



Inspection Report on

Domiciliary Care Service - Flintshire

**Flintshire County Council
Ty Dewi Sant
St. Davids Park
Deeside
CH5 3FF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

18/11/2022

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About Domiciliary Care Service - Flintshire

Type of care provided	Domiciliary Support Service
Registered Provider	Flintshire County Council
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the first inspection since the service was reregistered under Regulation and Inspection of Social Care (Wales) Act 2016.
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

The service comprises of different services under one registration. These are Domiciliary Support, which supports people in their own homes; Extra Care, which supports people in Extra Care settings; and Supported Living, which supports people with learning disabilities in shared houses.

People are happy with the care and support they receive from care workers. They are knowledgeable, respectful, caring and meet people's needs. Where appropriate, people told us care staff are never late and calls are never missed. Support is provided in an un-hurried and dignified manner by a friendly staff team. Though some staff at an extra care service felt they are rushed. There is good continuity of care, with people supported by small numbers of care staff. People's care documentation is detailed, giving staff appropriate instruction on how to deliver support. Care plans are reviewed regularly though formal three-monthly reviews are required across all the services.

People receive good support from a well-managed service. An enthusiastic staff team are recruited safely, supervised regularly, and trained to meet individuals' support needs. Managers undertake detailed audits of the service on a regular basis, quality assurance processes are in place and the views of those receiving a service are actively sought. The Responsible Individual (RI) has good oversight of the service.

Well-being

People told us they are treated well, with dignity and respect. They are happy with the support they receive. People say care staff are friendly and care workers tell us they view people's personal plans before providing care and support. People's care and support documentation is detailed, reviewed regularly, though not always formally in line with regulation, and gives staff adequate instruction on how to support individuals. Care staff told us this documentation gives an accurate reflection of the individual and their needs. People are supported by small teams of staff who develop good, appropriate relationships with them. The service supports people to achieve their goals and outcomes. People have opportunities to contribute to decisions about their life. This includes regular reviews of personal plans, and surveys about the service.

The service has good measures in place to ensure people receiving a service are protected from harm and takes safeguarding individuals seriously. Recruitment practices are robust and care staff are trained in areas such as safeguarding. There is a comprehensive range of policies and procedures in place for staff to follow. Care plans mirror the requirements set out in accompanying documentation provided by professionals. Risk assessments are detailed and reviewed regularly.

Care and Support

The service provider considers a range of views and information about prospective clients. People are consulted regarding their care needs and preferences prior to the service commencing to ensure the service can meet their needs. Care staff we spoke with said they view personal plans, prior to the service commencing to ensure they are familiar with the requirements of the person. Pre-admission paperwork is detailed, and person centred. In the shared supported living properties care staff told us anyone new will come for several “taster” sessions before they move in. Personal plans are detailed, person centred, and outcomes focused. People using the service confirmed they are consulted about what care and support is required and this is undertaken in the way in which the person wants their support delivered.

People are provided with good quality care and support which is tailored to the needs of the individual. Detailed personal care plans are in place and give comprehensive instruction to care staff on how to support people. Though not always formally reviewed in line with regulations, care plans are reviewed regularly. We spoke to the managers and RI about the care plan reviews and were told meetings had already been held to discuss ways forward in regards this. It is evident that care plan reviews are undertaken regularly and there is no impact from them not being reviewed exactly as regulations stipulate. One person’s care plan viewed had been reviewed six times in a 12 month period. Care staff told us they are made aware of any changes to people’s personal plans. Care plans mirror information contained in the service’s own pre-admission assessment documentation and information provided by professionals on how to support the individual. People we spoke with told us they receive the care and support they require. We saw evidence of people living in the shared supported living properties and extra care, are engaged in different activities. People we spoke with told us staff discuss their support with them. Care workers we spoke with confirmed care plans are detailed and gave them the information and instruction they needed to undertake their role. They also confirmed care plans are updated with any changes to the care and support people may require and they are informed of any changes. We also found risk plans to be detailed, comprehensive and reviewed at appropriate intervals. However, in one of the supported living properties visited, we found one person’s dietary requirements, though referenced in the care plan, not in all the areas of the plan we would expect to see, though care staff we spoke with were aware of the person’s dietary requirements. This was discussed with the manager and RI and was rectified soon after.

Leadership and Management

Comprehensive management arrangements ensure effective oversight of the service, and the required policies and procedures are in place. We saw evidence of regular and comprehensive audits of all aspects of the service. The RI has oversight of the service, has regular meetings with managers and reports regularly to the appropriate Local Authority committee. The RI undertakes the three-monthly review of the service. Both quality assurance in line with regulations and the providers own quality assurance are undertaken which shows the provider actively seeks the views of people who use the service. Care staff told us managers are approachable and supportive. Policies and procedures are in place, are comprehensive and reviewed regularly.

We saw staff files which evidenced robust recruitment processes. Knowledgeable staff are provided in appropriate numbers to support people. However, we did speak with some staff at one of the extra care properties who said due to a decrease in staff numbers, care staff felt rushed. We viewed staff rotas for this service which showed staffing levels had fallen slightly. We spoke with the manager and RI who both told us they were recruiting for care workers in what is challenging times in regards care staff recruitment. We spoke with people at the service who said they get the care and support they require, and staff were not always rushed. Care staff told us they receive a lot of training which is regular and appropriate for the people they support. We saw training records which confirm this, with training in areas such as safeguarding, medication, moving and positioning and dementia being undertaken. We saw evidence of regular staff supervision, appraisals, and team meetings, which care staff confirmed took place. Care staff and people using the service told us they are supported by small groups of care workers. Staff rotas confirm people receive good continuity of support from small teams of care staff.

The provider takes safeguarding seriously and has good mechanisms in place to safeguard the individuals they support. The safeguarding policy reflects current national guidelines and regular safeguarding audits take place. There are safe systems for medicines management being followed with policies in place for staff to follow. The provider has comprehensive infection control policies and procedures and manages the risk of infection well.

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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