



Inspection Report on

Swansea Council Domiciliary Support Services

**CITY & COUNTY OF SWANSEA
62 CARDIGAN CRESCENT WINCH WEN
SWANSEA
SA1 7DY**

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Description of the service

The Swansea Council Domiciliary Support Services has combined four of its services into one under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). The service is made up of short-term re-ablement (up to six weeks) and long-term domiciliary care to people with complex needs. This includes care and support to adults over 18 years with mental ill health living in a supported living arrangement.

In addition the service provides short – term crisis intervention through practical support for children and their families at times of urgent need or stress; enabling families to remain together in their own homes.

Summary of our findings

1. Overall assessment

People receive a good service from Swansea Council Domiciliary Support Services. They are supported by motivated, well trained and supported care workers who are committed to making a difference to people's lives. The management team promotes a culture of openness, flexibility, honesty and candour at all levels.

2. Improvements

There were a number of improvements identified since the last inspections were carried out. These include a significant improvement in the consistency of care workers providing care to people who use the service. We saw an overall review of care plans was being completed. In addition a new template was being considered to ensure care planning documentation was more focussed around the person.

We saw that overall staff supervisions were being carried out on a quarterly basis and a plan will be submitted to CIW stating timescales for all staff annual appraisals to be completed. All mandatory training has been completed or in the process of being arranged. There is now a clear management structure that provides consistency across the service.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service.

1. Wellbeing

Our findings

People benefit from a service that places great emphasis on continuity of care. We saw a new rota system had been introduced into the service. This was organised and maintained by a team of experienced care workers. There was mixed views from care workers on the new rota system, but all agreed it provided greater continuity for people who used the service. One staff member said *“people are now much more familiar with staff”*. Another said *“we now know our working days for the year”*. People who used the service were extremely positive on the continuity of staff who provided their care and support. Comments included *“I feel I really know the care workers, and look forward to them coming”*. Another said *“it’s a great service; I never knew what carer was coming from the last service”*. A relative told us *“x has developed a great relationship with staff; I always hear laughter whenever they are here”*.

We found care workers and health care professionals demonstrated a *“positive ethos”* and a *“can do”* approach to their work with people. We saw the service benefited from easy access to a range of health and social care professionals. These included occupational therapists, district nurses, community mental health nurses and social workers. This demonstrated a multi-disciplined approach to the service provided. We saw a clear emphasis on re-ablement, with dedicated care workers working closely with other professionals in improving the lives of people who used the service. Conversations with both care workers and nurses as part of the inspection highlighted the benefits of such an approach. We saw people who required longer-term care and support were moved on internally into the longer term domiciliary care team, or where appropriate to other services. This was carried out in a structured manner. People are supported to fulfil their potential by staff whom they are familiar with, and who have a good understanding of them as individuals. Therefore, people are supported to be as active and healthy as they can be.

There are clear systems in place to protect people from neglect and abuse. Generally risks were identified as part of the initial assessment process but further work was needed to ensure these were clearly documented. Care workers we spoke to were aware of their responsibilities to keep people safe and the procedures to follow if they had concerns about an individual’s safety. The safety of individuals was supported by the comprehensive policies and procedures of Swansea Council, quality assurance processes and staff training although further specific training would further enhance care workers skills and knowledge to promote good outcomes for people. Therefore, people are safe and risks to their health and wellbeing minimised.

2. Care and Development

Our findings

People cannot always feel confident that there is an accurate and up to date plan for how their care is to be provided in order to meet their needs. We found inconsistencies in the quality of assessment and personal planning across the service. Initial assessments were at times brief and did not always provide a clear picture of the person accessing the service. We saw personal plans provided clear guidance for care workers to follow. However, were very generic on the goals and aspirations of people. Terminology such as *“enable service users to remain in own home”* and *“To be able to complete own hygiene tasks and other needs independently”* were commonly used. In addition there was inconsistent evidence to suggest that people and/ or their relatives were involved in the personal planning and review process. This was because personal plans were not routinely signed by people. Also people told us they did not always feel consulted on the contents of their personal plan. Managers told us a period of consultation had been carried out on a new assessment/ personal planning document. This we found centred around the individual, and a significant improvement on current documentation. However, we found a culture of promoting independence throughout the service. One person told us how following a stroke they had lost the ability to walk. This had resulted in care being provided four times a day. We saw following an intense period of re-ablement their condition had improved and the number of calls reduced. They said *“it’s a wonderful service, staff are excellent”*. Therefore, improvements are required in ensuring the personal wishes, goals and specialist needs for people are clearly referenced.

