

Lifestyle Care Services Limited

Lifestyle Care Services Limited t/a Home Instead Senior Care

Inspection report

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Date of inspection visit:
30 October 2023

Date of publication:
09 January 2024

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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.

About the service

Lifestyle Care Services Limited t/a Home Instead Senior Care is a domiciliary care agency providing personal care and support to people living in their own homes. The service is registered to offer support to older and younger adults, adults with learning disabilities, and people with mental health needs.

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 the inspection, 45 people were receiving support with personal care.

People's experience of the service and what we found:

Overall, the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture, but found a number of areas where improvements were required.

Right Support: In terms of consent to care, people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff focused on people's strengths and promoted what they could do. People were supported by staff to pursue their interests as part of their care plan. Staff communicated well with people. They also supported people with their medicines in a safe way.

Right Culture: The values of the organisation, management and staff helped people to feel included and empowered. People and those who were important to them were involved in planning their care. The managers evaluated and monitored the care and support people received and involved other relevant people such as relatives, in care planning. However, we found the systems used to monitor service delivery did not always record lessons learnt or consistently identify areas for improvement.

Right Care: Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff protected and respected people's privacy and dignity. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

For more information, please read the detailed findings section of this report. If you are reading this as a

separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 16 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Lifestyle Care Services Limited t/a Home Instead Senior Care on our website at www.cqc.org.uk.

During the inspection we found there was a concern with consent to care, so we widened the scope of the inspection to include the key question of effective.

Enforcement and Recommendations

We have identified a breach in relation to good governance. We also made recommendations regarding risk assessments and consent to care.

Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

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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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 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 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

The inspection was announced. 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 in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We contacted the local authority to ask for feedback. 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

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 5 people's care records and 3 staff records. A variety of records relating to the management of the service, including audits were also reviewed. As part of the inspection, we spoke with the relatives of 9 people who used the service and 2 care workers. A further 4 care workers emailed us feedback of their experience 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- The provider did not always learn lessons when things had gone wrong. Risk assessments and care plans had not always been updated to reflect incidents and the preventative measures which had been put in place.
- The incident records for 2 people who had falls in June 2023 did not have lessons learnt or preventative measures recorded. This meant the provider did not have robust guidelines that reflected people's support needs and helped to mitigate falls.

Systems had not been established to ensure lessons were learnt to help mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Overall, the provider assessed risks to ensure people were safe. However, for one person's care plan that directed, "Care pros to apply [medicated cream] to those areas to reduce the sore, irritated skin", there was no body map to indicate which areas the cream should be applied to or had been applied to. The medicated cream named in this care plan is flammable and requires a risk assessment, but this was not in place.

We recommend the provider ensure all risks are consistently identified, assessed and a risk mitigation plan put in place to help keep people safe.

- Notwithstanding the above, other care records indicated the provider did have appropriate risk assessments with mitigation plans in place. These included physical health needs, equipment, moving and handling, nutrition, skin integrity and medicines.
- The assessments and care plans were regularly reviewed and updated. Relatives told us, "They do regular reviews" and "We had a service review a couple of weeks ago, and I was surprised by the detail of it all. [Person's] condition has really improved with their help over the last 6 months."
- Risk assessments had been carried out in people's homes relating to health and safety and the environment to protect people and staff who provided care.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- People and their relatives told us they felt the agency provided safe care. One relative said, "[Person] is

definitely safe. They have the same carer who is really nice, and two new ones were recently introduced. They do exactly what needs doing and [person] is really happy with the consistency. They've all built up a relationship."

- The provider had systems and processes to help safeguard people from abuse including safeguarding adult and whistleblowing procedures.
- Staff had completed safeguarding training to help ensure they were able to recognise when people were at risk of abuse and how to respond to help ensure people remained safe.
- The provider had worked with other agencies to help protect people and investigate safeguarding concerns when these had been raised.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Staff said they had enough time to travel between care visit calls. Relatives confirmed care workers generally arrived on time and stayed for the agreed length of time. Comments included, "The managers monitor them with GPS so lateness is to a minimum" and "They always come within a minute or two of when they are supposed to come. If they were really late I would get a call."
- The provider used an electronic call monitoring system which identified if carers were late so this could be investigated and addressed.
- The provider operated safe recruitment processes. Recruitment had been a challenge, but the provider was working with various community partners to improve recruitment and were able to retain staff.
- Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staff completed an interview and began a 12 week mentoring programme to develop their care skills and to help ensure people are cared for by competent staff able to meet their needs.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff received relevant training and medicines competency testing to help ensure they were administering medicines correctly. The provider had appropriate policies and procedures in place.
- Medicines records were completed electronically.
- Medicines audits were carried out weekly to help ensure procedures were followed, and improvements were made as needed.

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- Staff had relevant training and were provided with personal protective equipment (PPE) such as gloves and masks to protect people from the risk of infection. People and their relatives confirmed staff wore PPE and followed good hygiene practices.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider was not always working in line with the Mental Capacity Act.
- The provider had a process for identifying and supporting people who lacked the mental capacity to consent to their care but was not always using this effectively.
- We reviewed how people consented to their care in 5 people's care records. We found 1 person had appropriately signed to consent to their care but there were no records to demonstrate they had consented to their movements being restricted through the use of bedrails and a lap belt.
- Another person's relative had signed to consent to the person's care, but there was no evidence the relative had the appropriate legal authority to do so.
- The provider had completed a capacity assessment for a third person to determine if they could consent to their care and found they could not. A relative then consented to the person's care but without any legal authority to do so.
- A fourth person's relative had consented to their care but only had the authority to do so for finances, which meant they did not have the legal authority to sign for matters regarding health and welfare.
- We raised this with the provider who began to address the consent to care issues immediately, and after the inspection sent us completed best interest decisions for the people we identified as not having appropriate consent for the care provided.

