

Lifetree Homecare Ltd

Lifetree Homecare Ltd

Inspection report

Unit 2, Woodside Business Park
Thetford Road, Ingham
Bury St. Edmunds
IP31 1NR

Tel: 01284330379

Website: www.lifetreecare.co.uk

Date of inspection visit:

16 January 2023

01 February 2023

Date of publication:

13 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lifetree Homecare Ltd is a domiciliary care service providing personal care to people living in their own homes. The service provides support to adults.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 59 people receiving the regulated activity of personal care, one of these people had a learning disability.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care records identified their choices and independence were promoted and respected. People confirmed care workers listened to what they said and encouraged and respected their independence

Right Care:

Prior to people using the service, their needs were assessed with the input of people and their representatives. These were used to inform the care plans. People's care records were person centred and guided care workers in how to provide person centred care and respect people's dignity, privacy and rights. People and relatives told us care workers were caring and respectful.

Right Culture:

We received positive feedback from people using the service, relatives, staff and other professionals about the how the service was well-led. The management team were committed to providing good quality care and continuous improvement. Lessons were learned when incidents happened to reduce future risks. People's feedback about the service was sought and acted on.

Risks were assessed and systems in place to reduce them. People received the support they required with their medicines and this was monitored. There were enough care workers to ensure people's visits were

undertaken.

Care workers received training to meet people's needs effectively. People's health and dietary needs were assessed and where support was required, this was provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 19 November 2021 and this is the first inspection.

Why we inspected

This comprehensive inspection was undertaken due to the service not yet having a rating since registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lifetree Homecare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave short notice of the inspection; this was to enable us to find out if the provider could facilitate the inspection using remote technologies.

Inspection activity started on 16 January 2023 and ended on 1 February 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We announced the inspection on 16 January 2023 and requested records to be sent to us securely.

We spoke with the deputy manager, care coordinator/executive director and the nominated individual on a video call on 25 January 2023. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We received electronic feedback about the service from 3 people who used the service and 9 relatives. We spoke with 2 people who used the service and 1 relative on the telephone. We also received electronic feedback about the service from 13 staff members, including care workers and supervisors, and 5 health and social care professionals.

We reviewed the care records of 5 people who used the service. We also reviewed a range of records including training, staff recruitment, policies and procedures and audits.

We fed back our findings of the inspection via video call on 1 February 2023 to the nominated individual, care coordinator/executive director and deputy manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to reduce the risks of abuse. This included policies and procedures and training for staff.
- Care workers confirmed they understood their responsibilities in reporting abuse and bad practice, known as whistleblowing. One care worker said, "I have been trained on how to identify and report abuse. I also feel confident to talk to the management about it as they always take any concerns seriously."
- Where there were concerns about people's safety, the service raised them with the local safeguarding team, who were responsible for investigating concerns of abuse. In addition, the service provided requested information to assist in safeguarding enquiries, where required.
- The minutes from a staff meeting held in November 2022, showed the policy relating to theft was discussed. Care workers were advised of their responsibilities in reporting any allegations or concerns, if received.

Assessing risk, safety monitoring and management

- People's care records included risk assessments and guidance for care workers in how risks were to be reduced.
- Feedback from people using the service and relatives confirmed they felt the service was safe.
- The service operated an 'on call' service, covered by the senior team on rotation. Care workers could use the on-call system if any emergencies arose for advice or action.
- Care workers told us they felt people using the service were safe and were aware of how to reduce risks. One care worker said, "We ensure doors are locked and keys are secured in key safes, if people ask to leave the door unlocked, we make sure they are sure they're comfortable to do this before we leave."

Staffing and recruitment

- The management team told us there were sufficient staff numbers to ensure all visits were undertaken. The management team told us they would not take on new people to use their service until they were assured there were care workers in place to undertake their planned visits.
- People told us there were no missed visits. Sometimes the care workers run late, and they were usually told. One relative said, "On the very odd occasion when an understandable delay has occurred, we have received a phone call to let us know. Having the daily care roster emailed to us really helps too."
- Records demonstrated care workers were advised to let the office know if they were running late so action could be taken. The service maintained records of late visits and actions taken, such as contacting people and/or actions to reduce future occurrences.
- Care workers told us there were enough staff to cover planned visits. However, this could be impacted

upon when colleagues were on leave or sick. The management team told us the office staff were trained in care and undertook visits, where required, to ensure people received their planned visit.

