



# Inspection Report on

**Community Lives Consortium**

**Community Lives Consortium**

**23-24**

**Walter Road**

**Swansea**

**SA1 5NN**

## **Date Inspection Completed**

02/05/2024

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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	25/11/22
Does this service promote Welsh language and culture?	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

Community Lives Consortium (CLC) Domiciliary Support Service is a large provider covering Swansea and Neath Port Talbot. The service includes Sessional Support Sessions and Supported Living Schemes.

People and their relatives are very happy with the care and support provided at the service. There is excellent information available for staff to understand how to best meet people's care and support needs. People have detailed personal plans in place which are reviewed regularly. There is a highly effective Responsible Individual (RI) and effective locality managers who are registered with Social Care Wales.

Improvements have been made since the last inspection such as support for staff with annual appraisals and regular supervision and ensuring people's personal plans are reviewed at least every three months. There continues to be robust evidence of positive joint working practice between CLC and health and social care services.

## Well-being

People have control over their day-to-day lives. People told us they get on well with staff and commented, *“I’m happy with everything, I’ve got no worries and have nothing to complain about”* and another commented *“I get support from staff to go on holiday, if it wasn’t for the staff, I would not be going”*. 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. This was seen by us and staff and people who use the service confirmed this. Staff told us they feel very well supported by the management team and commented, *“Managers appreciate what we do”* and another commented *“I get a lot of support from my manager and colleagues.”*

People get the right care and support to a very high standard. People and their representatives participate in reviews of their Personal Plan which are regularly reviewed on a three-monthly basis. People said their personal plans met their needs and felt care workers include them in the development of their plan. Records reflect referrals are made to a variety of healthcare professionals such as social workers 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.

Care workers offer companionship and highly creative support for people to do things they want. People’s relationships with others are considered during the development and review of their personal plans. These acknowledge the input people’s family and friends have in their care and support. The views of people’s representatives are regularly sought as part of the service’s quality monitoring process. People told us *“I’m very happy with his care, he’s well looked after”* and *“He gets very good care, I have no complaints or worries.”*

People are safe and protected from abuse and neglect. The service provider has robust 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 robust safe way and have a good understanding of safeguarding and whistleblowing procedures. People supported by the service tell us they feel safe and secure.

CLC is sector leading in using person-centred practices to deliver the best possible service to the people they support and use the commitment and skills of their staff and others to achieve this. Two examples of this include ‘locality change meetings’ which are a group organised by people with learning disabilities and their friends, families and staff members. And ‘Friends United Together’ who are five disabled people who are Directors of a Direct Payment (DP) Cooperative. They use DP monies to pay CLC as an agency to provide their support.

## Care and Support

People receiving a service from CLC speak very highly of both the management and care staff. Comments from people and their representatives include *“The staff are amazing, they help me with my shopping.”* and *“If it wasn’t for the staff, I wouldn’t get the chance to have a break.”*

People are provided with excellent care and support they need by staff who know them well. Personal plans are developed to a high standard in consultation with people, considering existing care and support plans provided by health and social care commissioners. People are supported to speak for themselves and contribute to the decisions that affect their lives. The information contained within people’s personal support files is very person centred and linked to national outcomes.

Reviews of Personal plans have improved and are completed at the frequency required. The review process is very robust with clear links to support documentation and links to support from others. Records of daily activity are recorded accurately and succinctly. There are excellent opportunities for people to access organised community activities such as coffee mornings and tenant live events. There is strong evidence of community participation. CLC facilitate a “locality change meeting” group which is organised by people with learning disabilities, friends and families and staff members to build stronger social lives of people by doing things that matter to them. Records show the service provider ensures medical advice and professional help is sought where needed. A visiting professional commented *“The service is excellent - I feel the service is person centred, accommodating to individual needs, care is flexible and lead by the person.”*

People are protected from abuse and neglect. Since the last inspection, policies have been reviewed to make sure they are relevant. Staff are aware these are in place to guide them. Staff have completed safeguarding training relevant to their role.

There is an appropriate robust medication policy and procedure in place. Audits are completed by senior staff assisting people with their medication. People supported by the service are assisted to administer their own medication. Medication is stored appropriately in the person’s home. Staff who support individuals to manage their own medication are trained and assessed as competent.

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 when needed and follow correct procedures.

## Leadership and Management

People have access to information about the service. There is an accurate and up-to-date Statement of Purpose and a guide to the service so people know what services they can expect to receive. This information is produced in a very easy to understand format to enable people with learning disabilities to understand this information. This is a real strength of CLC in ensuring they adapt their methods of communication to people they support. The relevant contact details are available to enable people to enquire about the service, make a compliment/complaint or to contact the relevant regulatory authorities. People tell us they know how to raise any concerns they may have about the service and are confident they will be listened to and addressed appropriately.

Robust systems are in place to regularly check on the quality of care and support. People are asked their views in a number of ways including via questionnaires, face to face visits and telephone calls. The Responsible Individual (RI) completes three-monthly reports after speaking with people and checking records. Audits of aspects of the service take place regularly and a six-monthly report is completed following a review of the service. Reviews of care are very robust with clear links to outcomes identified in support planning documentation.

The service provider has extensive oversight of the financial arrangements and investment 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 investment such as *“We will become a Disabled Persons User-Led Organisation, our Tenants Lives Group & Relative forum will be ready to represent 75% of Board membership in 18 months. User-led Change Teams are managing all Localities & networks using ‘What we Think’ surveys & Personal Plan’s with quality Outcomes.”*

People are supported by staff who are appropriately robustly recruited and trained. Recruitment records viewed show checks are conducted on care staff before they start work. Staff have or are working towards registration with Social Care Wales and follow the induction framework. Staff tell us induction is good and they have excellent support to make sure they are confident and competent in their role and using any equipment. Training records show staff have access to training relevant to the job they do in the service. Staff told us *“The training is very good at CLC.”*

Care staff feel supported in their role. They said the management are excellent and can be contacted at any time. They have access to an out of hours service if they require support when they need it. They have sufficient travel time between care calls and have regular discussion with the manager to make sure their hours of work are still suitable for them. One to one meetings with staff are taking place. Staff told us *“I get a lot of support from my managers and colleagues” and “I feel respected about my opinions and get good feedback when I do a good job.”* Support and development of staff is of a very high quality. There is

a plan in place to make sure all staff have regular supervision and an annual appraisal of their work. Staff meetings take place regularly and staff confirm they can discuss any issues with their manager at any time and feel listened too. Records of team meetings are succinctly recorded with clear actions and accountability.

### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
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.'	Achieved
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.	Achieved

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