



Inspection Report on

Lifeways Support Options (Western Bay)

**Lifeways Support Options
Regus, Princess House,
Princess Way
Swansea
SA1 3LW**

Date Inspection Completed

18/08/2023

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About Lifeways Support Options (Western Bay)

Type of care provided	Domiciliary Support Service
Registered Provider	Lifeways Support Options Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	8th February 2023
Does this service promote Welsh language and culture?	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

Since the last inspection the provider has made significant improvement and progress in relation to all compliance areas raised. These include; improving recruitment and retention, less reliance on external agency staff, improved cleanliness and maintenance in service settings, better scrutiny of quality of service for people, more robust and thorough support planning processes in place. All inspection feedback received from people, relatives and staff evidences these improvements. The registered manager (RM) has a plan to further improve the service by recruiting more care workers, team leaders and moving to a more accessible office location. Care workers access a wide range of both core and specialist training. Care workers told us managers are very supportive. There are detailed policies and procedures in place to guide staff and the Statement of Purpose (SoP) is reflective of the service provided.

Well-being

Processes and documentation are in place to promote participation, choice, inclusion and skills development in the service. The provider has made significant improvement in many areas since the last inspection. The registered manager told us recruitment to team leader posts continues to be challenging but is hoping to appoint shortly. Also, service reliance on external agency staffing has significantly reduced. We received positive feedback from a relative confirming this and detailing improved consistency and a more settled staff team as a result in one service.

There are experienced, knowledgeable and well trained care workers working in the service. We saw well-ordered staff files evidencing good compliance with regulation in respect of required checks. Care workers receive a good range of core and specialist training to ensure they can carry out their work roles effectively and to a high standard. Whilst nearly all care workers receive regular planned supervision we noted many have not received an appraisal over the previous few years. The RM has a plan in place to improve on this in the future.

Governance and quality assurance arrangements in the service have improved since the last inspection. There is clear oversight from the RI and senior management team. Quality checks and service audits are completed appropriately and according to current guidance and legislation. The latest quality of care review report completed by the RI contains information regarding feedback from people, quality audits and safeguarding. All care workers told us they have a positive working relationship with their managers, feeling supported and listened to. We saw RI checks are completed, senior management meetings are taking place regularly and staff meetings are planned and documented.

People are protected from abuse and neglect as care workers know what to look out for and how to raise concerns if they suspect someone's wellbeing is at risk. Care workers receive regular and updated training in safeguarding and have access to clear and detailed policies and procedures to guide them. There are robust risk management assessments and plans in place to keep people safe and promote independence as far as possible. Care workers receive training in relation to infection control and Covid 19 and there are good supplies of personal protective equipment (PPE).

Care and Support

People receive a good standard of person centred care and support. We visited three supported living settings and spoke to people, managers, team leaders, care workers and relatives. A person told us; *"I like my home and get on well with staff"*. A relative stated; *"It's coming together now and things are improving. The staff team is far more settled and regular"*. The RM told us two new service managers have been recruited along with a number of care workers. Reliance on external agency staff is reducing and inspection findings evidence this. The service is currently actively recruiting more care workers and team leaders.

The service has an accurate, up to date support plan which is regularly reviewed and is complemented by detailed and thorough health, risk assessment and good record keeping. The service is planning to fully transfer all paper documentation to an online electronic support planning system over coming months. The provider will need to ensure all staff have access to the necessary IT equipment to achieve this. Since the last inspection the provider has conducted a review of all support planning documentation in the service. We completed an audit of three support files across different supported living settings. We found good evidence of person centred planning, participation and inclusion. We found where able, people are fully involved and consulted in relation to support planning and choice. Where we saw people's ability to be fully involved is compromised we saw consideration of best interest planning and the Mental Capacity Act (2005) principles are followed. We saw personal plan reviews are completed as required by regulation. This includes a 'my three monthly review' document which documents feedback from people and appropriate others. We saw separate healthcare records with detailed information regarding people's health needs. These include specialist assessments where necessary such as epilepsy profiles, hospital admission information and behavioural support plans. We also saw recordings detailing health appointments, outcomes and actions. There are monthly dated books where care workers complete daily records. We viewed a selection of these and found them to be appropriately completed. We have made recommendations to the provider about further strengthening practice and training regarding maintaining people's skin integrity where appropriate.

People are safe and risks to their health and wellbeing minimised as much as possible. There are detailed and thorough safeguarding and whistleblowing policies that are in date and updated as necessary. We saw evidence of discussion and learning from safeguarding investigations documented in quality reports by management and discussed regularly at board meetings. All care workers spoken to told us that they had received safeguarding training and this is updated annually. We saw that information and reporting details regarding safeguarding and whistleblowing are held in each of the supported living settings. Care workers spoken to have good knowledge regarding the importance of safeguarding and their responsibilities. We saw robust infection control measures are in place along with good stocks of PPE.

Environment

The quality of environment is not a theme that is applicable to a domiciliary support service. However, the service operates from a self-contained office currently located in Swansea city centre. The RM told us they are moving to another location with better parking and accessibility shortly.

Governance and quality assurance arrangements in the service have improved since the last inspection. A new RI was appointed and we saw records detailing service visits completed and discussions with people and staff. The RM told us the RI has been supportive although is leaving shortly and another has been appointed and will take up the role shortly. The RM also completes regular unannounced visits to services and speaks with people, staff and managers. We saw reports detailing the visits with clear actions where necessary. There are currently five vacant team leader posts across the service. Recruitment to these posts is important to ensure service managers are adequately supported to fully undertake their roles. The RM is fully aware of this and hopes to start appointing shortly. We read a selection of provider policies and procedures including the current SoP. We found them to be thorough, detailed and regularly reviewed and updated when necessary.

The provider ensures care workers are suitably fit and have the required knowledge, skills, competency and qualifications to provide a good standard of care and support. We viewed an overall staff training plan and saw nearly all core training for care workers is current and in date. There is also specialist training available (mainly online) in relation to specific service settings and people supported. The RM told us of plans to increase taught training for staff when based in the new office location, due to better access. We spoke directly with six care workers who all confirmed their training is current and covers a broad range of core and specialist areas. We looked at eight staff files and all recruitment documentation is in place including Disclosure and Barring Service (DBS) checks, which are all current. Nearly all care workers are now registered with Social Care Wales (SCW). We saw care workers receive documented regular supervision. However; we noted gaps in relation to some appraisals taking place. The RM is aware of this and working through a plan to ensure all staff receive a yearly appraisal when due. Care workers gave us consistently positive feedback about the support they receive. A care worker told us; *“I do feel supported. Very flexible and supportive organisation. Get a lot of support from my manager”*. Another care worker stated; *“staff team much more settled, new staff recently. No agency staff. Manager really supportive”*.

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
36	A supervision matrix for all care workers provided by the service shows that not all care workers have received a formal supervision and an annual appraisal within regulatory timeframes.	Achieved
16	A personal support file audit completed as part of the inspection on 8th February 2023 showed that support plan reviews have not been completed within three monthly intervals. This remains an outstanding compliance area following the last inspection of the service.	Achieved

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
36	A full inspection took place on 7th & 8th February 2023. As part of this an audit was completed of care worker files. An overall training log for core and specialist training in the service was also provided. This shows that not all care workers are current with their training needs.	Achieved
73	A full inspection took place on 7th & 8th February 2023. As part of this an audit was completed of RI compliance visits. There was insufficient evidence of full compliance in relation to regulation.	Achieved

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