



Inspection Report on

Positive Lifestyles Porthcawl Ltd

**CRESCENT DENTAL CARE
24 UPLANDS CRESCENT UPLANDS
SWANSEA
SA2 0PB**

Date Inspection Completed

24/01/2020

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Description of the service

Positive Lifestyles Porthcawl Ltd is a Domiciliary Support Service for adults located in a residential area of Porthcawl. Positive Lifestyles Porthcawl Ltd owns the service and the responsible individual (RI) is Mark Waters. Positive Lifestyles Porthcawl Ltd is registered to provide domiciliary support service in the Western Bay regional partnership area.

Summary of our findings

1. Overall assessment

People who are supported by Positive Lifestyles Porthcawl and their relatives are happy with the service provided. People are encouraged to make choices and decisions whilst being protected from harm. Individual's health needs are understood by staff, timely referrals are made to seek appropriate advice and guidance when needed. The agency works collaboratively with a range of health and social care professionals to help ensure people receive the care they need to remain as healthy as possible. Care workers are motivated, well trained, and committed to making a real difference in people's lives. Appropriate oversight by management requires some improvement to ensure monitoring is effective in addressing any issues or concerns in a timely manner.

2. Improvements

Following the previous inspection report recommendation, the Statement of Purpose (SoP) has been reviewed.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- RI visits.
- Quality of Care Review.
- Medication audits.
- Review of the Service User Guide.
- Developing an assessment tool and process.
- Complaints policy, process and recordings.
- Quality assurance policy.

1. Well-being

Our findings

People know and understand what care, support and opportunities are available and use these to help them achieve their well-being. People and their families who use the service were made fully aware of what it provided by the management team. When the service commenced, people were provided with a service user guide (SUG) which included emergency contact details, advocacy organisation details and information on how to raise a complaint or a concern. Discussions with people and their relatives confirmed that they were consulted on how best to support them and reported that they were active participants in the development and review of their personal plans. Relatives were positive about the service and the impact it had made on their lives and they told us *“I’d give the service 10 out of 10”, “we’ve been able to go away over night”* and *“our experience has been very positive”*. Therefore, people are supported to experience their rights and entitlements.

People are happy and do the things that matter to them. Staff were identified on a daily basis to be the person with responsibility to facilitate activities with people. People told us they like the activities facilitated by the service with one relative stating *“he gets involved, when they are able to motivate him”*. Another relative commented *“I’m able to relax as I know they know my son’s needs”*. Throughout the inspection, activities were enabled by staff who were keen to involve the person. Records showed that opportunities for people to engage in community activities and participation were consistently promoted and achieved. Throughout the inspection, staff were seen to actively interact with the person using their service and relatives of the person. We were told by one relative that the service *“required out-of-the-box thinking, that not every service would have been prepared, or able to provide”*. This engagement with relatives contributed towards creating a friendly family atmosphere with the service. Therefore, people benefit from doing things that are important to them.

People are able to communicate in the language of their choice, which is English. There were no care workers who spoke Welsh working at the service but the potential new soon to be appointed RI is a Welsh speaker and is keen to develop the ability of the service to provide the ‘Welsh Offer’. We were told that there were no people who used the service who spoke Welsh. We saw there was no bilingual information available at the time of the inspection. This included bilingual signage at the office and bi-lingual information to better meet the needs of those individuals who communicate in Welsh. This shows that whilst people are able to communicate in English, we recommended further work is required to meet the Welsh government strategy *“More than just words 2016 – 2019”*.

2. Care and Support

Our findings

People can feel confident that the service provider has an accurate and up-to-date plan for how the care is to be provided. We reviewed two files and found care documentation to be well organised, thorough and clear. However, we saw that assessments were not carried out by the service when people first started using the service. We saw that the services own personal plans reflected the care and treatment plans completed by the local authority. We recommended the registered person develop an assessment process to be used prior to the person starting to use the service. We saw that personal plans were clear with guidance for care workers on how to best support people. The documentation viewed by us was seen to be personalised to the individual and considered what was important to the person and how best to support them. We saw that care plans were regularly reviewed with goals and actions which were realistic and clear. The service has appropriate systems to provide staff with information to enable them to meet individuals care and support needs to support them to achieve the best possible outcomes.

