



Inspection Report on

Swansea Council Domiciliary Support Services

**Swansea Council
Civic Centre
Oystermouth Road
Swansea
SA1 3SN**

Date Inspection Completed

28/02/2023

22, 24 and 28 February 2023

Welsh Government © Crown copyright 2023.

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

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	24/5/2021
Does this service provide the Welsh Language active offer?	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, Reablement Service, Long Term Complex (LTC) service and Llanfair House (LH). For this inspection we concentrated on two areas of the service, these being the Long-Term Complex (LTC) service and Llanfair House (LH). People are supported by dedicated staff in both areas of the service and people are happy with the care they receive. Personal plans are written with people as much as possible and are reviewed routinely and updated with peoples changing needs. Staff within the LH feel well supported in their roles. Those within the LTC service have varied views on the support provided and on the systems in place to support them to carry out their role.

Overall, there is good oversight of the service, the Responsible Individual (RI) is accessible to the management team and delegates responsibilities well. They visit people to obtain their feedback about the service to drive improvements and there is good evidence of this.

Well-being

People have a voice and inform their personal plan. Personal plans give a good overview of the individual, their needs and are outcome focussed. Regular reviews take place to ensure changes of needs are addressed in a timely way. Overall, people are happy with the care they receive. The RI visits people routinely to obtain their feedback and questionnaires are also circulated to encourage people to share their views to drive improvements in the service.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. The training plan shows most staff have completed online safeguarding training. The provider has comprehensive safeguarding policies and procedures in place which are understood and accessible to staff. Staff told us; *“If I was dealing with a vulnerable person, I would discuss with my manager and refer to safeguarding”*.

People’s physical and emotional well-being is supported well. Within the LTC service we saw adequately written support plans and risk assessments supporting people’s independence. Within the LH service we saw well written and detailed support plans and risk assessment supporting people to access community resources and building on their independence within the local community.

There is good oversight at the service. The provider has a dedicated management team structure in place and each sub service has its own manager. The RI visits the service regularly, carries out community visits to people to obtain feedback and is very eager to ensure that people receive the highest quality service as possible. At the time of this inspection the quality-of-care review had not been completed bi-annually, which is a regulatory requirement. However, this had already been addressed by the provider and the most recent report is now in place. We were assured that this review will be completed every six months going forward.

Care and Support

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. The provider has a comprehensive statement of purpose. This document explains how the service will be provided and gives information on the admission and referral process, to ensure the suitability of the service. The guide to services is provided to people and gives them clear information about the service including the cost, and varying time scales for the service being provided. The provider also supplies information on how to make a complaint and how it will be processed.

People receive the care and support they need through a service designed in consultation with them. We looked at nine care files across the two service areas and found personal plans contain adequate detail in relation to the person's needs and preferences. LH design their personal plans on a mental health recovery model which is led by the individual where possible. This model encourages the individual to develop their own independence and set their own goals and targets with a named keyworker. In the LTC service, the personal plans give good information to the care team of the individuals' needs and how these needs should be met. Across the service we saw regular reviews of personal plans take place with people and signature sheets are in place to evidence this. These reviews include feedback about the service to check it meets their needs and in LH to assess achievements and amend future goals as an ongoing progression plan.

There are good systems in place for the management of medication. In the LTC service we saw comprehensive medication guidance and training systems in place to support staff with the administration of medication. Medication training and competency checks are completed before staff assist people with medication. This was confirmed when speaking to staff. Issues with people's health are communicated via staff handsets which alerts the office, to ensure timely intervention when required. In LH, people are promoted to manage their own medication as much as possible to build on their independence and the level of support they require is clearly documented.

People are safe and risks to their health and well-being minimised as much as possible. There are detailed safeguarding and whistle blowing policies that are in date and updated as necessary. Staff told us that they had received safeguarding training, and this is updated annually online. Those staff spoken with have good knowledge and understanding of the importance of safeguarding and of their responsibilities. Personal plans are accompanied by detailed risk assessments that ensure any identified risks are minimised as much as possible when supporting individuals.

Environment

The quality of environment is not a theme that is applicable to a domiciliary support service. However, we visited the office premises which were accessible. There was no personal information on display and information at the service is mainly stored electronically on password-protected devices. Seniors carry out environmental risk assessments in people's own homes prior to staff providing a service to ensure a safe working environment for the staff. LH is a homely service and people are encouraged as much as possible to maintain their own home.

Leadership and Management

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. There is a management structure in place where the RI delegates responsibilities to a management team. This team work together with senior carers to ensure the quality of care delivered is monitored and maintained. Any issues are fed back through the management chain and addressed accordingly. Despite this delegation of quality assurance, the RI actively visits people to obtain their feedback on the services themselves to drive improvements. Logs of RI visits and reports were seen to verify this. As part of the ongoing quality assurance, providers are required to produce a bi-annual quality of care review. At the time of this inspection there was a significant gap between the last two reviews. However this has already been detected by the provider. The RI assured us that this has been addressed and the reviews will be completed at the appropriate intervals in the future. We expect the provider to ensure this is embedded and sustained.

People are supported by qualified staff with the knowledge and understanding to support people to meet their individual needs and outcomes. Staff told us access to update training is an ongoing issue. This however, should improve with the recruitment of a full-time trainer. 8 staff files seen show good recruitment processes. Access to staff files was protracted due to system restrictions, which prolonged the inspection. This was discussed with the RI and reassurances were given that access to all files in the next inspection will not be hindered. Disclosure Barring Service (DBS) checks are undertaken in line with regulations and most staff are registered with Social Care Wales, the workforce regulator.

On the whole, people receive a consistent service with care workers who they know. Both services have several longstanding staff members. In LH we saw that staff are supported through regular supervisions and annual appraisals. Care staff here told us they felt well trained and able to support people to achieve their outcomes and what matters to them. Comments included: *"We all work together as a team, we have supervisions and team meetings"* and *"I get enough training to do my job, supervision and appraisals are good and regular"*. This statement was supported by the supervision plan and supervisions records seen in 4 staff files. LTC service staff also receive routine supervision. However, the quality of recording these meetings could be improved and more consistent. Annual appraisals for the LTC service staff are not up to date, and care staff spoken with confirmed this. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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
------------	---------	--------

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.	New
16	There was minimal evidence that personal plan reviews are undertaken involving the individual and, where appropriate, with the agreement of the individual, their representative across the service.	Achieved
15	There was inconsistent evidence in identifying personal outcomes and how the individual will be supported to achieve these outcomes.	Achieved
18	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 there were changes to the electronic system where these were held.	Achieved

Date Published 31/03/2023