



Inspection Report on

Live Well Healthcare Limited

**Regus Business Centres
Princess House
Princess Way
Swansea
SA1 3LW**

Date Inspection Completed

07/06/2024

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About Live Well Healthcare Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Live Well Healthcare Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	05/04/2023
Does this service promote Welsh language and culture?	This service is not making a significant effort to promote the use of Welsh language and culture.

Summary

Overall, people are happy with the service they receive from Live Well Healthcare. Feedback from people and their relatives is positive. Care is delivered with full involvement from people, and they speak highly of the care staff. Care staff can support people in the way they like to be supported and told us they do not feel rushed. Personal plans are developed with input from people and their families and reviewed routinely.

The Responsible Individual (RI) is passionate and dedicated to developing the service and providing high-quality, person-centred care. Care staff told us they find the RI approachable and feel fully supported by them. Since the last inspection, the RI has made improvements within the service, particularly around record keeping, and an electronic call system has been introduced. The RI regularly visits people and gathers their opinion of the service along with the views of family and care staff. Regular audits of the service are completed. These are used to monitor, review, and improve the quality of care and support provided by the service, and inform the quality-of-care report. There is currently no Registered Manager at the service. The RI assured us they are actively recruiting for this role.

Well-being

People are treated with dignity and respect and make decisions regarding their care. Care files seen show that people's needs are assessed through consultation with them and their families. People are involved in the review of their personal plans and are supported to make decisions about their care. People spoken with had a copy of their personal plan, a written guide and the provider's statement of purpose. They know how to raise a complaint and are confident that this would be dealt with by the service provider. We saw positive interactions between staff and people and staff talked people through their care before delivering it. Care staff were responsive to people's individual preferences. People told us "*I know what to expect and I can tell new staff how I like to be cared for*" and "*the management is great; the boss is on the ball*".

Overall, people are protected from abuse and neglect. We saw the staff training matrix, there is a range of mandatory training provided to staff such as first aid and medication. All staff receive safeguarding training and those spoken with are aware of their responsibilities and how to report safeguarding concerns. We saw staff are supported to complete formal qualifications relevant to their role. Skin integrity training needs to be delivered to staff, which the RI has agreed to action. This will help ensure that the risk of pressure damage developing is minimised and staff know how to report concerns regarding skin integrity. Improvements to staff supervision and appraisal are also needed and would help ensure staff training and development is kept under review.

People are supported by staff who are recruited and vetted appropriately. There are suitable recruitment and background checks in place to ensure staff fitness to work in social care. All staff have a Disclosure and Barring Service (DBS) check in place which is up to date. Staff are registered with Social Care Wales (SCW), the workforce regulator, or are working towards this. People told us they feel safe with the care staff visiting them.

People feel they are listened to, and their views are considered. The RI works regularly in the service alongside care staff and often attends calls or visits people in their homes. This enables them to build relationships with people and seek feedback about the quality of the care provided. This helps to inform and drive any improvements needed. The service has good staff retention, allowing for consistency of care provided. The RI is actively looking for a manager to ensure the smooth day to day running of the service.

Care and Support

The service has an accurate and up to date plan to meet people's care needs. We sampled six care files and found personal plans to be accurate and up to date. Before the care package begins, an initial assessment of care is completed. A personal plan is developed using information from this assessment. People have a copy of their personal plan. People and their families told us they are involved in the review and updating of these plans. This was not fully captured in the documentation seen and was discussed with the RI of the service. They agreed to record all involvement from people and their families in future reviews.

People are provided with the care and support they need through a service designed in consultation with them. People told us care workers are flexible in delivering care and are accommodating of their preferences. Daily recordings reflect this, and we saw people's preferences with regards to their care were respected. Staff rotas seen show flexibility around care times and duration. Care staff told us that they are able to spend extra time with people if needed and are not rushed on calls. People spoke highly of care staff and feedback about the care was positive. People spoken with told us *"my carers are wonderful, very kind and helpful"* and *"I get on well with the staff and I feel safe with them"*.

There are systems in place to safeguard people using the service. We saw the training matrix and care staff have completed safeguarding training. There is a policy in place which reflects the Wales Safeguarding Procedures and is reviewed annually. Care staff spoken with are aware of the procedures to follow if they have any concerns about the people they support. Care staff told us they are confident that management would follow up on any concerns they may have. People we spoke with said that overall, there are regular staff visiting daily and they are respectful and understanding of their needs.

The service promotes hygienic practices and manages the risk of infection. There is an up to date, comprehensive infection control policy in place which is reviewed annually. Staff receive initial infection control and health and safety training along with further refresher training. Staff spoken with demonstrated a good awareness of infection control and told us the company provides sufficient supplies of Personal Protective Equipment (PPE). People spoken with told us that care staff always wear appropriate PPE.

Leadership and Management

There are systems in place for the oversight of the service through ongoing quality assurance. The RI is present in the service daily. They speak with people, their families, and staff to gather feedback about the service which informs any required improvements. This was seen in the quality-of-care reviews, which show a good standard of oversight and governance. People told us that they are regularly contacted to ask for feedback about their care and feel they can raise concerns with care staff and the RI. The RI completes regular audits and raises actions which helps to drive improvements. The service currently does not have a manager in place. The RI told us that she is struggling to recruit for this position. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. The RI assured us they are actively looking for a suitable manager.

Care staff are appropriately vetted, recruited and trained. We sampled five staff files and saw that overall recruitment and background checks were in place. Disclosure and Barring Service (DBS) checks are completed and renewed within the correct timeframes. We saw that staff are registered or working towards registration with Social Care Wales (SCW). New staff are supported through an induction programme. Care staff receive a wide range of training, which includes a range of core and specialist courses, and are up to date. Staff have not received training regarding skin integrity. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. The RI has assured us that they have sought suitable skin integrity training for staff and confirmed training dates. This will ensure care staff receive appropriate training relevant to their role.

The service has a committed staff team who feel supported in their roles. Staff told us they feel supported in their roles and can approach the management team if they need further support. We spoke to staff about their experience of working for Live Well Healthcare and feedback was positive. They told us “*Working for Live Well is fantastic, they definitely value me*” and “*they are different to other organisations I have worked for, the teamwork is fantastic*”. Staff supervisions and appraisals are not being conducted within regulatory timeframes. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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
36	Staff supervisions are not being completed within regulatory timeframes. Appraisals are not being conducted within regulatory timeframes. Skin integrity training is required for all staff.	New
67	The Responsible Individual has not appointed a service manager. The service has not had a manager in place for over two months.	New
15	There is limited information within personal plans with regards to managing identified risks to people's well-being.	Achieved
16	The service has not reviewed personal plans as and when required but at least every three months.	Achieved
17	The service has not given people or their representatives a copy of their personal plan.	Achieved
78	The service does not have an effective system in place in relation to the keeping of records.	Achieved

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