

Live Long Live Well Ltd

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Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Live Long Live Well Ltd (also known as Heritage Healthcare Trafford and Cheshire) is a domiciliary care service which provides personal care to adults living in their own homes. There were 16 people being supported with the regulated activity of personal care at the time of our inspection.

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

A strong person-centred inclusive culture was reflected in all aspects of the service.

People experienced an exceptionally responsive service that was tailored to their individual needs and wishes. There had been some simple but innovative reasonable adjustments to promote people's independence and ensure their care needs were always met. Staff were attentive to people's preferences and suggested practical ideas to improve their quality of life.

People, relatives and staff praised the quality and leadership of the service. They felt the management team were friendly, readily available and supportive. The registered manager encouraged them to give feedback and suggestions, which were promptly acted upon.

People were placed at the heart of their care plans to ensure care delivered was person-centred. People were supported to plan for and have a dignified, comfortable death in their own home. We saw many examples of how staff went above and beyond to improve people's lives and work together with people to achieve the very best possible outcomes.

Systems were in place to ensure people were safeguarded from abuse. Risks to people were assessed, monitored and managed. Call timings were organised so there was enough time for people to have any support they needed with preparing and eating meals.

Value based recruitment was followed and there were sufficient staffing levels in place to meet people's needs. Medicines were administered safely. People were well protected by robust infection prevention and control measures. Incidents were reviewed, lessons learned, and improvements identified and shared.

All of the people and their relatives we spoke with praised the staff highly for their caring and kind natures. Many small acts of kindness and thoughtfulness made people feel happier and well cared for.

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.

Governance systems were robust and the management team analysed findings to continually make improvements to the service. Any issues with performance or quality were picked up straight away and acted on to prevent a reoccurrence.

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

Rating at last inspection and update

This service was registered with us on 1 April 2020 and this is the first inspection.

Why we inspected

Why we inspected This was a planned inspection based on the date the service was first registered

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?

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Live Long Live Well Ltd

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

The inspection team consisted of an 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The registered manager was also one of two directors of the provider company.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection. Inspection activity started on 30 June 2022 and ended on 6 July 2022.

What we did before the inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We also had contact with eight members of staff including the registered manager, director, franchise support manager and five care workers. We reviewed a range of records. These included three people's care and medication records, staff records in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

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

- The provider's systems and processes safeguarded people from the risk of abuse. Relatives told us their family members felt safe when they received their care. One relative said, "My [family member] fell in the night. When the carer found [person's name] in the morning, the carer stayed with them, phoned an ambulance and waited for us to arrive, the carer did not rush off to their next visit."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- Staff told us the management team took immediate action to minimise risks to people in response to concerns they raised. A staff member told us, "We are very responsive when there has been a change in people's needs and I always keep the managers informed if I am concerned."

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- People's needs were risk assessed thoroughly, monitored and managed by the provider working with them.
- Risks to people's well-being were assessed, recorded and updated when people's needs changed. Risks which affected their daily lives, such as mobility, environmental, communication, skin integrity and nutrition were clearly documented.
- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed if they occurred.

Staffing and recruitment

- There were enough appropriately recruited staff.
- The provider had an electronic call monitoring system that tracked all calls, to establish whether these were taking place on time and for the agreed duration.
- The provider ensured people's preferences were met and matched staff accordingly. New staff were introduced to people and their relatives before starting work to ensure people were both familiar and comfortable.
- The provider was passionate about values based recruitment, to ensure the staff employed had the right caring values, suitably qualified, and experienced to provide support and meet people's needs. This was reflected in the feedback received from people and their relatives. One person's relative told us, "They helped us from the beginning, my parents were adamant that they did not want any help, both are very stubborn. Their skilful approach allowed the carers to gently get themselves into my parents' home and provide them with the help they needed".

