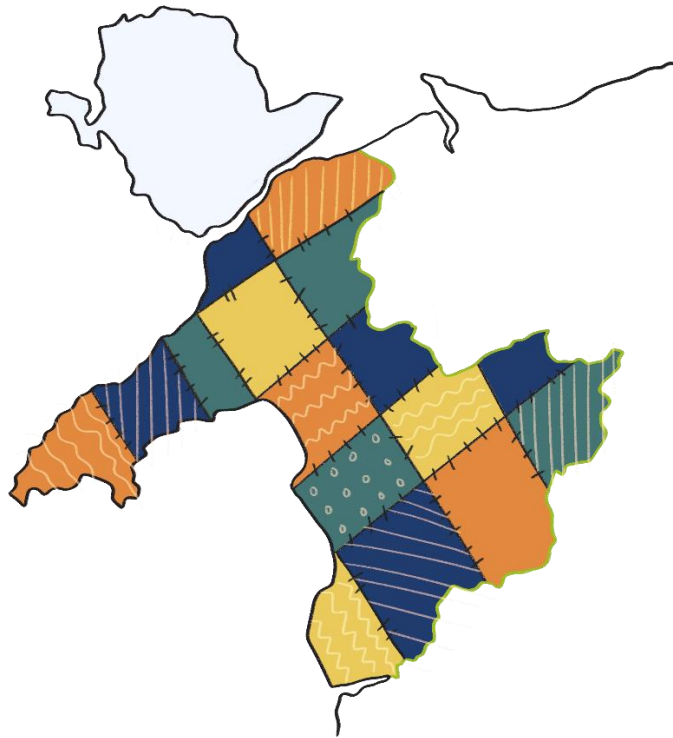


# Gwynedd Embedding Home Care Remodel

Project Summary Report



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## Executive Summary

Gwynedd Social Services (Adults, Health and Wellbeing Department) had embarked on a significant transformation to adopt a new person-centred domiciliary care delivery model, and were about 6 months into delivering the new model when IMPACT started working with them. This innovative approach was designed to improve the quality and effectiveness of care services provided to people needing care at home. Initial intentions were for the Demonstrator project to support shared learning of best practice across teams to improve service delivery.

The change had not yet been embedded operationally, and it quickly became clear that there was a disconnect between Contracting, Operational teams and the team responsible for transformation, the Supporting Health and Wellbeing Service, who, from the point of rollout, were left without full oversight and with unclear accountability boundaries.

The operational teams, and their leadership, needed support and resource to fully adopt and move towards embedding the new model effectively. Internal project management resource that had been intended to support adoption were diverted to address immediate challenges, and therefore it was agreed to focus the Demonstrator on supporting workforce engagement with the change and on developing collaborative ways of working to move delivery of the new model forward.

The IMPACT project thus focussed on Organisational Development aspects of workforce development in Social Care; enhancing workforce experience through supporting practitioners and leaders, and fostering collaborative working between the commissioners and statutory, voluntary and private sector stakeholders. Challenges remain about the future embedding of the improvement work carried out during the Gwynedd Demonstrator project.

# Project Summary Report: Gwynedd Embedding Home Care Remodel

## Introduction

This report presents a comprehensive analysis of the IMPACT Demonstrator project, a 12-month change initiative undertaken to support Gwynedd Social Services in Wales in adopting and embedding a new domiciliary care model. The report is structured around the ADKAR model of change management—Awareness, Desire, Knowledge, Ability, and Reinforcement—and provides detailed insights into the activities, challenges, and outcomes of the project. The primary goal of the IMPACT Demonstrator project was to ensure the successful operationalisation and sustainability of a person-centred home care model, in line with Gwynedd Council's strategic objectives for improving adult social care.

Gwynedd Social Services embarked on a transformative journey to implement a new domiciliary care model that emphasises person-centred care, empowerment of care workers, and a shift from a time-and-task approach to one focused on outcomes. Despite initial progress, the model had not been fully operationalised across the service. The IMPACT Demonstrator project was initiated to bridge this gap by focusing on workforce engagement, collaborative working, and operational improvements. This report details the project's progress, aligned with the ADKAR model, to provide a structured assessment of the change process and offer recommendations for sustaining the change.

### Awareness: Building Understanding of the Need for Change

Awareness is the first step in the ADKAR model, focusing on creating an understanding among stakeholders that change is necessary. Without awareness, individuals may resist or ignore the change, hindering the overall process. This step is crucial as it lays the foundation for the entire change process by communicating why the change is happening and what it aims to achieve.