We recommend the provider consider and review their processes in line with current guidance regarding the MCA and take action to update their practice accordingly.

- In the fifth file we looked at, consent to care had been agreed and signed appropriately by the person who

had the capacity to make decisions around their care.

- The provider had an MCA policy and staff received training on the principles of the MCA.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- People and their relatives confirmed they were involved in care planning. One relative said, "[Person] was involved with the planning. We met with [named staff] and got [person] to answer questions about what they wanted. It was important for [person] to decide."
- Assessments included a good level of detail regarding people's background information and their likes and dislikes.
- Support plans were reviewed and the provider liaised with other relevant agencies to help ensure people's needs were met.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff completed annual training to keep their knowledge and skills up to date.
- People and their relatives told us that care workers carried out their duties effectively. One relative said, "I think they are quite skilled and well trained. I've not seen anything that I'm worried about." Another observed, "They are the only agency that have had proper autism training. The Oliver McGowan training (standardised training for learning disabilities and autism) has been very helpful to negate any myths around autism."
- The provider carried out spot checks to observe staff and provide them with guidance and support. They had regular team meetings and individual appraisals with staff to discuss their work.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- The provider carried out an assessment of people's nutrition and hydration needs. This included nutrition in relation to specific health conditions, along with food preferences, so staff had appropriate information when providing care.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The provider worked in partnership with family members and other health and social care professionals, including GPs, district nurses and the local authority.
- People were supported to live healthier lives, access healthcare services and support.
- People's healthcare needs were assessed and there was information about these for staff.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had systems for monitoring and improving the quality of the service but these were not always implemented effectively as the provider's systems had not identified the issues seen during the inspection.
- The systems did not clearly identify and record lessons learnt and what action the provider had taken to mitigate future risks.
- The provider had not identified all risks, for example the use of medicated flammable creams.
- Additionally care plan audits had not identified consent to care was not always sought or that best interests decisions had not been made and recorded appropriately where people could not give consent.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate service improvement was effectively managed. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, the provider undertook checks of risk assessments and care plans to help ensure information in people's care records were up to date and people's current needs were met.
- Medicines administration records (MARs) were audited weekly to check medicines had been administered as prescribed.
- People and their relatives knew who the managers were and felt able to raise concerns with them. They told us, "I have no complaints. A lot has been communicated to us, so I would know what to do if I had to raise concerns. I would feel confident with that" and "Even though the management is very busy, [the registered manager] gives me the time. We all get what we need and the staff are nice."
- Staff confirmed regular spot checks were completed to help ensure people received the support they required.
- The provider had a business continuity plan that provided guidance for a number of events that could impact on the continuity of care.

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

- There was a positive and open culture at the service.
- People using the service and their relatives told us they were happy with the agency and with the support they received. Comments included, "It is a good service, it seems personal, and tailor made. They match the carers quite well" and "I like how they spend time with [person]. They're friendly and they know how to calm

[person] down when they get riled up. They are also very responsive and reliable."

- The registered manager and nominated individual told us they tried to build a positive culture starting from when staff were recruited to help ensure they shared the agency's values and ethos. The registered manager had an open door policy and felt communication was key to providing a good level of support to people using the service and staff. Care calls were a minimum of an hour as the managers wanted to ensure the support they provided was holistic with time to observe, encourage and communicate with people and not just task based.
- Regular audits of the service helped to ensure people's needs were being met.
- The provider gave out a care professional of the year award at the end of year celebrations to acknowledge staff members' good practice and hard work. They also sent out regular thank you and birthday cards to the team. Staff confirmed they felt supported by the managers and told us, "We have a good staff coordinator who goes out to the clients quite regularly so we have good understanding of what people want" and "[The registered manager] is very approachable. They will listen and respond quickly."

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 provider understood their responsibilities under the duty of candour.
- The registered manager told us they always remind staff to report concerns as quickly as possible as managers are there to support staff and make sure people using the service are safe.
- There was a process to respond to complaints and concerns and for notifying CQC of any adverse events affecting the service or people.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The registered manager and the nominated individual who were actively involved in the day to day running of the service had appropriate qualifications and experience in care. They were supported by other office staff including a field care supervisor and a training co-ordinator.
- The provider had a range of policies and procedures in place to support staff in delivering a good level of care.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The provider organised a memory club for people living with dementia and their families. The club is open to people from the community as well as people who use the service. Community groups are also involved. For example, the Alzheimer's Association has attended. Dementia awareness and scam awareness are typical talks. There are also exercises and activities for people to engage in.
- Team meetings were held to share information and give staff the opportunity to raise any issues. Agenda items included safeguarding, incidents and training.
- Satisfaction surveys were completed by people using the service and the provider analysed the feedback so improvements to the service could be identified and made.
- The provider recognised people's diverse needs. Staff were from a range of cultural backgrounds and spoke different languages. Where possible, the provider tried to match people with staff from similar backgrounds who understood their needs. For example, people always had a choice of male or female staff to support them. The registered manager explained one person who could at times express aggression, responded much better to staff speaking with them in their own language. They also noted that people ate

better if their food has been cooked by staff who understood the culture and how to cook food the person they were supporting liked.

Working in partnership with others

- The provider worked in partnership with others.
- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.
- Additionally, the provider made use of community resources including housing associations, job centres and a local college to try and recruit locally within the community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons did not ensure systems were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)</p>