The service provider has in place mechanisms to safeguard vulnerable individuals to whom they provide care and support. Records showed that risk assessments were detailed and developed to meet the needs of the individuals referred to. We saw that care workers benefited from effective recording of the risk and clear guidance for them to follow. We noted that risk to staff and people using the service was discussed in detail in both the supervision and team meetings. Staff spoken to were confident and clear on risk management procedures, trigger points and how to minimise risk. Therefore, the service provider has sufficient mechanisms in place to safeguard vulnerable individuals and protect them from risk of harm.

People are supported by a service, which mostly has safe systems for medicines management. We found that care workers had appropriate regular training in the management of medication and their policy was available which provided guidance to staff. We found personal plans highlighted the medication people received and these were accurately recorded. Discussions with staff showed they were clear on their responsibilities in relation to medication. This involved generally prompting and ensuring the safe storage of medication. We saw regular audits of administration of medication records were not completed by the service. We discussed this matter with the manager who agreed to address this as a matter of urgency. On this occasion we have notified the R.I. they are not meeting the legal requirements. We conclude that there are systems in place for medicines management but improvement is needed.

3. Environment

Our findings

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 space and facilities were of a sufficient standard. The office provided appropriate space and facilities for employees to work and there was sufficient space to conduct training and to hold meetings. There were desks to work on, lockable filing cabinets and cupboards as well as coffee making facilities.

There was limited on-site parking available to both staff and visitors. The office was welcoming and friendly.

4. Leadership and Management

Our findings

People are supported by the service, which has arrangements in place for the effective oversight of the service through ongoing quality assurance processes. Records showed that the registered person had a quality assurance policy and process in place, which included audits of care practices carried out in the service. There was limited evidence of meaningful audits carried out at the service. However, the policy seen by us would benefit from reviewing to ensure it was appropriate for the service as this was a generic policy and was not bespoke to the service. The manager provided us with the agency's monthly quality reports, which reported on areas that would usually be contained in audits. There is a need to align the quality assurance policy and process, auditing practices and the services own monthly quality reports. We discussed this matter with the manager who agreed to address this as a matter of urgency. On this occasion we have notified the R.I. they are not meeting the legal requirements.

We saw that the responsible individual (RI) had failed to visit the service in person to monitor the performance of the service in relation to statement of purpose and to inform the quality of care review. The RI told us that there were no systems in place to provide evidence that visits were logged and documented. We discussed this matter with the RI who agreed to address this as a matter of urgency. On this occasion we have notified the R.I. they are not meeting the legal requirements.

Records showed that the RI had failed to produce quality of care review report and arrangements were not sufficient to assess, monitor and improve the quality and safety of the service. We discussed this matter with the RI who agreed to address this as a matter of urgency. On this occasion we have notified the R.I. they are not meeting the legal requirements. We can conclude that people benefit from a service that has some quality assurances in place but there is a need to develop this process.

People have some access to information about the service to enable them to have an understanding of service provision. We were provided with the Statement of Purpose (SoP) and the Service User Guide (SUG), which accurately described the service being provided. Neither documents were available in Welsh. The SoP had been reviewed and updated in March 2019 and sets out the aims and objectives of the service and further detail of what the service provides. The SUG was produced using the same service used for developing the SoP and was a template form. This was not very accessible and user-friendly. The guide was not in plain language and in a format that reflects their needs, age and level of understanding for people who use the service. We discussed this with the manager and recommended that the SUG was reviewed to consider accessibility and user friendliness. People benefit from having access to information about the service but this does not enable them to have a clear understanding of the service provision.