- Records demonstrated staff were recruited safely, this included the required checks on care workers prior to them delivering care. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were systems in place to reduce risks associated with the support people required with their medicines. This included policies and procedures, training and competency checks on care workers to ensure they were supporting people safely and in line with their care plan.
- Care workers confirmed they had been trained. One care worker told us, "Competencies are carried out and I have all the necessary training to do this safely. If there is a need for specialised training, the management will provide us with that prior attending the service user." Another care worker said, "We did multiple medication practicals with old boxes and a fake client on PASS (electronic system used) and I was shown and then observed checking the boxes and writing up on the app."
- Monitoring and audits of medicine administration records were undertaken. This assisted the management team to identify shortfalls and address them.
- Where people required support with their medicines, this was identified in their care plans and risk assessments.

Preventing and controlling infection

- Care workers received training in infection control, donning and doffing personal protective equipment (PPE) and there were policies and procedures in place relating to infection control and COVID-19.
- Care workers confirmed they had access to PPE, provided by the service.
- Monitoring of care workers wearing PPE was undertaken in observations of care workers in their usual work duties and feedback from people using the service and relatives, where appropriate.

Learning lessons when things go wrong

- Where incidents and accidents happened, lessons were learned to reduce future risks. These were disseminated to care workers in meetings and electronically.
- One care worker told us about how the service learned lessons and continually improved, "It's not always perfect, but the fact that we can all learn and improve shows me a very high level of maturity and professionalism."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people using the service, needs assessments were undertaken by supervisors with the input of the person and their representatives, where required. One person told us, "When I first started [supervisor] came out, stayed for two hours talked about what I wanted and what I liked, talked about everything." One relative commented, "The care was in place very quickly following a home visit by [supervisor], who was very polite, courteous and professional. Certainly felt like our [family member] would be getting well looked after."
- The needs assessments were used to inform people's care plans and risk assessments, which were reviewed if people's needs and preferences changed.
- Policies and procedures referred to legislation and good practice guidance, including National Institute for Health and Care Excellence (NICE) guidelines.

Staff support: induction, training, skills and experience

- Care workers confirmed they were provided with the training they needed to meet people's needs. Records showed training was delivered in subjects including moving and handling, safeguarding, medicines, emergency first aid and oral care. In addition, care workers received training in people's diverse needs, including mental health, dementia, disability awareness and autism awareness. One care worker said, "I am offered training in a variety of areas not just mandatory ones and I feel this allows me to support all the clients in a varied way."
- Care workers received an induction when they first started working for the service, this included training, which incorporated the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Care workers also shadowed more experienced colleagues prior to them working alone. The shadowing process was assessed, and feedback received by the management team to ascertain when care workers were ready to support people unsupervised. One person told us that new care workers sometimes attended their visits with the person's usual care workers to observe how their care was provided, "I am happy with that." One relative stated, "All staff are well trained. New staff shadow experienced carers, which is lovely for [family member] and them."
- The nominated individual told us how practical training was provided and guidance provided to staff, for example, on local sayings, for care workers whose English was not their first language. In addition, guidance was provided on the preparation of food and items which could be provided by relatives to assist their family members in their care, such as portable hair washing basins.
- Care workers received the opportunity to discuss their work practice, receive feedback and identify any training needs through one to one supervision meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with their dietary needs, this was included in their care records.
- Care workers were guided how to support people with their fluids, such as ensuring they had access to drinks during their visits.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records included information about their health care needs and the professionals involved in their care. One professional told us, "I have worked with Life Tree a lot recently and they have been contactable and very willing to utilise the therapy service to provide the best possible care and support for our mutual patients/clients. We have provided joint visits to the patient to allow us to be working from the same hymn sheet and the carers have been advised on, and acted on, the outcome of the visits."
- Where there were concerns about people's wellbeing, referrals were made, with the person's consent to health care professionals, or were reported to their family members, where appropriate. One relative told us, "Life Tree's carers are professional and well trained. They are highly conscientious with regard to administering medication and alerting us and or alerting district nurses when the need arises. They are quick to spot changes in my [family member's] presentation."
- People's needs relating to their oral health were recorded and daily records demonstrated support where required was provided.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care records identified people's capacity to make decisions. Care plans guided staff to ensure they asked for people's consent before providing care.
- Where individuals had been appointed to support people in decisions relating to health and welfare and/or finances, the management team checked this to ensure any decisions made in people's best interests were lawful.
- People using the service, or where required their representative, had signed their care documents to show they consented to their plan of care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive comments from people using the service and relatives about the respectful and caring care and support provided by the service. One relative told us, "All staff are deeply respectful and compassionate. The team are all well known to us and we know who is coming for each shift. We all love seeing them, they are always cheerful, kind and bring a breath of fresh air to the house." Another relative commented, "They are exemplary and couldn't be kinder if they were family... [Family member] gets on with the carers and they have a laugh and a joke."
- One person told us they had a good relationship with the care workers, in addition they often called the office, "Just for a chat, they are all very nice... speak with all sorts of people, think there are 7 in the office, they are all nice and have a chat with me. Sometimes speak to the manager."
- People's care records included information about their diverse needs and how they were met. One person said, "I have a care plan. Lifetree go above standards and are always happy to offer extra care and help in my home."
- The management team told us how they tried to match care workers with people and keep to a regular team of care workers to aid consistency. Most people and relatives confirmed what we had been told. One relative said, "We usually have the same couple, but when on days off replacement carers are also very good." However, one relative told us their family member received care from a range of care workers and changes in the rota did not give enough notice for them to make arrangements to accommodate.

