



## Inspection Report on

**Lifestyles (Wales) Ltd 'At Home' Service**

**The Fishermans Lodge  
Edwinsford, Talley  
Llandeilo  
Carmarthen  
SA19 7BX**

**Date Inspection Completed**

24/11/2022

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## About Lifestyles (Wales) Ltd 'At Home' Service

Type of care provided	Domiciliary Support Service
Registered Provider	Lifestyles (Wales) Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">24 March 2021</a>
Does this service provide the Welsh Language active offer?	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

Lifestyles (Wales) Ltd 'At Home' service, provides domiciliary support to people within their own homes and supported living settings.

Staff know people well and support people to do what is important to them. Person centred care is provided and people have a voice and participate in reviewing their personal plans.

Due to inconsistent staffing levels the provider is not always able to provide the assessed level of care and support, to all people in receipt of the service.

Recruitment is ongoing with a view to ensuring the staffing levels meet the current level of assessed need.

The Responsible Individual (RI) has a daily presence in the running of the service and completes quality assurance processes with a quality care review report available. Staff are supported with training and individual supervision.

## Well-being

People are provided with choice. Welsh speaking staff are available if needed however currently this is not a requirement of individuals accessing the service. People are involved with their reviews of personal plans and can choose what they want to do in relation to daily activities of living.

People engage, contribute to their community, and are supported to do what is important to them. We were told about a holiday someone recently enjoyed, regular attendance at a day centre and how someone likes watching movies at home. Recruitment is ongoing because staffing levels are not consistent at present. Whilst the service provider does have an established core team of staff, improvements are required to ensure outcomes are consistently met for all.

People are supported to live independently within their own homes. Staff provide support for people to manage tenancy issues and day to day household activities. We were told *“They help me a lot – I go shopping for food”* and *“They help me with my cleaning too, which is really important”*

Permission was requested prior to us visiting people in their own homes and privacy is provided for people to talk with visitors. People are treated with dignity and respect. *“It’s their home”* and *“We do as we would do for our own family”*

People have information available to them. Improvements have been made to the Service User Guide which is available to people in a format suitable to them. The service’s Statement of Purpose (SoP) is up to date and available.

People are supported by staff who follow processes to report concerns. The provider has policies in place for staff to access, including an updated safeguarding policy. Staff mostly attend required training and this includes annual safeguarding updates.

## Care and Support

Staffing levels are not always at an optimum, so people do not always receive the care and support as detailed in their assessments. Whilst the provider is actively recruiting, this is placing people’s health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

We observed caring interactions from staff that know people well and strive to work with them to achieve their outcomes and what is important to them. Staff told us they enjoy

working with the people they support. They told us the hours are long but staff recruitment is in progress and they are hopeful this will improve.

Care documentation is detailed and accurate. Assessments and support plans are in place with risk assessments as required. People are supported to have a voice and the provider holds regular reviews and invites/involves the required professionals and the person's representative where appropriate. Detailed recordings are made during the review process and the person is involved with what is important to them being at the heart of the review. This is reflected in documentation which is person centred with an outcome focus. Staff told us "*Services are person centred and I believe we give a very good service to our users*" and "*Activities are tailor made for each individual and are risk assessed promptly*".

## Leadership and Management

People are supported by staff that receive regular individual supervision and have opportunities to attend regular team meetings. Staff attend team meetings in person or via video calls. Detailed minutes are available to staff who are unable to attend. The majority of staff have individual supervision quarterly however this is not consistent for all and the provider is aware. The supervision records kept are detailed and includes the recording of training needs. Some staff have had annual appraisals this year and we were told the rest are in progress this quarter. When asking staff about support in place for them we were told "*Always there for me if I need support*". The majority of required training is completed by most staff and this includes safeguarding and infection control. In addition to this, specialist training is completed by staff as required depending on the needs of people they support. This includes 'Learning Disability Awareness' and 'Breakaway and Disengagement Training'. Feedback from staff includes; "*The training is continuous to maintain a good knowledge of individual needs*".

There are suitable procedures in place to recruit staff. We saw that the required pre-employment checks are in place before new employees start to support people. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks.

The Responsible Individual has a daily presence at the service and knows the people they support and the staff team well. The quality care review report is detailed with what is working well and what needs to improve and how this affects people. The RI acknowledges there are recruitment difficulties currently within Health and Social care settings. The service improvement action plan includes continuing to recruit staff where possible to ensure people's outcomes can be met.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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	The provider is not able to consistently provide the agreed assessed level of care and support to all people in receipt of the service.	New

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
19	Service user guide to be in a format suitable for people accessing the service and to have the required information.	Achieved

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