Using medicines safely

- There were systems in place for the safe administration of medicines. Medicines administration records we observed showed people received their medicines as prescribed.
- People and their relatives told us that, where necessary, care staff assisted them with their prescribed medicines. One relative said, "They [care workers] give dad his medication from his blister pack, there has not been any problems."
- Staff received training and regular competency checks to ensure they were administering medicines safely.
- The provider's quality assurance processes were robust and ensured safe medicines administration. A variety of detailed, regular checks and audits were carried out and the digital system alerted them to events such as late or missed medicines. This meant any issues identified could be immediately investigated and appropriately rectified.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- Staff had received training in how to prevent and control infection. A staff member told us, "PPE has never been an issue, the service is very considerate about the carers needs."
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

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

- Assessments were developed into a person-centred care plan, to promote people's independence wherever possible.
- Assessments considered people's medical history, medication, personal care, and their personal preferences about how they would like to receive their care and support.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- Staff had received the required training for their role.
- People spoke positively about the skills of the staff supporting them. The positive feedback demonstrated how staff applied their learning effectively. This led to good outcomes and supported people's quality of life. One person's relative said, "They [care workers] know what they are doing, my aunt has fallen a couple of times, they follow the correct procedures, calling the paramedics if required."
- Staff completed a detailed induction based on The Care Certificate, which 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.
- Staff also reflected positively on the training provided. One staff member said, "Training has always been key for this service, [registered managers name] always makes sure training is available for all of the staff."
- Staff received regular supervisions, spot checks of their work, competency checks and an annual appraisal of their work. A member of staff said, "The support I have received from the management team is amazing. I can speak to them privately about any personal concerns I may have."

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

- People's nutritional needs were met. Where care workers had a responsibility to prepare and provide food and drink for people this was always provided. Where required people were also left with drinks and snacks after their care had been delivered.
- People's preferences likes and dislikes, support needs and dietary requirements related to their eating and drinking were recorded in their care plan.

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

- There was a process in place for staff to report any changes to a person's needs. Care workers told us they would immediately contact emergency services if required and would also report any change to people's

needs to the office so swift action could be taken.

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.

- People's capacity to consent to care and treatment was sought before it was provided.
- Staff received training and understood the requirements of the MCA. Staff told us they asked for people's consent before providing support. A staff member told us, "I always make sure I get the clients consent before providing any 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 of 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

- People were at the heart of the service and staff were motivated to deliver high quality care by the providers' values, commitment and the training staff received. A member of staff told us what it was like to work for this service. They told us, "The managers are very passionate not only about the clients, but also the staff. They care so much about everyone and always will go out of their way if they can help you."
- People's relatives gave overwhelmingly positive feedback about the care their family member received and the exceptionally caring and considerate staff. One relative said, "'I trust them in the house with my dad. You only have to ask, and they will do extra things like put the washing on.'" Another relative told us, "The service has made an absolute difference. [Person's name] is desperate to stay in her own home. The service provides four visits a day and overnight stays when [person's name] is poorly."
- There was a strong person-centred culture which was reflected in all aspects of the service. There was a focus on ensuring people were supported to live well, and this care and attention extended to those they lived with and to their family members too. A relative told us, "I am impressed with their efficiency, they know what they are doing, I am confident with the way they care for my husband.". Another relative commented, "They [care workers] are very pleasant, they address [person's name] directly, ask if [person's name] is happy with the care. They explain what they are doing and allow [person's name] to take their time".
- People told us that staff treated them with kindness and respect. One person said, "They [care workers] will sit and chat and ask if there is anything else I need."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider paid particular attention to ensuring the most suitable staff supported each person. They 'matched' people and staff on a range of criteria and provided staff with assistance to ensure staff knew what people wanted.
- The registered manager and staff respected and promoted people's independence. Care plans were clear about what people could do for themselves. Spot checks reviewed how staff respected and promoted people's dignity and independence.
- People and relatives confirmed they had good communication with the service about their loved one's care. Relatives commented, "The manager always phones me back or responds with an email" and "There is good communication, the office always phones if the carers are running late."
- Confidential information was stored securely, and staff understood the importance of this. Access to the computerised record system was password-protected, each member of staff having their own log in and password via a secure app on their mobile phone.

