



## Inspection Report on

**Swansea Council Domiciliary Support Services**

**The City And County Of Swansea  
Guildhall  
Swansea  
SA1 4PE**

**Date Inspection Completed**

26/06/2024

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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	28 February 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Swansea Council Domiciliary Support Service is a very large service which is subdivided into four areas: Flexible Home Support (FHS), Reablement Service (RS), Long Term Complex (LTC) service and Llanfair House (LH). For this inspection we concentrated on three areas of the service, these being the (LTC) service, (FHS), and (RS). Since the last inspection improvements have been made to appraisals of staff by the LTC and the area of improvement has been achieved.

People told us they are happy with the service they receive and feel staff are professional and know them well. People within the LTC and RS services have effective support plan and risk assessments in place to support staff to deliver the care and support people need. For the most part staff are happy and feel valued and supported by their immediate line management.

Overall, there is good oversight of the LTC and RS services, the Responsible Individual (RI) delegates to competent individuals to monitor the safety, quality, and effectiveness of services. The RI is involved with the service, through visits to people's homes, sampling staff and people's personal files. The FHS service was discussed with the RI as personal plans, risk assessments and other literature do not reflect the service as a whole. The RI assured us the domiciliary component of this service will be reviewed.

## Well-being

People get the right care and support. Personal plans and associated risk assessments are in place, these are reviewed regularly with people, and reflect people's needs within the LTC and RC services. The FHS is a very small domiciliary service within the child and family support team. Personal plans are not in place. Risk assessments do not fully analyse the risks to people. People in all three areas told us they are happy with the care and support they receive and are included in conversations about how their support can be developed or improved.

People have a voice and inform their personal plan within the LTC and RS services. The RI visits people to obtain their feedback, which feeds into their quality monitoring tool. Questionnaires are also circulated, and reviews carried out with people or their representative to encourage people to share their views to drive improvement within the service.

People are supported by staff who are recruited and vetted appropriately. Pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. Disclosure and barring checks (DBS) are carried out at the employment stage. Staff are supported in their roles, through supervision, impromptu discussions, and appraisals. Staff are registered with or working towards registration with Social Care Wales (SCW) the care workforce regulator.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. This includes a robust safeguarding policy which links with the Wales Safeguarding Procedures. Safeguarding training is provided to staff, staff told us they understand their responsibilities around safeguarding people and would report any issues raised. Documentation, the training plan and speaking with staff show staff have received mandatory and specialist training.

We saw good governance and oversight of the LTC and RS services. The RI has good quality monitoring processes in place to safeguard vulnerable people. The oversight of the FHS service needs strengthening. The RI completes visits and quality care reviews to drive improvement. Speaking with a small number of people and staff to obtain their feedback about the service. The RI told us he is looking at ways to increase engagement with people and staff.

## Care and Support

The standard of care and support is good. We visited and spoke to people, relatives, staff, and professionals, who told us they were happy with the service and feel staff knew people well. One person told us; *“I’ve been having them for about six months now, I get pretty regular care staff I know them pretty well and they know me too”*. And *“I definitely feel like I’m improving now with their help”*. Staff are guided by good personal plans and associated risk assessments in the LTC and RS service evidencing the support needed by people. Documentation seen and people spoken with confirmed their involvement in the care planning and review process. A relative told us; *“We do have reviews every three months and I’m always part of them, whether they are done on teams or in person or over the phone”*.

The health and well-being of people is supported well. Documentation seen and speaking with staff, show staff can recognise any deterioration in people’s health and seek medical attention when needed. A professional told us; *“Staff are engaged and motivated to ensure clients’ safety and well-being”*. And *“Staff are very proactive in supporting people with rehab potential or right-sizing the size of packages of care”*.

The provider has good systems in place to manage medication. Medication records are audited, and medication administration records (MAR) seen are completed appropriately. Documentation seen and staff spoken with confirm, medication training for staff with responsibility for administering medication is in place, with annual competency assessments completed to keep people safe.

The provider has mechanisms in place to safeguard people they support. We saw the robust safeguarding policy and procedures in place to safeguard people. We spoke with staff who confirmed their understanding of safeguarding people and the reporting process. Staff told us; *“Making sure people are safe and not putting them in danger or taking advantage of them”*. We saw a training plan showing staff receive safeguarding training as part of their induction, followed up by refresher training.

The provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. Pre-assessments are carried out supporting staff to understand the needs and outcomes for people. The Statement of Purpose (SoP); and Service User Guide documents show people what they can expect from the service and are reviewed regularly by the provider.

## Leadership and Management

The service has systems in place to monitor and review the quality of care and support being provided within the LTC and RS services. The oversight of the FHS service needs strengthening. FHS service has a very small domiciliary component to the services they

provide to children and families. The team show a good knowledge and understanding of the people within the service, however there is a lack of understanding with regards their regulatory responsibilities. This was evident when speaking to staff and within the documentation they produce. There was an openness throughout the inspection from the team. The RI acknowledged this was not currently evidenced in quality monitoring visits and reports. The RI gave assurances they would review and strengthen the oversight of the FHS service.

People are supported by good teams of staff who have been recruited safely and are well supported in their roles. Staff feel supported by their team and line managers. A minority of staff commented on the lack of communication. Staff told us; *"I love my job; I would give a rating of 8 out of 10"*. And *"I do feel valued as a team member and by the people we support"*. We saw staff supervisions are carried out regularly, they are adequately written and support the wellbeing of staff. Since the last inspection appraisals have improved and are now carried out within regulatory time scales. We looked at twelve staff personnel files which show the provider carries out the necessary pre-employment checks when recruiting staff. Enhanced DBS (Disclosure and Barring Service) checks are carried out and reviews are up to date.

People are supported by a service that meets their needs with suitably qualified staff who have the knowledge and understanding to support people to meet their individual outcomes and aspirations. Staff are sufficiently trained, enabling them to carry out their roles and responsibilities, documentation and speaking with staff supports this. Staff told us; *"Training, we have more than ever and all up to date as far as I know"*. And *"I have had all my training and I understand safeguarding"*. We saw that all staff are registered with or working towards registration with Social Care Wales, the care workforce regulator. Staff told us they feel supported by the manager and are valued and proud of the work they do as a team to support people. Staff comments included, *"When coming to work, I always feel supported and valued and if I have any concerns there is always someone to advise"*.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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N/A	No non-compliance of this type was identified at this inspection	N/A
36	During inspection we noted in the files seen that annual appraisals for the LTC service staff are not up to date, care staff spoken with confirmed this. Supervisions are carried out in the LTC service however the quality of supervision is not conducive to the support, well-being, and development of care staff.	Achieved



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**Date Published** 13/08/2024