



Inspection Report on

Carmarthenshire County Council In-house domiciliary care service

**Carmarthenshire County Council
3 Spilman Street
Carmarthen
SA31 1LE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/03/2022

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About Carmarthenshire County Council In-house domiciliary care service

Type of care provided	Domiciliary Support Service
Registered Provider	Carmarthenshire County Council Adults and Children's Services
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	22 June 2018 and 25 June 2018
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

People and their relatives speak highly about the care and support they receive. Care records are person centred and reflect people's individual needs. Care staff are well trained, have a good knowledge of the people they care for and are enthusiastic about working in the service.

Dedicated and knowledgeable managers who are well supported by the Responsible Individual (RI) lead the service. The managers are accessible and well respected by all involved. The RI has good oversight of the service and there are robust systems in place to support this. The leadership team have good working relationships and a clear vision about the service.

Well-being

People receive care and support that meets their needs. Staff are knowledgeable, caring and take pride in the care and support they provide. Personal plans provide good information about the individual and daily records support these. The service provides an 'Active Offer' of the Welsh language. Many of the staff are Welsh speakers, which means people are able to communicate in Welsh or English as they choose. People remain as healthy as possible as the service actively works alongside health and social care professionals.

People and/or their representatives contribute to decisions, which affect them. The RI involves people in quality assurance processes including their Regulation 73 responsibilities. Governance practices focus on developing the service by using information from surveys and audits. Care staff have access to policies and procedures, which are reviewed regularly. The managers and RI have a clear vision of the service and provide good leadership and management.

People are supported in a way that has a positive impact on them and their family; a relative said, *"the carers have really helped mam and it is so reassuring for me"*. Recruitment and training ensures people get the right care and support, from skilled and knowledgeable workers.

Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People know how to make a complaint if needed and have confidence in the managers and the organisation.

Care and Support

People receive care and support that meets their individual needs. Initial assessments are undertaken and care plans produced from these. The plans give good details of the needs of the person and how the care and support is to be delivered by care workers. People are able to have their care provided in Welsh, as a good percentage of the staff are able to speak Welsh. Risk assessments are in place and reviewed regularly. People and / or their representatives are involved in the planning of their care; a person told us *“I am asked about my care and the carers regularly”*. Daily records show care workers provide the care identified in the individual plans. However, there is no documented evidence by the person or their representative to confirm they have received their planned care and support after each call. This has been discussed with the managers and RI.

People's health and care needs are supported and promoted. Care workers have a good understanding of the health and care needs of individuals and have built up good relationships with them. People told us; *“the carers are fantastic”* and *“they [care workers] are really special”*. Professional support is actively sought through the Intermediate Care Multi-Disciplinary Team. The in house service has been a key partner in the development of a new Intermediate Care model, and has worked with partners in Hywel Dda University Health Board to develop the practice, processes and principles of an asset-based approach to multi-disciplinary triaging of referrals for care and support. Initially focussing on Hospital discharge pathways from a select few pilot wards, the model will move out of pilot phase and into full implementation in April 2022. The people and their relatives we spoke to are very clear on the value of the service and the benefit to them including; *“I am much stronger since I've been having help”* and *“the care is excellent, it is reassuring to have regular reliable carers, they are lovely”*.

People feel safe and protected from harm. Care workers have a good understanding of their role in protecting people. Care workers are aware of their responsibilities to protect people from COVID-19. They are clear on the correct use of personal protective equipment (PPE) and infection, prevention and control measures. Policies and procedures, training support and equipment are in place to ensure care staff maintain people's safety and well-being. One person told us *“I feel very safe with the carers; they wear the correct things like masks, gloves and aprons”* and *“it was very strange at first, but the carers really reassured us about the masks”*.

People and relatives told us they would have no hesitation in reporting any concerns they might have to care workers or “the office” and feel their concerns would be listened to and dealt with. People are aware of the organisations complaints procedures.

Leadership and Management

Dedicated managers who are well supported by the RI lead the service. The managers demonstrate a very good understanding of the people who use the service and the care workers they lead. An I.T monitoring system supports their day-to-day operational management responsibilities. The RI is very knowledgeable and readily available to guide the managers and together they make a strong leadership team with a clear vision for the service. As part of their regulatory responsibilities, the RI seeks feedback from people, their relatives and staff members to inform the quarterly Regulation 73 visits and the six monthly Quality of Care reports. Those involved have confirmed this.

Staff who are motivated, valued and well trained support people. All care workers involved in the inspection tell us they are very well supported by the managers, RI and the organisation. They say; *“the managers are very supportive at all times”, “they [managers] are always there if you need them”* and *“they [managers] are amazing”*. In addition, staff members equally value supervisors. One care worker told us; *“my supervisor is a star, she deserves an award!”* There are policies and procedures in place, which are regularly reviewed to support good practice.

Staff are appointed following a rigorous recruitment process and all records meet the regulatory requirements. Staff receive a range of mandatory and specific training to support them in their role. Training records and staff discussions corroborate this. In addition, training and support is provided for staff who are lone working, sometimes in isolated locations and possibly at night.

There are comprehensive induction and supervision measures in place. Care workers tell us they have regular supervision and support and in the main, these are reflected in the staff records. The managers are making sure care staff receive supervision every three months as is required under the Regulations. A care worker told us *“I have regular supervision with my manager. These have been different due to the Pandemic; however, I find my meetings very helpful”*. Another staff member who has recently completed their induction told us *“the induction is really good, lots of training and information but always with support from a senior staff member or my manager”*.

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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