

Domiciliary Care Audit Report

Update to the Audit Committee (April 2026)

At the Audit Committee held on 28/11/2024, a *Domiciliary Care Special Audit report* was presented by the Internal Audit Service. The report noted that the domiciliary care commissioning model in Gwynedd is ambitious, and that there are significant challenges in its implementation.

Some processes were found to be ineffective, including the use and management of data, as well as monitoring and managing of budgets. It was also noted that these issues needed to be addressed quickly. The Department for Adults, Health and Wellbeing was asked to provide a further update on the steps ahead.

An update was submitted to the Committee on 06/02/2025. The report was accepted, and the Committee welcomed the work programme. However, a further update was requested in a year's time. This report provides that summary update.

Successes and Developments

- i. In 2025, several sub-areas in Gwynedd were of concern, as providers were unable to respond to the demand for care. In two sub-areas, the agreements have been terminated, and new arrangements have been put in place with alternative providers. While this process has required a considerable amount of time and resources, it has been successful. Care provision in these areas is now more stable, with fewer people on waiting lists.
- ii. Another significant concern was the number of hours of care that were being paid for but not being provided directly. Under the block arrangement, a provider, for example, was expected to provide 500 hours of care per week, and payment was made for all those hours. When a provider was unable to provide that number of hours, the process of adjusting the blocks was complex and rigid, and so for extended periods it seemed that 'wasted' hours were being paid.

As a result of the work programme, the number of hours not going towards direct care has decreased significantly – from over 1,000 hours per month at the start of 2025–26 to less than 500 hours per month by March 2026. This equates to a saving of around £20,000 per month, either because these hours are no longer paid as a result of monitoring and reducing block hours, or because they are being redirected to providers who can provide direct care. While clear progress has been made, one area continues to pose challenges, and discussions are

ongoing there. The contracts in place and the principles of the model limit our ability to eliminate these hours altogether.

- iii. A similar situation can be seen in the in-house delivery teams. There are times during the day when the demand for care is relatively low (for example, between 2 and 4 o'clock in the afternoon). Historically, workforce shift patterns meant that too many staff were working during these hours, and not enough carers were available when demand was higher. Changes to working patterns are now underway in the Ffestiniog and Tywyn areas, and these are expected to lead to a better match between staffing hours and care needs.
- iv. The original report also cited concerns about late payments and inadequate budgetary management. The arrangements have now been revised, with the sub-areas' social work teams taking more responsibility for reviewing the spreadsheets submitted by providers. This enables the teams to identify and respond more quickly to any gaps or errors in the data. The Commissioning and Contracts Team supports and facilitates this process. As a result, information about care provision is more accurate, and payments are made more promptly and consistently.
- v. Following on from the adult *llechen lan* report, work has been underway to strengthen our ability to meet needs in alternative ways, where traditional domiciliary care is not required. There has been an increase in the number of packages being delivered through direct payments, an increase in the numbers making use of technology at home, and the promoting independence team has been set up with an officer appointed to lead the team. The team will focus on areas such as direct payments, technology, robotics etc building on our ability to make the most of these options.

Challenges

Although waiting lists for domiciliary care have been significantly reduced in some areas (such as Ardudwy, Pwllheli and Tywyn), they remain high in other sub-areas, including Ffestiniog and Nantlle. Nevertheless, fewer people are now waiting for extended periods, for example over 90 days. Specific work is underway to prioritise these individuals, and discussions are ongoing to attract additional providers from nearby areas to help ease the pressure. There are local efforts and discussions in the community resource teams to identify opportunities to free up hours for individuals who are waiting.

Staff recruitment and retention remains a significant challenge across the sector. Internally, sickness levels are a challenge, but overall across the sector recruitment from abroad has been helping to sustain the sector over the past few years. As of 22/07/2025, it is not possible for providers to recruit care workers from overseas. Individuals who have already moved to Gwynedd from abroad to work in the sector are only certain of their status until 2028, and as a result some are considering their future here in Gwynedd.

Despite local efforts, including the development of the Care Academy in Gwynedd, the current level of reliance on workers from abroad suggests that this is not a problem that can be solved at a local level alone. This represents a significant risk to the sector in general, and to home care in particular.

Next Steps

The current domiciliary care contracts expire in October 2027. Work has begun evaluating the current model and the way domiciliary care is provided in Gwynedd.

Over the coming months, the Commissioning Team will continue to engage with domiciliary care users and their families, individuals waiting for care, social work professionals, care workers, providers and other stakeholders in order to gather feedback and discuss options.

Work is also underway with other councils who have piloted similar models, in order to share experiences and learn from good practice. A shortlist of options for evaluation is expected to be submitted by the end of October, giving ample time to prepare for any potential changes to the model and agreements. The aim of all this is to ensure that the Council is in the best possible position to provide sustainable and effective domiciliary care to the residents of Gwynedd.