

Lifetime Home Care Limited

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Inspection report

Harthill House, Woodall Lane
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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

Lifetime Home Care Limited is a domiciliary care agency in Harthill providing personal care to people living in their own homes. At the time of the inspection, there were 54 people receiving a service. 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.

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

People and their relatives told us they felt safe. The provider had effective safeguarding procedures and staff felt confident raising concerns. People told us their medicines were being managed safely and comprehensive assessments of need and care plans were undertaken.

Staff were skilled and had appropriate training. People told us the staff were very caring. They told us they were treated with dignity and respect. People and families felt listened to and felt confident raising any issues. We saw that where concerns had been raised, these had been actioned effectively.

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.

The service had a new manager in place who had applied to become registered manager. Staff told us they enjoyed their jobs and felt valued by the management team. Audits were taking place and spot checks were carried out to ensure staff provided people's care safely and in the way they preferred.

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

Rating at last inspection

The last rating for this service was good (published 16th September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below

Good ●

Lifetime Home Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a new manager who had applied to become the registered manager with the Care Quality Commission. This means that once registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 March 2020 and ended on 6 March 2020. We visited the office location on 6 March 2020.

What we did before the inspection

We reviewed all the information we held about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought information from the local authority. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with and emailed seven members of staff including the manager, supervisors, the owner and care staff. We reviewed a range of records. This included three people's care records and several medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider took appropriate steps to identify and manage risks to people using the service. People and their families told us they felt safe. One person told us, "I always feel safe and comfortable, the care workers are very welcoming."
- The provider had effective safeguarding systems in place. Staff we contacted had a good understanding of abuse. They were clear how they would identify signs and what action they would take if they had concerns about people's well-being. Training records showed that staff had received some initial safeguarding training and discussions took place with the manager about this becoming more frequent.

Assessing risk, safety monitoring and management

- The service managed risk effectively. Staff used risk assessments to help manage risk. We saw risk assessments around environmental risks as well as risks in relation to mobilisation, infection control and medicines.
- The provider had contingency plans in place to ensure people were supported in the event of emergencies.

Preventing and controlling infection

- Infection control was managed safely. Staff had received training and were aware of their responsibilities regarding infection control. People we spoke with had no concerns and told us staff wore appropriate gloves and aprons. One person said, "They always wear the gloves and aprons, they are always smart."

Staffing and recruitment

- We looked at recruitment and saw the service ensured appropriate recruitment checks and references were undertaken. However, we found a minor issue with the application forms. We raised this with the provider and they ensured the necessary changes were made immediately to the application forms, so all the required information could be captured.
- People told us they had consistency of staffing. One person said, "I have the same care worker, this makes the difference." Another person said, "The care worker is the same one I get, unless they are on holiday or ill." Most people were happy with the timing of their visits and confirmed there were no missed visits.

Using medicines safely

- Medicines were managed safely. One person told us, "They always give me my medication. This is done on time, no issues at all."
- Records showed that staff had received appropriate training in the safe handling of medicines and competency checks were carried out by senior staff.

Learning lessons when things go wrong

- The provider learned lessons when things went wrong. They learned from concerns that people raised and shared this learning with staff.
- Accidents and incidents were being recorded and we saw that these had been managed appropriately.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff completed assessments of need and care plans prior to people receiving a service.
- Staff regularly reviewed and evaluated care plans. People confirmed this saying, "Yes, they review them. They listen to what I have to say, during the year and if anything needs changing, they do it for me."
- Staff were aware of good practice guidelines and used them to support the delivery of care. People confirmed that they were involved in the planning of their care.

Staff support: induction, training, skills and experience

- Staff told us they received an appropriate induction and received training to confidently carry out their role. They told us they felt supported by the management and had the appropriate skills and experience to support people effectively. One staff told us, "Shadowing was a massive help, being able to see the actual jobs been carried out."
- Supervisors undertook spot checks regularly to ensure that the care being delivered was of a consistently high standard.
- People felt the staff that cared for them were skilled. They told us, ""They are so skilled. They know me, they know what and how to do things. This makes the difference." Another person said, "They are all spot on, all tasks done to a high standard."

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

- We saw the service supported people's dietary needs. One person told us, "The care workers make my meals, they are very good."
- Staff made referrals to external agencies for support and guidance as appropriate.

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

- People had access to appropriate healthcare and staff worked with other agencies to makes sure people's healthcare needs were met. One person told us, " They know me really well. If anything was wrong with me, they will be the first to contact the GP."
- People told us they had access to outside professionals should they need it. We saw evidence in care files to show professionals had been involved in people's care and referrals had been made to a range of health care professionals, when support was required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people

who may lack the mental capacity to do so for themselves. The Act 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 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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. The service was complying with the principles of the Mental Capacity Act 2005.