People are supported to manage their medication safely. We found personal care plans highlighted medication people received. They also provided guidance on how medication was to be administered, or if the person/ or relative administered themselves. However, one personal care plan seen did not detail the level of support the individual needed to manage their medication including ordering and collecting it. No risk assessment was in place. However, the care worker spoken with had a very good understanding of the support needed. Care workers had regular training in medication administration and a policy was available which provided clear guidance to staff. We saw regular medication competency checks were carried by senior staff, and recorded. The service benefitted from good links with health and social care colleagues, which included district nurses and nurses from the medicines management team. Care workers told us this was one of the significant benefits of a multi-disciplined team. There are safe systems in place for medicines management.

Overall people receiving a service and staff are safe and as far as possible protected from risk. We saw risk assessments were carried out as part of the initial assessment process. These were at times brief and strategies to manage any risks to staff and people were not always clear. We saw appropriate risks were noted on an electronic care management

system which was accessed by appropriate professionals working across the City and County of Swansea. These alerted staff to any high risk situation. We saw care workers all received safeguarding training as part of their initial induction process and updates provided when appropriate. Staff all felt well supported by the management team and there were clear lines of accountability. People accessing the service told us they felt safe with staff, and in an event of a concern had been provided with the office contact details. Care workers had access to an out of hour's on-call service, managed by senior staff. The management team maintained an open-door policy and maintained good channels of communication with staff, people and their relatives. Therefore, the provider has appropriate mechanisms in place to safeguard vulnerable individuals to whom they provide care and support.

3. Leadership and Management

Our findings

The management team promotes a culture of openness, flexibility, honesty and candour at all levels. We found a relaxed, positive, can-do culture had been developed within the service. This was reflected throughout the management structure. They made themselves available throughout the inspection. All information and documentation requested was promptly provided. They were seen to be accessible and supportive to all care workers and administrative staff throughout the inspection. Staff were extremely positive on working in the service, and how the service was managed. They told us that support has improved with more regular management meetings being held to share information across the service. There were clear lines of accountability which staff were aware of. They told us that the Responsible Individual (RI) was actively involved in the service and was approachable and *“down to earth”*. Care workers provided a number of positive comments on the guidance and support provided by managers. These included *“I feel valued, management have an open door and do listen to us”, “they are always available for advice”* and *“I love it here, I feel listened too”*.

The statement of purpose was detailed and an overall reflection of the service provided. The management had a sound understanding of the aims and objectives of the service. We found when visiting people in their own homes that they did not have a written guide to the overall service but did have information about how to raise a concern or make a complaint. We saw that any concerns raised were handled appropriately and in line with the complaints policy for the service. We found examples of how the service was flexible and acted upon feedback provided by people who used it. We spoke with one care worker who identified an opportunity to arrange an afternoon tea meeting with two people that supported their friendship. Another told us about the gym visits and physical activity that they promoted, which included a renewed cycle club for people who had asked for this and wanted to join in. A number of people told us how the service had enabled them to regain and/ or maintain independence following an episode of ill-health. One person told *“us because of the girls I’m able to come home”*. We saw evidence in documentation and from speaking to people who used the service that management and care workers were adaptable which helped to reduce stress for people when having planned or unplanned discharges from hospital. We were told that care workers adapted quickly to the new or changing needs of people. One comment we had was *“Assigned two fantastic support workers...so patient...observant to how I was feeling...they listen...will now have access to opportunities”*. Therefore, the provider has clear arrangements for the oversight and governance of the service in order to embed a culture that the best possible outcomes are achieved for individuals using the service.