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 of this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 needs were met in an exceptionally personalised manner. The service had gone the extra mile to find out what people had done in the past and tried to ensure people could continue to enjoy their hobbies and social activities. There was a particularly strong focus on improving outcomes for people living with dementia and for those living alone.
- One person used to be an accomplished musician but hadn't shown any interest in music for years due to suffering from periods of very low mood. With gentle encouragement from one of the care workers, over time this person started to gradually show an interest in music again. The care worker would spend time sitting beside the person at the piano and playing and singing with the person, which gave the person confidence to play again. The family of this person were amazed to see the person's mood and their dexterity improve, but also their communication.
- People received highly personalised care, which was continually adapted to meet people's needs. One person had periods of very low mood and had become isolated. The care workers were sensitive to their needs, provided constant reassurance, and this developed a trusting bond. This enabled the person to overcome a number of personal barriers and to access social activities in the local community. This person now attends a number of groups such as a local dementia friendly choir. This has given the person a sense of being part of a group and the community.
- The service was proactive and responded quickly to new issues as they arose. The service was contacted by a health professional who was very concerned about a person who was neglecting their personal care and refused to engage with other care agencies. The service carefully handpicked a small group of experienced care workers. With consistent support provided by the care workers over time, vast improvements in the person's health and wellbeing was noticeable, with the person gaining weight and accessing the community.
- Relatives told us how staff would go above and beyond for their love ones. One relative said, "They [care workers] read the situation, the dynamics of my parents' situation. They sit down and chat through any difficult situations, they listen to them." One person also told us, "Last Friday I was feeling low. My carer held my hand and I felt a lot better; I had a little weep and I felt better by the time she left. I have fragile skin, they are very careful, put on my creams very gently."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a highly personalised individualised care plan with detailed information for staff on supporting people. Care plans included information on people's care needs and preferences and how they

wanted to receive their care.

- People and their relatives praised the communication at the service. Access to care plans and records could be accessed online, which meant people and their relatives had access to live information. This was done securely using either a computer or mobile phone application.
- Highly personalised care plans were reviewed and changed in consultation with people and their relatives as soon as people's needs changed. One person's relative said, "There is good communication from the office, they always call or email any changes and they are easy to get hold of."
- The provider gave us many examples of where care had been highly personalised. We were provided with numerous examples. One example included, a family were struggling to find a care provider due to living in a rural area and only required minimal hours a day. The service agreed to take on this support package as they understood the person would be in crisis without care. The relative of this person told the service how much grateful they were to the service. "My parents are living life again and not just existing. The care provided has given them something to look forward to."
- The service was also very proactive in ensuring people who lived alone were not isolated. One person was admitted to hospital and the service was concerned about the person's partner as they were very upset. Without any hesitation the service made daily contact with the partner and built a trust with them and they would often go to the office for a coffee and a chat with staff.

Meeting people's communication needs

From 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 carers.

- Care records included information about people's individual communication needs. For example, any sight or hearing loss and speech difficulties and how staff could support the person to communicate their needs and wishes. For example, the service worked closely with a person who was visually impaired to ensure the person's home was safe for them to move independently as much as possible. This person's care plan clearly detailed how the person's furniture should not be altered, as this could lead to confusion and compromise the person's safety.
- Staff knew people very well, and they told us they modified the support to meet people's communication needs. One staff member told us, "Every client is unique, and I personally love that. I am always aware of how to communicate clearly with the clients I care for."

