

Life4Ever H.C.S. 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Life4ever H.C.S. Ltd. is a domiciliary care service providing the regulated activity personal care, which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection there were 3 people receiving personal care using the service.

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

Systems and processes were in place to support people's safety. People's needs, including their safety were assessed and monitored. People were supported by staff who had undergone a robust recruitment process. There were sufficient staff to meet people's needs. Family members spoke of the reliability and good time keeping of the service. People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

People's needs were assessed and kept under review and reflected all aspects of people's care. People and family members contributed to the assessment process. People's health care needs were documented, and staff liaised with family members regarding people's health and wellbeing where required. Staff had the required experience, knowledge and training to meet people's needs, which was kept under review through ongoing assessment of their knowledge and competence.

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.

Family members spoke of the kind and caring approach of staff. Family members said they were involved in decisions about their relative's care and their views were respected by staff. New staff were introduced to people and their family members by the registered manager before they started providing support and care.

People and their family members were involved in the development and reviewing of their care and support package, and the care packages were tailored to reflect people's preferences. Family members were aware of how to raise a concern. Family members told us they had no concerns about the service.

The providers systems and processes monitored the quality of the service being provided. People's views and that of family members were sought through surveys, which were analysed and used to identify where improvements were needed. A range of audits were undertaken to monitor the quality of care provided. Staff were supported through ongoing monitoring and good communication, which included regular staff meetings to support the delivery of good quality care. The registered manager had undertaken training to support staff's development and attain certifications in care.

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 4 February 2021 and this is the first inspection.

Why we inspected

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

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.

Life4ever H.C.S 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

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

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.

Inspection activity started on 8 February 2023 and ended on 14 February 2023. We visited the location's office on 9 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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

We spoke with 3 family members about their relatives experience of the care provided. We spoke with the registered manager. We spoke with 3 care staff by telephone.

We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, policies and procedures, and staff the staff training and supervision matrix.

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

- Systems and processes were in place to protect people from abuse.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission. To date, there had not been a need to do this.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse, and were aware of who to report concerns to, both internally and to external organisations. A staff member shared with us their views about safeguarding, they said, "Protection against abuse by which, by insinuation of others to influence people to make decisions, by taking advantage of their situation."

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

- People were protected from risks associated with their care. Potential risks were assessed and kept under review to promote people's independence and safety.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.
- Environmental risks linked to people's homes were considered as part of the assessment process. For example, potential trip hazards. To further support people's safety, key information was recorded within people's records. For example, whether smoke detectors were installed and the location of gas and water valves should these need to be accessed by staff in an emergency.
- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge. For example, in the use of equipment to move people safely, first aid and food safety awareness.
- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the Care Quality Commission and the local authority. To date, there had not been a need to do this.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs. Staff told us they were provided with a weekly rota, which included sufficient time to travel between people's homes.
- Staff were recruited in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

- Staff undertook a period of induction, where they worked alongside experienced staff. Ongoing support was provided through a systematic approach to supervision and observed practice. This ensured staff had the appropriate support, knowledge and competence to promote people's safety and well-being.
- People told us the service was reliable and staff arrived on time and stayed for the agreed length of time.

Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines.
- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was required, people's records clearly identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff.
- Staff who administered medicine undertook medicines training and their competency was regularly assessed.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training about infection prevention measures, which included the use of personal protective equipment (PPE), such as gloves, masks and aprons. A member of staff said, "When I arrive at a person's home, I sanitise my hands and put on my PPE."
- People's assessments and care plans highlighted the importance of staff following infection prevention measures, which included hand washing and the use of PPE.

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

- People's needs were assessed before they commenced using the service to ensure their needs could be met. Assessments included consideration of protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs.
- Family member's told us the registered manager had visited them and their relative at their home, and had undertaken a full assessment of their needs. They told us the assessment included their views as to the expectations of the service and care to be provided.
- People's care needs were kept under review by the registered manager with the involvement of the person and their family member.
- Assessments of people's needs were signed by the person or their representative and the registered manager.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- Staff were supported to attain 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.
- The service had effective systems in place to support and supervise staff. This included one to one supervisions and observations of staff competencies. For example, in the use of equipment to move people safely. Staff told us they received feedback following these observations. A staff member said, "It's an opportunity to reinforce good practice."
- Staff undertook training in key areas to promote people's health and well-being, which enabled them to meet people's needs. For example, dementia awareness.

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

- People's dietary needs were considered as part of the assessment process and specific dietary information recorded. For example, tailored diets such as gluten free.
- Where people required support in the preparation and consumption of drinks and food this was detailed within their care records.
- People's care records contained personalised information as to people's likes for food and drink and included key information to ensure people had sufficient amounts to drink and eat. For example, by stating staff needed to ensure drinks were placed within reach of people, who could not independently make drinks for themselves.

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

- People's records provided information as to people's health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on the person's day to day life so as staff could provide the appropriate support and care.
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or district nurse. Staff liaised with family members who supported their relative in accessing health care services.
- Staff we spoke with had a comprehensive understanding of the needs of people, which was consistent with information held within people's care records.

