



Inspection Report on

Lifeways Support Options (West Wales)

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

Date Inspection Completed

23/08/2023

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About Lifeways Support Options (West Wales)

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

Lifeways Support Options (West Wales) is a small service providing domiciliary support to people in their own homes. Since the last inspection the provider has made significant improvements and progress. These include; improving recruitment and retention, less reliance on external agency staff, better scrutiny of quality of service for people, more robust and thorough support planning processes in place. All inspection feedback received from people, a relative and staff evidences these improvements. The registered manager (RM) has a plan to further improve the service by recruiting more care workers, a new team leader and moving to a more accessible central 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 responsible individual (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 manager's 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 a service based in Llanelli and spoke to people, service manager, team leader, care workers and a relative. A person told us; *"I like living here and get on well with staff, no complaints or concerns at all"*. A relative stated; *"It's coming together now. Not enough staff previously but much better now. I do feel things are improving and we have a regular team now"*. People also told us about the support they receive to access the local community regularly and develop their independent living skills. The RM told us a new service manager has 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 a team leader.

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 two support files in the service. 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.

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. 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 with good facilities for staff and some off road parking. Rooms seen are clean and well equipped, with suitable space for record keeping, meetings and locked filing cabinets for the storage of confidential information. The RM told us the main office in Swansea is moving shortly to another more accessible location with better parking. We have requested the provider to consult with the local fire service and building agent to ensure adequate fire safety arrangements are in place in one particular setting.

Leadership and Management

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, 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 is currently a vacant team leader post in the service. Recruitment to the post is important to ensure the service manager is adequately supported to fully undertake the role. 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 two care workers who confirmed their training is current and covers a broad range of core and specialist areas. We looked at two staff files and all recruitment documentation is in place including Disclosure and Barring (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 positive feedback about the support they receive. A care worker told us; *“really positive, I love my job. Good supportive team... really good manager and very 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

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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