



# Inspection Report on

**Positive Lifestyles Porthcawl Ltd**

**1 East Lodge  
Port Talbot  
SA13 2TL**

**Date Inspection Completed**

**16 & 18 August 2022**

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## About Positive Lifestyles Porthcawl Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Positive Lifestyles (Porthcawl) Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	23 January 2020
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are satisfied with the care and support they receive from Positive Lifestyles (Porthcawl) Limited Domiciliary Support Service. The service is well managed by an effective manager and has motivated staff. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Support staff are knowledgeable, respectful, and caring. Staff are supported and developed with supervision and appraisal at the required frequency.

Specialist equipment is in place and health referrals are made to promote peoples' health and well-being. People are supported with opportunities for them to take part in community activities.

The service provider has developed systems to enable them to capture people's views and has systems to develop person-centred information. The management team have put checks and processes in place to keep service delivery under review with quality assurance measures.

Improvement has been achieved with medicines, Responsible Individual (RI) visits to the service resulting in 6-monthly Quality-of-Care Reviews. Improvement is needed with amending the Statement of Purpose to include the area where the service is provided.

## Well-being

People have control over their day-to-day lives. People told us they get on well with staff and commented, *“The staff help me with what I want to do and when I want to do it”*. Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people they support and their families about what is important to them and how to best support them. Staff told us they feel well supported by the management team and commented, *“Positive Lifestyles give me great support”* and another commented *“I love working here, I would definitely recommend working for them.”*

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as consultants and nurses. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care at the service. Care workers receive appropriate training to support them in their roles. People are happy and receive support from professional staff who know them well and have good relationships. People who use the service told us *“staff help me to get things done and I get help from staff to make my care plan”*

People can do the things that matter to them when they want to do them. The service provides domiciliary support to people in the community. We saw that people take part in a range of meaningful activities available in the community. The manager told us people are supported and encouraged by staff as part of people’s personal plans. People told us they enjoy taking part in a variety of activities which includes activities of daily life such as shopping. This is reflected in people’s records.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People are familiar with the care workers supporting them and value the relationships they have developed. Care workers are recruited in a safe way and have a good understanding of safeguarding and whistleblowing procedures. The manager regularly monitors care workers’ practice to ensure they are providing safe, appropriate care. People supported by the service tell us they feel safe and secure.

## Care and Support

Policy, procedures, infection control measures and application of hygienic practices are in place. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures when needed. The service supports people to maintain a clean and tidy environment. Oversight of infection control measures are in place. The service has sufficient stocks of PPE.

People are provided with the care and support they need. Staff know people well through questions such as 'what we like and admire about the person', 'what is important to the person' and 'how to best support the person'. Personal plans and risk assessments are up to date and reviewed as required. Personal plans are developed in consultation with people, considering existing care and support plans provided by health and social care commissioners. Records of daily activity are recorded accurately and succinctly. Records show the service provider ensures medical advice and professional help is sought where needed.

There is an appropriate medication policy and procedure in place. Audits are in place completed by senior staff assisting people with their medication. Most people supported by the service, self-administer medication and have support when needed. Medication is stored securely in the person's home. Staff who support individuals to manage their own medication are trained and assessed as competent.

## Environment

The quality of the environment is not inspected as part of a domiciliary support service inspection, as care is provided in the service users homes. However, we made the following observations.

The office was damaged during a recent storm and the service is temporarily based in another office. This office was suitably equipped for the purposes of the day-to-day operation and management of the service. People using the service and employees can have confidence that their personal information was stored securely.

There were appropriate infection prevention measures in place with supplies of PPE available.

## Leadership and Management

The statement of purpose is fundamental to the service and must accurately describe the service provided and where it is provided. The service does not have this in place for an area it is currently providing a service. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment and care planning. The service is provided in line with the objectives of the Statement of Purpose which is regularly reviewed except for the improvement noted above. People gave us positive feedback about the care provided. Policies and procedures are in place and updated.

People can be assured that the service provider and management monitor the quality of the service they receive. Improvements have been made with the RI visiting the service to meet with people and staff. We looked at documentation that confirmed the RI conducts quarterly visits to the service for quality assurance monitoring. Improvement have also been made with the six-monthly quality of care report. We saw evidence the RI has good oversight of the service. There are systems in place to assess the quality of the service in relation to outcomes for people, which include feedback from people using the service and their representatives. Records show the service provider ensures oversight and auditing of care and support activities is carried out regularly. This is being overseen by the manager and RI.

The service provider has oversight of the financial arrangements and invests in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes.

There are enough staff on duty to safely support and care for people. Records show there are a mixture of experienced and new staff available, and this was seen during our inspection. People who used the service commented, "*I can rely on the staff to be there when I need them*". Staff are supported and developed with regular supervision and appraisal, but some records need updating. We were shown a training matrix, which includes mandatory courses as well as other relevant courses, which require updating. Staff team meetings were carried out at an appropriate frequency.

### 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
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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7	The provider is not compliant with Regulation 7 as it was providing a service in a footprint it had not registered to work in. It was registered to work in West Glamorgan which is NPT and Swansea but it was also working in Cwm Taf area footprint which covers Bridgend, RTC and was not registered to work there.	New
73	The responsible individual failed to visit the service in person to monitor the performance of the service in relation to its statement of purpose and to inform the quality of care review.	Achieved
80	The responsible individual has failed to ensure he has suitable arrangements in place to assess, monitor and improve the quality and safety of the service.	Achieved
58	The Responsible Individual failed to ensure regular auditing of the storage and administration of medicines.	Achieved

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