



Inspection Report on

Lifestyles (Wales) Ltd 'At Home' Service

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

Date Inspection Completed

20/02/2023

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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 | 24 November 2022 |
| 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.

A focused inspection has been completed to follow up an area for priority action identified at the last inspection. As this was a focused inspection, we have not considered the themes in full.

Improvements have been seen in the consistency of the level of support provided to people, as identified in their assessments. This has impacted positively for people ensuring their outcomes are met.

Communication and reporting to outside agencies such as the local authority commissioning team and safeguarding have improved.

The Responsible Individual (RI) has a daily presence in the running of the service and demonstrates ongoing quality assurance processes are in place.

Well-being

People have continuity with their care workers meaning their individuality and preferences are known and considered by a consistent team of staff. People get the right care and support and referrals for reassessments are made in a timely way.

Processes are in place to safeguard people accessing the service and staff can share concerns within the team and are aware of the processes to refer externally. The safeguarding policy and training ensure staff maintain this level of awareness and knowledge.

Care and Support

As this was a focused inspection, we have not considered this theme, in full.

Since the last inspection, improvements have been seen with provision of staffing. Staff rotas and feedback from staff show support is provided to people as detailed in people's assessments and personal plans.

Staff confirmed staffing levels are in accordance with people's assessments and personal plans, and said: *"Yes, we have all shifts covered"* and *"I just think the rolling rota works well with continuity for people"*.

When people's outcomes and needs change, the RI requests a reassessment. In the event the provider is no longer able to provide the required level of support, appropriate notice is given. People and their representatives are kept informed and involved.

The RI and team of staff report concerns and safeguarding issues and demonstrate being open and transparent.

Leadership and Management

As this was a focused inspection, we have not considered this theme, in full.

Recruitment has taken place since the last inspection. The provider has the required staffing levels to ensure people's outcomes are consistently met. Individual supervision is provided to staff. The manager and RI are accessible to staff to provide support when required.

Notifications and referrals are made as required to the local authority safeguarding team and to Care Inspectorate Wales (CIW).

As part of quality assurance processes, the RI keeps records of reflections and learnings from events to further improve people's outcomes and future service provision.

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 |
| 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. | 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 |

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