Does this service provide the Welsh Language active offer?	Yes. 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) 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 Social Care Wales registered manager for each of the two parts of the service.

People appear happy with the support they receive from the service. Their physical, mental, and social needs are recognised and supported, and the service is committed to achieve positive outcomes for them. There needs to be improvement in Pre -assessment to ensure the suitability of the service for people being discharged from hospital. The support provided by the service encourages and enables people to be independent and enjoy community life. Interactions between people and staff are warm and positive, and staff are familiar with the needs and likes of the individuals. Staff are well trained but there is improvement required in supervising staff and keeping training updated regarding refresher training. Some staff feel valued; others reported feeling worried about their role due to internal restructure. Although staff turnover is low. Recruitment is difficult across the care sector which is also impacting the service. Robust organisational and governance arrangements ensure the service runs smoothly and delivers good quality support. The service also has a strong focus on development and improvement.

Well-being

Care workers support people to express their wishes and make decisions and participate in planning their support. Individuals are supported by the service to achieve their goals and have outcomes that are meaningful to them. People have access to written information about the service itself, and the advocacy services available. Information for people accessing supported living is available in easy read and pictorial format. It would be beneficial for people discharged from hospital to receive information about the service prior to discharge so they would know what to expect. The service obtains feedback from people and their representatives in several ways and use this information to inform improvements. We saw good consultation with people who were moving into a new supported living tenancy.

There are systems in place to protect people from abuse and neglect. Staff and management understood their roles in protecting people. Staff were appropriately recruited and vetted. They have on-going training to recognise signs of abuse and poor mental or physical health, and we saw evidence that they know when and how to report relevant concerns. Risk assessments are in place, which identifies known risks, and the strategies for protecting them from harm. People confirmed with us they felt safe with the service. We reviewed a sample of safeguarding referrals and accident and incident reports that confirmed the service responds appropriately to adverse events.

People are treated as individuals, encouraged to be confident and independent, and supported with their goals and ambitions. Care workers anticipate people's emotional needs and support them with respect and understanding. People's individual needs are set out within their personal plans. We found staff interact with people in a warm and caring but respectful manner and they have a good awareness of people's needs and dignity. People are supported to maintain contact with their family or other significant people in their lives, and to be active in the community. The service supports people's health needs where appropriate. We also note that the service is flexible and responsive to people's needs and will endeavour to support people in several community settings, such as if they are experiencing homelessness or social issues.

Care and Support

Overall, the service provides positive person-centred support. In the Internal supported living (ILS) service we saw people's needs and goals were assessed prior to people receiving a service, to make sure it is suitable for them. However, in the CRT service we found several instances where information gathered via assessment in hospital was not reflective of the persons support needs. This has led to several instances where the service was not suitable to meet people's needs. CRT does their own assessment in people's homes on day of discharge. Suitability of the service is assessed via a multidisciplinary team of Health and Social Care professionals whilst the person is in hospital. We discussed this with the RI, and they advised that they had already identified that assessing suitability of people pre discharge was an area that required improving and had plans in place to address this. This is an area that requires improving and we expect the provider to take action.

We looked at a sample of people's Personal plans they showed robust care planning and timely reviews. We noted the documentation was detailed and up to date. Staff were given clear guidance within personal plans and associated risk assessments how to meet people's needs and ensure their safety. The care files we saw for people in supported living settings showed they engaged in their care and contributed their goals, wishes and preferences. The files also contained 'what matters to me' type sections, key details such as people's likes and dislikes, in-depth guidance about their specific requirements, and the care and support needed. Appropriate risk assessments were in place, which included strategies for positive risk management. Most of the support plans of each person are regularly reviewed with regards to their physical and mental well-being, activities, and achievements. We found some instances where reviews were overdue but measures to update information were in place.

People are supported to stay well, and their health is monitored. Personal plans demonstrated other health and social care professionals are involved with people's support if required. Referrals to health services are done in a timely manner, however in the CRT service there were sometimes delays in people accessing therapists like physiotherapists and Occupational Therapists to facilitate the transition from home to hospital. In the ISL service people are supported to access their appointments if needed. Important health information and outcomes, such as medication changes, are documented in the records we saw. Where necessary, the service supports people safely with their medication needs and we noted they had risk assessments for medication in their Personal plans. We observed medication management is checked where applicable and regularly audited. Appropriate policies and staff training are in place to ensure safe practice. We also found people are supported to stay independent with daily activities if wanted, such as cooking or to be active in the community.

Environment

The environment is not inspected as part of a domiciliary care service inspection, other than the suitability of its office premises: The service operates from two offices in Cardiff City Council buildings. Records and documents were kept securely, and there is space available for meetings, private conversations, staff training and Supervision.

Leadership and Management

The service ensures staff are fit to work with vulnerable people. We checked several care staff files which evidenced robust recruitment and vetting and contained the legally required information and documents. Care staff have appropriate qualifications, and most have been registered with Social Care Wales. We found there is a comprehensive staff induction programme in place and all staff have undertaken relevant mandatory training. However, updates to training are not on schedule. Staff spoke positively about their training and said they feel competent and comfortable in their role. Staff supervisions have not been kept in date. Training and supervision of staff is an area that requires improving. Staff commented positively to us about the leadership of the service, indicating they felt valued and supported. Some staff are concerned about their continued role due to restructure in the ILS service.

We note management keep staff informed and provide occasions for discussion via formal and informal meetings. Governance, auditing, and quality assurance arrangements are in place to ensure the service runs smoothly and delivers good quality care. We sampled a selection of pertinent reports and documents which included feedback from staff and people receiving a service. We noted robust internal quality assurance systems in place, which helped the service to self-evaluate and improve. The service has policies and measures for dealing with complaints, incidents, accidents, and safeguarding issues. We spoke with staff and found them informed about their roles in applying these policies and procedures. We noted management act in a timely and appropriate manner with any issues arising.

The service provides useful information. A comprehensive, up-to-date statement of purpose set out the service's aims, values, and how it intends to deliver the service to people. It also contains information about processes and policies for advocacy, complaints, or safeguarding issues. Easy-read written guides are available for people and their representatives, containing practical information in relation to the services provided. The service also provides opportunities for people and their representatives to ask questions and receive feedback.

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
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	New

	were not suitable to be met by the CRT service.	
36	Staff have not received refresher (updated) training in a number of mandatory areas . Staff supervisions are not happening inline with regulatory required timescales.	New

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