



Inspection Report on

Gwynedd Domiciliary Care Services - Older People, Supported Living & DERWEN

**Ty Frondeg
Caernarfon
LL55 1PS**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

8 July, 2022

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About Gwynedd Domiciliary Care Services - Older People, Supported Living & DERWEN

Type of care provided	Domiciliary Support Service
Registered Provider	Gwynedd Council Adults and Children's Services
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the first inspection since the service re-registered under the Registration and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	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

This inspection has focused on the aspects of the service provided to adults, including domiciliary care and supported living. Most people receive reliable care in line with their care needs. Care staff know people well and feel supported. Staffing and recruitment have been affected significantly by the effects of the pandemic and this is having a detrimental effect on the number of care staff available to provide the domiciliary care aspect of the service provided. The provider invests finance and time in the service and is working towards a restructure to alleviate staffing issues and to promote ongoing improvement and development of the service.

Well-being

People have control over their day to day lives. People receive care which is planned around individual need. People told us they are happy with the service they receive and feel respected and listened to. We reviewed a sample of care files, both electronic and paper files. These records are well organised, detailed and reviewed regularly. We evidenced care staff and the provider work in partnership with partner agencies. The provider should ensure they advocate for people using the service, by working with landlords to ensure all electrical equipment is checked and maintained.

People are as healthy as they can be. People we spoke with told us they feel supported to be independent. We saw people being assisted to prepare meals. Care staff told us they aim to enable people to have individual daily routines. The sample of care files we reviewed demonstrated care plans are planned around individual need and choice. We evidenced ongoing and effective communication between care staff and management. We evidenced some of the supported living services are trialling an 'app system' whereby care staff record and update individual tasks undertaken throughout the day. This enables ongoing continuous management oversight. There are plans to establish this system throughout the supported living aspects of the service.

There are systems in place to safeguard people. Care records show appropriate risk assessments are introduced according to individual need and risk. Care staff are trained in areas to ensure they are equipped to safeguard people; these include training in safeguarding, first aid and moving and handling. There are policies in place to accompany the training. Communication between care staff and management requires improvement. Management told us they plan to develop procedures to include more step-by-step detail in their policies, for further clarity, oversight and to aid communication.

People are encouraged to participate and develop. Staff are well trained and support people to reach their full potential. Staff enable people to have opportunities to get involved and be independent. People are encouraged and supported to do what matters to them and be in contact with family and friends. Care staff are encouraged to develop themselves and to be responsible.

Care and Support

People's personal plans are developed with people around their individual needs before they receive support. We reviewed a sample of records, which demonstrate personal plans are detailed, consider people's wishes and choices, and consider individual risks, whilst enabling independence. People have access to their records, which are signed by people and staff to evidence agreement and understanding of the plans. We found records are amended and updated when care needs change and action is taken to accommodate people's needs.

Staff provide care and support which is designed through consultation with people, their families, friends, and professionals. Care files demonstrate personal wishes, aspirations and routines are a priority. People told us they feel happy; they are supported by consistent care staff who know people well. Individual risk assessments and specialist needs are incorporated into individual care planning.

People are supported to access health professionals and other services to meet their needs. Personal plans evidence people have ongoing and regular access to required services. We found referrals and communication are timely and appropriate. Appropriate, up to date risk assessments are produced around individual need. Steps are taken in response to individual risk, such as alterations to the environment or increased care time. All records are clear and organised for care staff to access. The provider acknowledges the detrimental affect the pandemic has and is having upon resources, linked to providing care, including staffing; the provider is taking steps to improve recruitment and support staff. However, the provider needs to ensure effective and prompt communication takes place to ensure safety checks of electrical equipment take place; these have been delayed due to the pandemic. Both the supported living aspects and domiciliary care aspects of the service have effective infection control measures in place. There are up to date policies and procedures, with efficient processes in place to ensure care staff have access to updates. Care staff told us they feel confident in following infection control procedures. We observed care staff wearing and using personal protective equipment correctly.

Leadership and Management

The provider has effective oversight of the supported living aspect of the care provided. The statement of purpose reflects the care provided in both aspects of the service we looked at during this inspection. Care staff complete training to assist them in their role. Care staff told us they feel confident, the training and support by management enables them to undertake their role. People who use the service, in particular the supported living aspect of the service, are encouraged to contribute ideas, choices, and feedback about the service they receive. Information is gathered from people, their families, and professionals; this information is used to monitor, review, and improve both aspects of the service. We found this is reflected in the reporting by the Responsible Individual (RI). There are up to date policies and procedures in place, which are regularly reviewed. However, regarding the domiciliary care aspect of the service, we found a lack of detail to provide a step-by-step guide to inform and instruct care staff and management in the event of certain incidents. Oversight of care is timely and efficient, although we found communication between care staff and management requires more clarity and detail; the service requires mechanisms in place for improvement via lessons learnt. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The provider has oversight of financial arrangements and investment in the service so that it is financially sustainable and supports people to be safe and achieve their personal outcomes. The pandemic has had a detrimental effect upon staffing levels, which has, in turn, impacted on the service and availability of care staff to undertake checks on people, where required. Management reports evidence an ongoing recruitment drive to increase staffing for the domiciliary aspect of the service. The Supported Living service is currently in the initial stages of a trial of the use of an 'app' for personal plans. This allows people and care staff to plan tasks/daily activities for individuals, whilst management can monitor and support where required. The service is looking to invest in this method of planning, recording, and monitoring care, due to how successful people, care staff and management have found this method. Management explained plans for the reorganisation of how the geographical areas will be set out. This aims to enable more effective management of the service.

The service recruits and employs staff who are suitably fit and have the knowledge, competency, skills, and qualifications to provide the levels of care and support required to enable the people to achieve their personal outcomes. Staff have up to date Disclosure and Barring (DBS) checks in place. Staff told us they feel supported by management. We found staffing levels within the supported living aspect of the service is steady, consistent and most care staff, in both aspects of the service have worked with the service for ten years or more. However, the provider has experienced difficulty in staff recruitment and retention since the beginning of the pandemic. They acknowledge this is affecting the delivery and

quality of the service. We have found the lack of staffing has affected the delivery and quality of the service, where care staff have not been available to support people when required. Staff files indicate staff receive inductions, and supervision is held at regular intervals. Most staff are up to date with training and there are plans in place for further face to face training.

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
21	During inspection, the provider could not demonstrate mechanisms and oversight to ensure staff take appropriate actions to safeguard someone when they have fallen and waiting for an ambulance. Failed communication meant no checks were made on 12.06.22, when IG was waiting for an ambulance. Policies and procedures did not include step by step guidance to support staff in the event they have fallen and waiting for an ambulance.	New

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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