There are audit systems and processes in place for monitoring the service. The service maintained a clear quality assurance process. This included regular medication competency assessments for care workers and spot checks to observe their practice when

supporting people in the community. Regular management meetings took place to ensure the smooth and effective running of the service. A sample of the minutes seen confirmed that responsibilities under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) were discussed along with the overall management of the service. Audits of care files were taking place and an action plan developed to address any issues identified. We evidenced that consultation with people who used the service, relatives and care workers formed part of the auditing and quality assurance process. We saw that the RI carried out visits to people who used the service in line with their responsibilities under RISCA. Evidence showed that any issues identified during the visits were addressed promptly with the relevant professionals. For one concern, the RI had requested monthly updates on the situation demonstrating their commitment to promoting good outcomes for people. We saw policies and procedures were in place to support practice in all parts of the service. We were told that the six monthly quality review report required under RISCA regulations would be completed by the end of March 2019. Therefore, the service has systems and processes in place to monitor, review and improve the quality of care and support

We looked at a sample of staff personnel files, and found good recruitment and induction processes were being maintained. Although some files did not have an up to date photograph of the staff member. We were assured this would be addressed. We saw that the service was developing a value based approach to recruitment. There was a drive to recruit to vacant posts within the service, which was supported by the RI. Staff we spoke to welcomed this as a way to ensure there were sufficient numbers of care workers available to ease the pressure on the existing team. There was a system in place to monitor staff sickness and recruitment on a monthly basis and a well organised and maintained rota system which helped to ensure all the care calls were covered. We found no evidence that people had experienced missed calls.

Care workers were provided with good training throughout their induction and on an ongoing basis. Details of training undertaken was not currently held in one place. We were told that a working group had been set up to look at how this would be addressed to give a full overview of all training undertaken and when renewal / updates were needed. We saw that senior workers attended training including manual handling and medication management to enable them to complete their observation of care workers effectively. Management told us that they were aware that care workers would benefit from more specific training around for example substance misuse and managing challenging behaviour and were looking to arrange this. Care workers spoke very positively of the training opportunities and comments included "*we have the best training, it's amazing*" and "*training is very good*". We saw that supervisions were mostly carried out every three months. However not all staff working across the service had an annual appraisal. The management were aware of this and planned to provide CIW with an action plan of when this would be achieved. Therefore, all staff are equipped and supported to be confident in their roles and practice and enables them to make a positive contribution to the well-being of individuals using the service.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

Care workers have now completed all the training updates appropriate to the work they perform.

4.2 Recommendations for improvement

We recommend the following:

- To capture more detailed information during the initial assessment process and ensure any identified risks cross reference with personal plans/ risk management documentation.
- Personal plans should be more reflective of the individual outcomes people using the service would like and/ or have achieved.
- To evidence the involvement of people and/ or relatives in the care planning and review process.
- To further develop risk management documentation in ensuring all risks are appropriately identified and risk management strategies are clearly noted.
- To ensure all staff supervisions are carried out at quarterly intervals.
- To ensure all staff appraisals are consistently undertaken on an annual basis.
- To consider additional training for care workers on substance misuse and mental health.
- To centralise how all staff training is recorded as to improve access to staff training records.
- To develop a more appropriate guide to the service which is in plain language and in a format that reflects the needs, age and level of understanding for whom the service is intended.
- To ensure there is detailed information in personal care plans around the support individuals need to manage their medication and risk assessments show how identified risks will be managed.
- To ensure there are up to date photographs in all personnel files

5. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. The inspection formed part of an inspection framework pilot and due to the size of the service was carried out by three inspectors over five days, between Monday 28 January 2019 and Friday 01 February 2019.

The following methods were used.

- We announced visits to the registered offices of the service;
- We spoke to the responsible individual and the managers of the service;
- We spoke to wide range senior care workers, care workers and health care professionals working in the service;
- We visited a number of people in their own homes and spoke to them and their relatives;
- We had a number of telephone conversations with people who used the service and their relatives;
- Examination of staff records, including recruitment, supervision and training
- Examination of the staff rostering system and the care planning records of people using the service.
- Examination of a range of documentation pertaining to the service, such as the statement of purpose, service user guide, accident and incident reports and policies and procedures.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	City and County of Swansea
Manager	Claire Warren Wendy Goff Amanda Hegarty Linzi Margeston Mandy Fuge
Date of previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
Dates of this Inspection visit(s)	28/01/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
Additional Information:	