**Impact on People:** If people are unaware of the reasons behind the change, they may feel confused, anxious, or resistant. Lack of awareness can lead to disengagement and a reluctance to participate in the change process.

## Strategic Context

The IMPACT Demonstrator project began with a clear awareness of the need for change within Gwynedd's domiciliary care services. The shift from a traditional time-and-task model to a person-centred approach was driven by several factors, including the Welsh Government's strategy outlined in *A Healthier Wales: long term plan for health and social care*. The plan

emphasised the importance of individual outcomes and the need for integrated, community-based care solutions.

### **Initial Challenges**

Despite the strategic impetus, there was a disconnect between the vision and its implementation. The Strategic Review event held in November 2023 highlighted that while the new home care contracts were in place, the operational teams had not fully embraced the new model. Key challenges included a lack of understanding among staff about the model's principles and limited engagement from senior leadership in stakeholder organisations due to the pressures of day-to-day operations.

### **Activities Undertaken**

- Strategic Review Event: This event served as a pivotal moment for raising awareness among stakeholders. It provided a platform to showcase achievements, engage in honest discussions about the current state of the model's implementation, and reaffirm the key principles of the new domiciliary care approach.

- Workshops and Training Sessions: A series of workshops were conducted to increase awareness at different levels of the organisation. These included sessions for home care supervisors, frontline care workers, and social work teams, focusing on the principles of the new model and its benefits.

### **Desire: Fostering the Willingness to Support the Change**

Desire is the second step in the ADKAR model, focusing on generating a personal motivation and willingness to support and participate in the change. Without desire, even if individuals are aware of the need for change, they may not actively engage or support the process. This step is about creating a sense of ownership and personal investment in the change.

Impact on People: Without a genuine desire to change, people may exhibit passive resistance or lack enthusiasm, which can slow down or undermine the change process. Encouraging desire involves addressing concerns, highlighting benefits, and aligning the change with personal or organisational goals.

### **Engagement and Buy-in**

Creating a desire to support the change was crucial, especially given the initial resistance and operational challenges. The IMPACT Demonstrator project recognised the need to engage

both leaders and frontline staff in a way that would foster ownership and enthusiasm for the new model.

### **Challenges Addressed**

- Resistance to Change: There was significant resistance to the new model, particularly among staff who were accustomed to the traditional time-and-task approach. This resistance was rooted in concerns about increased workload, lack of clarity on new responsibilities, and lack of day to day support.
- Leadership Gaps: There was also a gap in leadership support, particularly in terms of translating the strategic vision into day-to-day operations.

### **Key Activities**

- Leadership Coaching: One-on-one leadership coaching sessions were provided to help leaders at various levels understand their role in driving the change and to equip them with the tools to inspire their teams.
- Communities of Practice: The creation of Communities of Practice for home care supervisors via co-production workshops was instrumental in fostering a sense of shared purpose and mutual support. These workshops allowed supervisors to discuss challenges, share best practices, and build a collective desire to see the new model succeed.
- Care Leaders' Forum: The establishment of a self-led Care Leaders' Forum for leaders of commissioned home care provision helped to create a collaborative environment where leaders could jointly address sector-wide challenges and reinforce their commitment to the new model.

**Knowledge: Equipping Stakeholders with the Information and Skills Needed for Change**  
Knowledge is the third step in the ADKAR model, focusing on providing the necessary information and training to enable individuals to know how to change. This step involves educating stakeholders about what the change entails, what their new roles will be, and what skills or behaviours are required.

**Impact on People:** Without the necessary knowledge, people may feel unprepared or incapable of implementing the change, leading to mistakes or a lack of confidence. Providing clear, accessible information and training is critical to building competence and reducing anxiety.

## **Training and Development**

A critical component of the IMPACT Demonstrator project was ensuring that all stakeholders had the necessary knowledge to implement the new domiciliary care model effectively. This included understanding the principles of the model, the operational changes required, and the skills needed to deliver person-centred care.

### **Knowledge Gaps**

- Operational Knowledge: Many frontline workers lacked a clear understanding of how the new model should be operationalised. This was partly due to the limited training provided at the outset and the complex nature of the changes – operationally and culturally – required.
- Systemic Understanding: There was also a need for a broader understanding of how different parts of the system—such as Community Resource Teams (CRTs) and home care providers—should work together under the new model.

### **Initiatives to Address Knowledge Gaps**

- Frontline Support and Training: Targeted training sessions were developed to enhance the delivery of the new model. These sessions focused on reablement, asset-based care, and the integration of community resources into care plans.
- Workshops with Social Work Teams: Workshops were held with social work teams to improve workflows and operational plans, particularly in delivering Information, Advice, and Assistance alongside managing heavy caseloads.
- Plenary Sessions for Providers: Plenary sessions were organised to allow provider leads to share best practices and learn from each other's experiences in implementing the new model.