Supporting people to express their views and be involved in making decisions about their care

- We received feedback from people using the service and relatives about how they felt included in how care was delivered. One relative said, "We cannot fault them for their diligence, professionalism, and kindness. From the very first assessment with the [nominated individual] here at home, to tailor a care plan to suit [family member's] range of conditions to the daily visits with the care team, we have felt supported, included and cared for."
- Minutes of a senior staff meeting in October 2022, showed how care plans were reviewed with the input from the person using the service and their relatives, where appropriate. A standardised format was used to ensure that people had the opportunity to participate in the planning of their care and advise if there were any changes that needed actioning. Where changes were identified, the care plans were updated where required.
- People's care records demonstrated senior staff had taken time to talk to people about their life and likes and dislikes. This information had been used to inform the care plan and gave care workers an understanding of the person and their history.

Respecting and promoting people's privacy, dignity and independence

- People's care records guided staff in how to ensure people's privacy and dignity. The care plans identified what areas of their care people could attend to independently and how this should be respected and promoted.
- One person told us how they felt their independence was respected and encouraged which made a positive impact and reduced the visits they required. They said, "I am getting more independent now... [care worker] helps me with what I cannot do for myself... Some days I cannot do things, [care worker] helps me when I struggle.... Help me with the jobs I cannot do they are wonderful."
- We received comments from relatives which demonstrated their family member's privacy and dignity was respected. One relative said, "They (care workers] always close my [family member's] door when [they are] in receipt of personal care." Another relative commented, "All the carers are very well trained and respect [family member's] modesty when washing [them]."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans included information about their person's specific health conditions and how they impacted on their daily life. The records included warning signs that care workers should be aware of which indicated a person may be becoming unwell, for example, associated with diabetes. This supported the care workers to respond to concerns about people's wellbeing.
- People's care plans included guidance for care workers how people's specific needs and preferences were to be met. These were kept under review and updated where required. One person told us when their needs had changed, "I called the office... they came and did a reassessment and we did a work around to make sure all was okay and safe." One relative told us, "We have had need to update the care plan, particularly for my [family member as their] presentation has changed. The team are always so approachable and there is no delay in inputting amendments to [family member's] needs."
- We received feedback about how relative's felt the care workers were responsive. One relative told us how their family member sometimes refused personal care support, "They see how [family member] is on the day, they [care workers] sit back have a chat and try again." They detailed how the care workers had listened to the relative and developed a routine to ensure the person received their care needs without forcing them. Another relative told us about the actions taken by a care worker when they had identified a change in their wellbeing, "The carer was so swift in noticing that [family member] needed emergency help... I believe [care worker] saved [family member's] life that night."
- People's care records included their interests and staff were guided in what the person liked to talk about, for example, one person's care records detailed their hobby and how they enjoyed showing care workers their collectibles.
- Some people required social support to go out into the community, where this was provided it was identified in the care plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included how people communicated and guided care workers on how to communicate effectively with them.
- The management team told us documents were available in accessible formats, such as larger print, if

required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, which explained the process when complaints and concerns were received. People told us they would raise a complaint if required. One relative told us, "We have had no need to raise a complaint. The office staff are very approachable and know that we could raise any concerns and feel confident that they would be attended to."
- Records showed concerns and complaints were investigated and responded to in line with the provider's complaints procedure. One professional told us how the service had, "Acted swiftly," and responded when a complaint was received, which included disciplinary action.
- Records demonstrated that any concerns were used to drive improvement in the service.