People are supported by a service that provides appropriate numbers of staff who are suitably fit. Discussions with staff demonstrated that they had a broad range of knowledge and experience and consistently demonstrated a highly motivated ethos. Discussions with staff showed that a number of staff had worked for the agency for several years and provided good support and guidance to newer staff. This was confirmed to us by newer staff who told us they had received good support from their colleagues during their induction and following. Staff told us that they had spent time "getting to know" service users and their families. Family members told us "*we can now take a step back because our son has his support team*" and "*the staff have a can do attitude*". Another relative said "*there is little staff turnover, which gives the team a greater chance of developing their knowledge base and my son's particular needs*". These positive comments were supported by one social care professional who stated that "*the service are very focused on meeting outcomes and continue to make considerable effort to support individuals to develop their skills*". We viewed a sample of staff records and found all were well organised and demonstrated appropriate recruitment and induction processes were in place. Records showed that care workers had regular supervision and annual appraisal as set out in the regulations. Supervision records evidenced, training, development, safeguarding and included detailed actions and timescales. This was confirmed to us in our discussions with care workers. Based upon this we are satisfied that care workers are supported to be confident and competent in the role which enables them to contribute to the well-being of individuals using service.

The service has an accessible complaints policy and procedure and sometimes learns from complaints. We found that concerns and complaints had been mostly dealt with. However, staff did not confidently demonstrate a good understanding of how to respond appropriately to complaints. Records showed a limited number of complaints records and their responses were recorded by the service provider. We recommended the registered person ensure staff are made aware of the complaints policy and understand how to respond appropriately to complaints and record them effectively.

People are supported by a service, which delineates travel time and care time. We saw the responsible individual had systems in place to ensure staff were provided with a schedule of visits, which ensured that staff were provided with a realistic consideration of distance between one location and the next. Records showed staff were given sufficient time to enable care and support to be provided to people in accordance with their care plans. This was confirmed in our discussions with staff who went on to tell us that they mostly support people in their own home. Therefore, people are supported by a service that enables staff to deliver care within the individual's personal plan or the carer support plan.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None.

5.2 Recommendations for improvement

We have advised Positive Lifestyles Porthcawl Ltd that improvements are needed in order to fully meet the legal requirements in relation to:-

- Medicines (Regulation 58 (2)(c))
- RI Visits (Regulation 73(1))
- Quality of Care Review (Regulation 80)

We have not issued a notice of non compliance on this occasion, as there was no immediate or significant impact for people using the service.

We expect the service provider to take action to rectify this and it will be followed up at the next inspection.

We recommend:

- Review the Service User Guide, including the ease of reading, advocacy information and CIW information.
- The RI review and develop an assessment tool and process for people prior to entering the service.
- To ensure that the service provider has an accessible complaints policy and recordings process which identify and investigate complaints; keeping records relating to these complaints and analyse information relating to complaints and concerns; having regard to that analysis, identify any areas for improvement.
- Quality Assurance Policy and processes should be reviewed to ensure they reflect the processes of the agency rather than relying on the format supplied by the database used. In particular, auditing practices should be aligned with other already established reporting mechanisms.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. One inspector made announced visits to the service on 23 January 2019 between 9:00a.m and 5.00p.m and 24 January between 1:00p.m. and 2:00p.m.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We made one announced visit to the registered office of the service.
- We visited and spoke to three people in their own homes, three relatives and five members of staff.
- We spoke to three visiting professionals.
- We spoke to the Responsible Individual, service manager and other members of the management team.
- We looked at a wide range of records. We focused on the staff rota, staff training matrix, complaints recordings, statement of purpose, the quality of care review and two staff recruitment records and two people's records.
- We examined the statement of purpose (SoP) and compared it with the service we observed. The SoP set out the vision for the service and demonstrates how, particularly through the levels and training of staff the service will promote the best possible outcomes for the people they care for.
- We gave feedback about the outcome of the inspection to the Manager and the Responsible Individual the following day.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	Positive Lifestyles (Porthcawl) Limited
Manager	There is a manager who is registered with Social Care Wales.
Date of previous Care Inspectorate Wales inspection	18 January 2019
Dates of this Inspection visit(s)	23/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who intend to use their service. We recommend that the service provider considers Welsh Government's "More Than Just Words.... Follow-on Strategic Framework for Welsh Language Services in Health, Social services and Social care 2016-19".
Additional Information:	

Date Published 11/03/2020