- Staff had received training in the MCA. The service was following the principles of the MCA. Although no one had required any recent best interest meetings, the manager was aware of their responsibilities and the need for decision specific mental capacity assessments.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were well treated and supported. People told us staff were caring. One person said, "They are excellent, nothing but brilliant. I really look forward to seeing them." Another person said, "The care workers are very good, we have a laugh together. They understand when I am in pain, when I have good days. They never get cross with me if I do not want to talk or engage."
- People told us they were well treated and respected. One person said, "The care workers are like family to me. They always give me respect and dignity at all times."
- We saw several thank you cards and compliments praising the staff team, this informed us staff were kind and caring.

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

- People and their families were encouraged to express their views and were consulted about their care. They told us they felt listened to. One person told us, "Yes, communication is good, they listen which is the main quality."
- Relatives felt their family members were well cared for and were involved in decisions. One family member told us, "They are sensitive, kind and truly caring. We are happy."
- People were invited to give feedback about the service and their views were analysed in the form of questionnaires.

Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring and treated people with dignity and respect. A relative told us, "We have a good team around my relative, they know him well. They know his likes and dislikes."
- Staff promoted people's independence. One person told us, "They also let me be independent where I can." All staff were aware of the need to maintain confidentiality and a confidentiality policy was in place.
- The provider had policies in place to guide staff around the of the importance of treating people equally and ensuring their rights were respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff planned people's care to ensure their needs were met effectively. Care plans were detailed and contained specific information about their individual needs and preferences.
- Staff treated people in a person-centred way. People told us their care plans were reviewed regularly. One person said, "I have a copy somewhere, it is reviewed by the office but my care workers look after me all the time. If I have any issues, they help me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- The service was aware of the AIS and how information could be improved, such as ensuring service user guides were available in bold print and large print. People told us communication was good at the service.

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 were supported to develop and maintain relationships. The service had befrienders who specifically supported people to access community facilities.
- Staff also supported people to maintain relationships with families and friends as much as possible.

Improving care quality in response to complaints or concerns

- The service was responsive when complaints or concerns were raised. People told us they knew how to raise concerns. We looked at the management of complaints and could see that the management addressed these effectively. We also saw evidence of quality assurance surveys taking place.
- People and relatives told us they could speak to the registered manager if they had any concerns. One person told us, "I have all the information. If I need to complain I will tell them, believe you me."

End of life care and support

- The service had a policy and procedure for end of life care and staff had received initial training. The manager explained that they were in the process of sourcing some additional end of life training and would look to have discussions around people's care preferences at the end of their life. We saw several thank you cards expressing gratitude from families, for the compassionate way staff had supported their loved ones at end of life.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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 positive culture at the service and person centred care was promoted. People received a high-quality service and were complimentary about the management. People felt the service was well led, comments included, "It's a smashing service, well run. Care workers are brilliant," and "It is a good service, I can recommend this service to my family."
- Staff told us the management was approachable and they felt well supported. They told us there was an open-door policy. One staff told us, "The management is very supportive, if you need anything they are always there. No matter what time it is there is always someone available to contact."
- The management team were approachable and friendly, and it was clear that they worked effectively together as part of team. Staff told us they felt valued and staff recognition certificates had been awarded. One staff said, "I don't feel like a number in a company I feel like a carer who stands out and I'm happy that I have such a supportive system behind me always raising me up."
- The service understood the duty of candour and were aware of their responsibilities.

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

- Managers were clear about their role and had a good understanding of quality performance. The service was transparent and appropriate notifications to safeguarding and CQC made by the manager.
- We saw evidence of staff supervisions taking place, in addition to spot checks. However, team meetings had not been taking place regularly, but plans were in place to improve this.
- Policies and procedures were available for staff to use as guidance in their day to day practice. However certain policies had not been updated and the new manager had already identified this.
- We saw evidence of audits taking place which meant they could identify what they were doing well and what they may need to improve. The registered manager acted to address any shortfalls following audits to improve the quality of the service delivered to people.

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

- The service engaged and involved people and families and worked in partnership with other agencies. The service had a newsletter and was keen to share information with people.
- The provider carried out service user satisfaction surveys to gain people's views of the support being

provided. Staff surveys were currently not undertaken and we were reassured that these would be implemented.

- Staff told us they thoroughly enjoyed their jobs and enjoyed making a difference in people's lives. One staff told us, "Management is amazing! I've never worked for such an understanding and supportive company."

Continuous learning and improving care; Working in partnership with others

- The provider used continuous learning to improve care. We saw learning shared with the staff team.
- We saw evidence of accidents and incidents that had been documented and actions taken. The registered manager analysed these and acted to reduce the risk of them happening again.
- The service worked well with the local authority and had developed good relationships with professionals.