### **Ability: Building the Capability to Implement the Change**

Step Description: Ability is the fourth step in the ADKAR model, focusing on turning knowledge into action. It is about ensuring that individuals have the capability to implement the change effectively. This involves practical application of skills, changes in behaviour, and adjustments to workflows or processes.

Without the ability to implement the change, people may struggle to apply what they have learned, leading to frustration and potential failure. Supporting individuals as they develop new capabilities is essential for successful change implementation.

### **Enhancing Workforce Capability**

Having the knowledge of what needs to change is not sufficient; the ability to implement these changes effectively is crucial. The IMPACT Demonstrator project focused on building the capability of the workforce to operationalise the new domiciliary care model.

### **Barriers to Ability**

- Staffing Challenges: The ability to implement the new model was hindered by staffing shortages, particularly in rural areas where travel costs and logistical challenges were significant.
- Support and Supervision: There was a lack of adequate support and supervision structures, including peer support, for frontline staff, which impacted their ability to deliver care in line with the new model.

### **Capacity-Building Activities**

- Service Improvement Workshops: These workshops focused on improving CRT processes, managing workloads more effectively, and shifting mindsets towards a person-centred approach. By addressing these operational challenges, staff were better equipped to implement the new model.
- Strength-Based Skills Support: Care providers received training on strength-based approaches to care, which emphasised empowering individuals receiving care to take an active role in their own wellbeing.
- Operational Changes: The project facilitated several operational changes, such as adjusting workflows and improving communication channels, to ensure that frontline staff had the tools and support needed to succeed.

### **Reinforcement: Ensuring the Change is Sustained**

Reinforcement is the final step in the ADKAR model, focusing on ensuring that the changes made are maintained over time. This step involves establishing mechanisms to monitor progress, provide ongoing support, and reward behaviours that align with the new model.

Without reinforcement, there is a risk that individuals may revert to old habits, undermining the change effort. Reinforcement helps to solidify the change, making it a permanent part of the organisation's culture and operations.

### **Sustaining the Change**



Reinforcement is crucial to ensure that the changes made during the IMPACT Demonstrator project are sustained over time. This involves establishing mechanisms to monitor progress, provide ongoing support, and celebrate successes.

### **Challenges to Sustainability**

- Cultural Resistance: There is a risk that without ongoing reinforcement, the organisation may revert to old habits and practices, particularly in the face of external pressures such as financial instability and staffing challenges.
- Lack of Embedding Resources: While the project achieved significant progress, there is a concern that the lack of resources dedicated to embedding the change could undermine long-term sustainability.

### **Reinforcement Strategies**

- Communities of Practice: The project's legacy Communities of Practice for home care supervisors will serve as a platform for continuous learning, support, and reinforcement of the new model's principles.
- Leadership Forums: The self-led Care Leaders' Forum will continue to provide a space for strategic discussions, problem-solving, and collaborative planning, helping to maintain momentum and ensure that the changes are embedded across the sector.

### **Conclusion and Recommendations**

The IMPACT Demonstrator project has made significant strides in supporting Gwynedd Social Services in adopting and embedding a new domiciliary care model. By aligning the project's activities with the ADKAR model, the project has successfully raised awareness, fostered desire, built knowledge, developed the ability, and created mechanisms for reinforcement.

However, challenges remain, particularly in terms of ensuring the long-term sustainability of the changes made. To address these challenges, the following recommendations are proposed:

1. Continued Leadership Support: Senior leaders must remain actively engaged in the change process, providing ongoing support and oversight to ensure that the new model is fully embedded across all levels of the organisation.
2. Dedicated Embedding Resources: Additional resources should be allocated to support the embedding of the new model, particularly in terms of training, supervision, and operational support.

3. **Enhanced Monitoring and Evaluation:** The development of robust monitoring and evaluation frameworks will be critical in assessing the impact of the new model and identifying areas for further improvement.

4. **Ongoing Workforce Development:** Continuous professional development opportunities should be provided to ensure that staff at all levels have the skills and knowledge needed to deliver high-quality, person-centred care.

5. **Strengthening Collaborative Networks:** The Communities of Practice, Care Leaders' Forum and CRTs (Community Resource Teams) should be supported and expanded to foster a culture of collaboration and continuous improvement across the sector.

By following these recommendations, Gwynedd Social Services can build on the successes of the IMPACT Demonstrator project and ensure that the new domiciliary care model is fully embedded, delivering lasting benefits for both care recipients and the workforce.