



Inspection Report on

Community Lives Consortium

Community Lives

Consortium 23-24

Walter Road

Swansea

SA1 5NN

Date Inspection

Completed 25/11/2022

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About Community Lives Consortium

Type of care provided	Domiciliary Support Service
Registered Provider	Community Lives Consortium
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	Click or tap here to enter text.
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are satisfied with the care and support they receive from Community Lives Consortium Domiciliary Support Service. The service has successfully steered its way through a challenging period of the pandemic and the difficulties this has caused. The service is well managed by an effective management team and has motivated staff. There is good 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 provide support to people. Support staff are knowledgeable, respectful, and caring. Specialist equipment is in place and health referrals are made to promote people's health and well-being.

The service provider has developed systems to enable them to capture people's views and has good 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. There are managers in place who are registered with Social Care Wales and a Responsible Individual (RI).

Improvement is needed with the frequency of reviews of personal plans and staff supervision and appraisal.

Well-being

People have control over their day-to-day lives. People indicated to us they get on well with staff. 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, *"we feel listened to and progression in the service is there if we want it," "we can have our voices heard" and "I am confident in our management team."*

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as social workers and nurses. This is also mostly 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 staff who know them well and have good genuine relationships. People who use the service indicated they were happy with support they received. Relatives told us *"They are marvellous, I couldn't ask for more from them to be honest, they take really good care of him and communication is excellent"* and *"I can honestly say that I have no issues with the care my brother has there at all, they are very good with him and keep in constant communication with me"*.

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 indicated to us they feel safe and secure.

People live in suitable accommodation, which overall, supports and encourages their well being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

Care and Support

People are provided with the care and support they need. Staff know people well through person centred questions such as 'what is important to me (the person)' and 'how to best support me (the person)'. Personal plans are developed in consultation with people, considering existing care and support plans provided by health and social care commissioners. Where people are not able to agree to their plans, relative consent is seen in care files, people are included where possible, and some marks seen to indicate people's signatures where possible. Records of daily activity are recorded accurately and succinctly. Records show the service provider ensures medical advice and professional help is sought where needed.

Improvement is needed with the frequency of reviews of personal plans as and when required but at least every three months. This is because in the sample of files seen by us many of these files did not contain the number of reviews required. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The services visited were clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people, and which are identified in their personal plans. There is good photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Throughout our visits on both days, we observed activities taking place facilitated by staff at each service. People indicated to us they enjoy taking part in a variety of activities such as going out for a coffee, shopping and attending local clubs. Relatives told us their family members are

encouraged to stay active and to do as much as they can for themselves. This is reflected in people's records.

There is an appropriate medication policy and procedure in place. Audits are in place completed by senior staff assisting people with their medication. We discussed with the RI the need to review the procedure for returns or disposal of medicines to the pharmacy. This was because this was not consistent during our site visits. People supported by the service are assisted to administer their medication. 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 is well established and 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 is stored securely.

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

Most premises visited were in a good state of repair and very homely for people. However, one service visited as part of this inspection clearly needed refurbishment undertaken and a plan was in place with meetings already having taken place to manage the disruption caused.

Leadership and Management

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 auditing of medication and health and safety. The service is provided in line with the objectives of the Statement of Purpose which is regularly reviewed. Policies and procedures are in place.

People can be assured that the service provider and management monitor the quality of the service they receive. The RI visits 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. The RI produces 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 includes feedback from people using the service and their representatives. Records show the service provider ensures oversight and auditing of care and support activities is conducted regularly.

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. The RI told us of planned investment in training for senior staff in outcome and support to identify high quality outcomes for people. The RI also told us about developing sustainable employment to improve employment pay and conditions for staff.

There are enough staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available, and this was seen during our inspection. However, a relative commented that *“there are enough staff, but they could do with more staff though.”* The service conducts a training needs analysis which is reviewed regularly. We viewed a training matrix which showed staff received appropriate training, but we discussed with the RI, the need to ensure this is updated with compliance figures maintained for each course.

Improvement is needed with supporting and developing staff with supervision and appraisal. The sample of records seen by us showed that not all staff received appropriate supervision and appraisal at the required frequency. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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.

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.

Regulation	Summary	Status

36	Not all staff members received an annual appraisal and some had limited amounts of supervision records. Ensure all staff receive regular supervision and annual appraisals.'	New
16	Not all people received a review of their personal plan as and when required but at least every three months. Ensure people receive a review of their personal plan at the required frequency.	New
16	Regulation 16 - Review of personal plans. The inspection established that there was not sufficient enough evidence to fully meet this regulation.	Achieved

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