Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Live Well Healthcare Limited

Regus Business Centres, Princess House, Princess Way, Swansea, SA1 3LW

01792732078

Date(s) of inspection visit(s): The inspection visits for this service took place between 19/08/2025 and 18/09/2025

Service Information:

Operated by:	Live Well Healthcare Limited
Care Type:	Domiciliary Support Service
Registered places:	0
Main language(s):	English
Promotion of Welsh language and culture:	The service provider is not meeting the Welsh language and culture needs of people and this requires improvement.

Ratings:

Well-being	Good
Care & Support	Good
Leadership & Management	Requires Improvement

Summary:

Live Well Healthcare is a domiciliary support service which operates from offices in Swansea. The service is registered to provide support for people in their own homes across the Swansea and Neath Port Talbot areas.

People receiving support from Live Well Healthcare experience Good well-being. They are consulted about their care and are listened to. People told us they receive care the way they prefer.

Care and support is Good. Feedback from people receiving the service was positive, and people told us care staff are friendly and competent. People and their families are involved in the development and review of their care plans and are consulted with for their views on the service to drive improvements.

Leadership and management requires improvement. At the time of the inspection there was no Registered Manager in post. Staff receive supervision but these are not completed within regulatory timescales. Staff appraisals and training compliance requires improvement. The Responsible Individual (RI) is committed to making the necessary improvements. The RI ensures there are governance arrangements in place for the continuous smooth running of the service.

Findings:

Well-being — Good

People experience Good wellbeing outcomes as they live healthily and safely and are supported to achieve their personal aspirations. People are involved in their initial assessment and the subsequent development of their personal plans. Personal plans seen are detailed and easy to follow, enabling care staff to meet their needs appropriately. People told us senior staff call in regularly to check all is going well and to review documentation. People were overall happy with call times and told us care staff were rarely late but if they were they would call to let them know. Communication between the service and people is good and people know who to call if they have any queries or concerns.

The provider ensures people are safe and protected from harm and abuse. All care staff complete a mandatory induction before starting to work with people and training is ongoing following this. This ensures they have the correct skills and knowledge to fulfil their roles. People told us they have a great rapport with the care staff who support them, and they feel safe with them. Up to date policies and procedures are in place to ensure the smooth running of the service. Staff spoken with have a good understanding of these, know how to report a concern and are confident the management would deal with these appropriately.

People are supported to develop safe and healthy relationships. People visited told us they usually have the same, regular care workers and they have developed good relationships with them. People were very complimentary of the care team, with consistently positive feedback about their friendliness and competence. Comments included *“The care is very good, I usually have the same people coming to see me”* and *“They treat me with dignity and respect, I’m very happy”.* Overall, there is good communication between people and the service which enables people to plan accordingly.

Whilst there are a small number of Welsh speakers receiving the service at present the demand to provide a service in Welsh is minimal. The provider will look at how they can provide an active offer of the Welsh language and culture should the demand increase in the future.

Care & Support — Good

People receive Good quality care and support designed in consultation with them, which promotes their personal outcomes. Prior to a service being provided, the service provider completes an assessment of need for people, ensuring they are able to provide a service that meets these needs. Personal plans viewed give a good oversight of the person and the support they need. People confirmed their involvement with the development of their personal plans and reviews. Risk assessments are in place which correspond to the personal plans.

People are protected from harm and abuse. Care staff have developed good relationships with people who told us they felt they could talk to the care staff if they had any worries. All staff receive safeguarding training. Care staff spoken with have a good understanding of their role and responsibilities to report any concerns about the people they support. The provider has policies and procedures in place that are reviewed routinely to ensure they contain up to date legislation.

Staff are kind, compassionate and caring, and provide care and support in a way that promotes people's wellbeing in line with their needs and preferences. We saw support provided in a sensitive and respectful manner, and interactions between people and staff were warm and considerate. During the inspection we visited several people receiving the service. Feedback about the care received was very positive. Comments included *"They're really pleasant, friendly and helpful",* and *"They're brilliant, I couldn't manage without them"*.

Good standards of hygiene practices are maintained through effective oversight from the provider. This minimises people's risk of infection. There is a comprehensive and thorough infection control policy in place which is reviewed annually. Staff receive training in infection control, and we saw the appropriate and pro-active use of personal protective equipment (PPE).

There are robust and effective procedures in place to manage medication in the service. We viewed Medication administration record (MAR) charts in people's homes and saw these are completed effectively with no gaps visible. Staff receive training in medication before administering medication to people. The service maintains good relationships with GP surgeries. One person was complimentary of the service, informing us that the service liaised really well with the local GP surgery and ensured they received an appointment when required.

Leadership & Management Requires Improvement

The leadership and management of the service requires improvement. The service provider has organisational arrangements, governance and oversight to ensure smooth operations and good-quality care. The RI is dedicated and approachable. They are visible in the service daily. Audits are carried out routinely. The RI visits people to obtain their feedback which is used to drive improvements within the service. Bi-annual quality of care reviews are completed by the RI, which gives an oversight of the performance of the service. However, outcomes for people may be compromised as a result of the service not having a Registered Manager at the time of the inspection and this requires improvement.

There are policies and procedures in place to support the service to run smoothly. We viewed several policies and they were detailed and reviewed annually. The service has updated the Statement of Purpose (SOP) which reflects the service well. A hardcopy of this is available in care files in people's homes alongside their personal plans.

People are supported by staff with the necessary expertise, skills, and qualifications to meet their care and support needs. We looked at staff personnel files and they contained the required documentation for safe and robust recruitment. This includes identification documents, previous employment reference checks, up to date Disclosure and Barring Service (DBS) checks and right to work information. The training matrix was viewed and a range of training is offered to care staff. Care staff receive supervision and appraisals which are supportive sessions. However, outcomes for people are at risk because staff supervision, and appraisals are not completed within regulatory timeframes. Additionally training compliance in some areas is insufficient and we expect the provider to make improvements.

Staff meetings take place as needed to ensure care staff are up to date with any developments in the service. Feedback from staff was mainly very positive, comments included: *"I feel very supported and valued in my role"* and *"it's a good place to work, I have enough time to do my job and I don't feel rushed".*

People are supported by staff who have sufficient time to provide care. Electronic call monitoring and records seen indicate care staff have sufficient travel time to get to their visits. Overall people confirmed that their call times were suitable to meet their needs and most of the time the calls would be at the designated time slot or at least within a half hour window.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People's outcomes are not promoted as staff supervision and appraisals are not conducted within regulatory timescales and staff training compliance in skin integrity is insufficient. All staff should have supervision and appraisal within regulatory guidelines. All staff require skin integrity training.	18/09/25
People's well-being outcomes are not being promoted as there is no Registered Manager appointed at the service. It is the responsibility of the RI to appoint a registered manager.	18/09/25

CIW has not issued any Priority action notices following this inspection.

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