



Inspection Report on

Lifeways Support Options (Western Bay)

**Ground Floor
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Mallard Way Riverside Business Park
Swansea
SA7 0AJ**

Date Inspection Completed

30/05/2024

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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	18 August 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

There are serious concerns regarding the safety and wellbeing of people being supported by Lifeways Support Options at the current time. These concerns are shared by the commissioning Local Authorities. There is inadequate current oversight and governance in place to ensure positive outcomes for people. Care workers are not receiving adequate support. Care planning documentation is poor and does not always reflect the needs, aspirations or outcomes of people. The provider needs to take urgent measures to assure external agencies of the safety of people it supports.

Well-being

Processes and documentation across the service are inadequate and do not promote or evidence positive outcomes for people. We saw personal plan reviews are not always taking place within regulatory timescales. Also, some care planning documentation is not current and does not reflect presenting needs. The standard of risk planning in place is poor with missing or inaccurate information in relation to some people. In some services staff fire checks and review of fire risk assessments is not taking place. We also saw a lack of prompt follow up to report changes in people's presentation. This leaves people at risk and there has been an increase in safeguarding referrals being made across the region recently. We received concerns from relatives, staff and external professionals about the poor standard of care and support currently being provided.

Governance and quality assurance arrangements in the service are poor. The registered manager and two service managers left at short notice. There are inadequate arrangements for staff support in supported living settings due to a longstanding lack of team leaders. We received consistent feedback from care workers about low staff morale, lack of support, inadequate on-call arrangements, low staffing levels and increasing use of agency staff. Care workers are not receiving supervision and appraisals within regulatory timeframes. The Responsible Individual (RI) has made some interim changes to provide additional management support pending further recruitment to key posts. A new service manager has been recruited and is currently working in the service. Despite this we received extremely negative comments from care workers about the support they receive. The planned changes will take time to show evidence of improvements. The RI is also visiting the service on a regular basis due to the current level of concern. There are regular planned meetings taking place between external agencies and the provider to monitor the current situation and safety of people.

Care worker recruitment and retention processes are generally robust. Care workers access appropriate core and service specific training in a wide range of subjects including safeguarding. However, we saw care worker medication administration competency assessments are not always taking place as required. There is a general lack of effective service oversight currently which means some processes such as quality audits and team meetings are not taking place routinely.

Care and Support

People receive a poor standard of care and support. Since the last inspection there have been significant challenges in respect of a lack of adequate management cover and oversight. This has impacted greatly on the standards of care provided and quality of care planning documentation viewed. We visited five supported living services and spoke with people, relatives, RI, service manager and care workers. We received consistently negative feedback regarding a general lack of support for care workers and unsafe staffing levels at times. A relative told us; *“I visit regularly and am not happy with the standard of care and support provided. There are no managers here, also higher levels of agency staff”*. Another relative told us; *“Not happy with the service, sometimes nobody turns up and I am not informed so it’s very difficult”*. There has been an increase in safeguarding referrals across the region. Due to these concerns both Neath Port Talbot and Swansea Local Authorities have placed the provider under ‘Escalating Concerns’ measures. This means all relevant agencies meet with the provider on a regular basis to monitor the presenting concerns and progress being made to address these issues.

We completed an audit of seven care files in the supported living services. We saw inconsistent, inaccurate and out of date information in some documentation. In four of the files we saw personal plan reviews had not taken place within regulatory timeframes. The reviews completed fail to evidence the involvement of people or appropriate others in relation to care planning. We also saw no clear evidence of goal planning or monitoring in relation to people’s achievements or changes in health and social care needs. There is a lack of adequate risk planning and associated documentation. Also concerns regarding a lack of timely follow up when people need external professional support. We saw in some services documented regular staff fire safety checks have not taken place for some time. Also, some fire risk assessments have not been reviewed for some time. This is leaving people at risk of harm, particularly given the level of agency workers in the service is increasing. This is having an impact on people’s health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Leadership and Management

Governance and quality assurance arrangements in the service are poor. The registered manager and two service managers left at short notice. A new service manager and RI have recently been appointed. According to the Lifeways management structure three team leaders should be appointed across the supported living services. In the last inspection we saw there was one team leader in post. Currently there are no team leaders in post. The RI told us they are actively recruiting at the current time. We met with the RI as part of the inspection who assured us they are visiting the services on a regular basis, due to the level of concerns. We read reports and spoke to care workers who confirmed the RI is visiting and staff know their contact details. The RI has also arranged for managers located in other areas to provide some cover and support. However, at the time of inspection it was difficult to evidence this having any immediate impact.

Recruitment is on-going for team leaders and another service manager and a new registered manager is due to start work shortly. Despite this we received consistently negative comments from care workers about the support they receive. Care workers also expressed low morale currently and some spoke about leaving. They also expressed concern regarding low staffing levels in some services, having to work alone for extended periods and the challenges of increasing agency staffing levels. Some care workers told us their work rotas are often incorrect and they are having to arrange cover amongst themselves. Also, they do not always get a prompt response from the current on-call arrangements. This is having an obvious and concerning impact on the people being supported. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The provider ensures care workers are suitably fit and have the required knowledge, skills, competency and qualifications to provide 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. We spoke directly with care workers who all confirmed their training is current and covers a broad range of core and specialist areas. However, some care workers told us medication administration competency checks had not taken place or are delayed due to a lack of managers. This is a concern as several medication errors have recently been reported across the service. 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 not all care workers are receiving supervisions and appraisals within regulatory timeframes.

A care worker told us; *"I do not feel supported I have no one to talk to or to ask advice from."* Another care worker stated; *"Very rare I meet a manager and I don't feel supported. On call...they just ask us what to do."* This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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	Systems for assessment, care planning, monitoring and review which support evidence based practice and enable individuals to achieve their personal outcomes are insufficient. Personal and risk plans do not always reflect the changing needs of individuals and there are concerns in relation to the provider not contacting external agencies promptly when changes occur. We received concerns regarding inadequate and unsafe service provision from people, relatives and staff spoken with during the inspection. We also received concerns from service commissioners about lack of adequate management support for staff, inadequate service provision, inadequate governance and oversight, poor standards of care and support is being provided.	New

6	The service provider has poor arrangements in place for the oversight and governance of the service. Quality and audit systems to review progress and inform service development are insufficient. Processes to ensure care is delivered consistently and reliability are insufficient. Systems for assessment, care planning, monitoring and review which support evidence based practice and enable individuals to achieve their personal outcome are inadequate.	New
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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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Date Published 03/07/2024