End of life care and support

- The provider focused on providing outstanding end of life care. They ensured that all end of life care plans were individualised and focused on people's specific needs. There was a rapid response to people's changing care needs and advice on care and support for people and carers at the times they need.
- The service previously worked closely with the palliative care team to ensure one person received personalised care at home. A compliment received by a person's relative states, "From the first minute I dealt with and the team it felt not only professional but also very courteous. All the family were very happy with the service and I would recommend anyone in a position that they need private care to use Heritage Healthcare. You made the final weeks with [loved one] a lot more manageable and comforting for the family. First-class. Thank you."
- A health professional was also positive about the service approach to delivering bespoke end of life care. They commented, "Family have been more than satisfied with the care and support provided by your service. Please can you extend my thanks to all of your team for the services you have provided, it has very much been appreciated." Another health professional commented, "I rarely get so involved with my patients discharge but to have found your company has been very fortuitous and I will be certainly

recommending your team."

Improving care quality in response to complaints or concerns

- The provider, registered manager and staff took a personalised approach to address any complaints or concerns.
- People were provided with the information they needed to make a complaint including external agencies they could report complaints to. Any minor issues raised, no matter how small, were logged, reviewed and a response provided to the person in accordance with the provider's complaints policy. This response was provided either in a written format, or, for minor issues via a phone call.

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

- The provider promoted a positive culture that was person-centred, open, and inclusive. Staff were committed to the values of the organisation. Staff said they strived to provide the best care possible to enable people to have active and fulfilling lives.
- People and relatives praised the quality and leadership of the service. One person told us, "They [management] are very receptive to my requests, if I have a hospital appointment and need to change the times of visits, they sort it out." A person's relative also said, "The service is excellent, brilliant, I can't praise them enough."
- Staff felt valued and supported by the management team and their colleagues. Comments included: "They [management team] do look after us, I feel very well supported and it's the best job I have ever had", "The managers really do care" and "The company has been brilliant with me, very supportive when I have needed them."
- Staff told us they were treated fairly in respect of their protected equality characteristics, such as disability, and their personal circumstances. A member of staff commented how the service had been very caring towards them during a difficult period in the staff members life.
- People and relatives were encouraged to give feedback and suggestions about the service during informal conversations with the registered manager, during spot check observations of care, annual surveys and during meetings such as care reviews, and through a well-known feedback website, with the care agency rated 9.9 out of 10.

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

- The registered manager recognised their responsibility to be open and honest with people and their relatives if things went wrong.
- There had been no circumstances in which the service had needed to exercise the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a visible, cohesive and capable leadership and management team at the service. The registered manager was also the director and supported by another director, who were active within the service. People, their families and staff told us they saw the directors and registered manager often and knew who they were.

- The registered manager and provider had the skills and abilities to run the service. There was a clear management structure and accountability within the service. The service was also supported by Heritage franchise whenever needed.
- The registered manager and provider completed a range of audits which included, medicine records, care records and daily reports, and incidents and accidents. Records showed if shortfalls were identified action was taken to prevent a reoccurrence.
- Staff told us the management team were mindful of their health and well-being. One staff member told us, "The managers are always doing their best to try and pay us carers more." This month the provider gave all staff a payment of £50 towards their fuel costs as a thank you to staff.
- The registered manager and provider were always looking to continuously improve the service. Plans were being discussed at the time of our inspection to recruit office staff to assist with the running of the service.
- The registered manager understood the requirement to notify CQC of significant incidents and events that occurred within the service, as required by law. They also acted on their responsibility for ensuring the service kept people's and staff's confidential personal information secure.

Working in partnership with others

- The service had effective, trusting working relationships with local health and social care professionals, which helped people get the all-round care they needed with the minimum of fuss. The service had received compliments from professionals.
- The management team and staff had worked closely and effectively with other health professionals to improve outcomes for people. We spoke with health professionals who knew the service well and received positive comments, such as, "I would like to say, that over the time I have had dealings with yourself and other staff at Heritage Health Care, I have been extremely impressed by your professionalism and personal approach to your clients."