End of life care and support

- People's end of life decisions were recorded in people's records when they had chosen to discuss it.
- Where people had made the decision not to be resuscitated, their care plans guided care workers, where the documents were kept in their home to show they had made this decision. This ensured that, for example, emergency services, could be made aware of the person's decisions where required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Visits to people were planned to reduce care workers travelling long distances between visits. We received mixed feedback from care workers regarding if they felt enough travel time was provided. One care worker said, "I think there is enough travel time between visits and if more time is needed, I can always ask the coordinator to change bits." Another care worker commented, "Sometimes they'll add 10-15 minutes between the time of the calls but sometimes this will be forgotten... if I mention this, they'll adjust the rota slightly."
- The management team told us they allocated travel time where required and this was kept under review. Some visits to different people were nearby and did not require travel time. One care worker told us, "The company tries to give continuity to all customers therefore the runs are based on areas and have more customers in the same area."
- Care workers told us they felt the service was well-led. One care worker said, "The service is well-led. It's always nice and comforting knowing you have a good team to help, guide you and that you can talk to about anything." Another care worker commented, "[Nominated individual] is a lovely boss, [nominated individual is] so kind, friendly and welcoming. I feel comfortable around [nominated individual] and trust [them]." Another stated, "I am very happy working for this company... I feel supported and appreciated and I am grateful to work for a company that has these values."
- We also received feedback from people using the service and relatives about how the service was well-led. One relative said, "They are very approachable. We have experienced exceptional care from Lifetree, and I believe that management set an example that filters down through the carers." Another relative commented, "The service is very well led by [nominated individual] and [their] management team. We have had email and telephone contact with them all and have met most of them. They are very accommodating and professional."
- People told us they were satisfied with the service they received. One person said, "They are an amazing company with amazing carers. Thank you Lifetree for all you do for me I am extremely happy with you; you are a 5 star company."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy and procedure in place, which was understood.
- The management team explained the policy and when it would be used. Records demonstrated an apology and explanation of what had gone wrong was provided, where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place, they were not present at the time of our inspection. We spoke with the management team and they understood their roles and responsibilities. We received information of notifiable incidents, as required.
- The registered manager was supported by a newly recruited deputy manager and a range of staff, such as the nominated individual, the care coordinator who was also a director, supervisors and an administrator. The supervisors were responsible for undertaking assessments, care plans, care reviews, care workers spot checks and supervision.
- Care workers told us about how proud they were working for the service and were committed to providing good quality care. One care worker said, "The staff are so lovely, supportive, encouraging, enthusiastic, caring, funny and definitely people people."
- Care workers told us if they run late for visits, they always stayed for the planned time, unless the person using the service said they were to leave. One care worker said, "I stay for the full visit time unless the customers asks us to leave when all care needs have been met." Another commented, "I will always stay with the client for as long as they need me. If they have 30 minutes but I'm 10 minutes late, it doesn't mean I take off 10 minutes off their time. I'll make sure I'm there for their whole call."
- People told us they did not feel rushed, one relative said, "Life Tree perform every task required with extreme sensitivity and never make [family member] feel rushed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service, relatives, other professionals and staff were asked for their views about the service in satisfaction surveys. The results for these were analysed and actions taken where required. One relative told us, "We have had 2 opportunities to fill in feedback forms and have not had anything to be acted on."
- In addition to the surveys, people and relatives were also asked for their views in telephone monitoring, care review meetings and when care workers were being observed in their work practice.
- Care workers received the opportunity to discuss their work and receive feedback in group and one to one meetings and observations, known as spot checks. One care worker told us, "We are always having spot checks and we are attending the staff meetings because they are keeping us up to date with all the changes and allow another opportunity to discuss anything in regards to clients, training and support."
- The service operated a bonus system for care workers who received written compliments from people who used the service. This demonstrated the comments received from people using the service were valued.
- The majority of care workers told us they felt they could approach the management with concerns, and they would be listened to. One care worker said, "There is always time for us and the fact that the company has an open door policy helps a lot. It's reassuring that the management takes all feedback seriously." Another care worker commented, "I do feel listened to and I am really happy with how the office is set out with multiple people there to help."
- Staff received a handbook, which included information on their employment, requirements of their role and reference to policies and procedures they could refer to, such as receiving complaints and safeguarding.

Continuous learning and improving care

- There was an improvement plan in place which demonstrated continuous improvement. The management team told us they were always looking at how they could improve.
- A range of audits and monitoring systems were in place to assist the management team to identify any shortfalls, address them and learn lessons.

- The management team told us the electronic systems used for care workers to records the care and support provided were monitored. This enabled management to identify if people had not received a particular task set out in the person's care plan, and action could be taken.
- The minutes from a staff meeting in November 2022, showed staff were kept updated with the requirements of their role, including logging in and out of visits electronically and ensuring tasks identified were recorded appropriately. Visit times and the provision of care were monitoring and any issues identified actions taken.

Working in partnership with others

- The management team told us they had positive working relationships with other professionals.
- This was confirmed in feedback received from health and social care professionals. Comments included, "I feel Lifetree home care is very well led, with quality person centred care at the heart of their service," "I have had a good experience of Lifetree homecare, they have listened well to my advice and guidance and given good feedback when asked about how care visits were going," and, "The people at Lifetree have worked very well with me and we do a lot of joint working, where we listen to each other's views and work in the best interests of the people they are caring for. We have a lot of mutual respect for each other and treat each other as professionals, where we value each other's views and input."