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 make informed decisions were considered consistent with the provider's policy.
- People had confirmed and signed an agreement consenting to their care and support from Life4ever H.C.S. Ltd.
- The registered manager as part of the assessment process identified and recorded where a person's family member had an LPA (lasting power of attorney) for decisions relating to health and welfare.

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

- People were treated with kindness and compassion. A staff member told us, "I enjoy my work, I give my clients my full attention, and always checking if they need any further help."
- Family members spoke of the kindness and caring approach of staff. A family member told us, "I hear staff talking with [relative], who has limited speech, but it's lovely to hear them chatting away with [relative]." A second family said, "Staff really treat my [relative] with respect. It's like they're part of the family."
- People's care records provided information as to what was important to them, which included family members and their role in supporting with personal care.

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

- People were involved in all decisions about their care. A family member told us, "I'm very involved in care decisions, and it's important that [relative] has good quality personal care and looks kempt and cared for."
- New staff were introduced people by the registered manager. Family members told us this enabled them to meet people and talk about their wishes and care needs prior to them providing their personal care. A family member said, "The registered manager introduces new staff, they visit once or twice, and the registered manager ensures they know how my relative wants their care delivered before they do so without supervision."
- Family members told us staff kept them informed of any concerns they had regarding their relative's health and wellbeing. A family member said, "If staff have any concerns, they let me know."
- The registered manager provided information to people to support them should they need advice or support. For example, contact details for their local social services department and agencies who provide an advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. A staff member told us, "We always respect people's dignity. A person I support prefers their family member to provide intimate personal care, whilst I assist."
- People's care records emphasised the importance of promoting people's privacy. For example, staff ringing people's doorbells before opening their front door and entering their home.
- Staff encouraged people to be as independent as possible. People's care records contained clear information as to what people could do independently without the support of staff, and where support was required clear instructions guiding staff as to the support needed.
- The registered manager and staff were aware of the importance of keeping information safe and confidential and had undertaken training with regards to data protection and confidentiality.

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

- People's packages of care were personalised and tailored to meet their needs and included information as to their preferences. For example, how they wished their personal care to be provided including their preferred days for having a shower.
- Family members spoke positively about their expectations in receiving personalised care. A family member told us, "It was important to us that the service we received was just as we wished. We met with the registered manager who told us about the service they wanted to be provide, which was in line with our expectations of good quality care."

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 communication needs were considered as part of the assessment process and documented within their care records. For example, the importance of staff ensuring people were wearing their spectacles or hearing aids.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints. No concerns or complaints had been received.
- Family members we spoke with said they would speak with the registered manager if they had any concerns.

End of life care and support

- At the time of the inspection no one using the service was in receipt of end of life care. The registered manager was aware of the need to respect people's end-of-life preferences, including religious and cultural wishes and to document these within people's care records.
- The assessment of people's needs included reviewing whether people had DNACPR (do not attempt cardiopulmonary resuscitation) decisions in place, and where these had been agreed a copy was kept within people's care records.
- Staff had undertaken training in the provision of end of life care.

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

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people. A staff member told us, "The manager is very good, they respect everyone. They expect high standards of care, and people's care should be as you would like to receive."
- Staff were supported by the registered manager to provide good quality care. The registered manager on occasions worked alongside staff in the delivery of people's care, and provided supervision and appraisal of staff, which included guidance and feedback on the quality of care they provided. A member of staff said, "The registered manager carried out unannounced 'spot checks' to check the quality of care we provide, it's helpful we receive feedback so as we can make any changes to improve."
- Family members told us the registered manager sometimes provided care and support to their relative which enabled them to share first-hand feedback about the quality of care provided.
- Family members told us they would recommend the service. "I'd recommend without hesitation. The service is reliable and the staff are very caring."

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 was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law.

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

- Systems and processes were in place to monitor the quality of the care provided, which included a schedule of audits of people's care records.
- The registered manager analysed the results of audits undertaken in a range of areas. These included timeliness of care calls, information staff recorded within daily notes detailing the care provided to people and people's risk assessments and care plans. This enabled them to identify if improvements were needed so that action could be taken.
- Family members spoke positively about the management of the service. They told us any queries were quickly responded to by the registered manager who they had regular contact with.

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

- Systems and processes were in place to seek and receive feedback about the service.
- People or their family member were encouraged to provide feedback about the service, which included the completion of surveys. The results of surveys were analysed and individual comments were responded to.
- Staff spoke positively of the support they received. A staff member told us, "The registered manager is always available if you need to clarify anything or require advice and support."
- Regular staff meetings were held where information was shared about the development of the service, including training and any feedback received about the quality of the service being provided. A staff member told us, "The registered manager lets us know when a meeting is to take place, and asks us if there is anything we wish to discuss, which means they're prepared for the meeting in advance and able to give us answers to our questions."

Continuous learning and improving care

- The registered manager accessed resources to support them in providing good quality care. For example, they attended webinars with the local authority and were a member of the skills for care registered managers forum.
- The registered manager had gained qualifications to enable them to assess the knowledge and competency of staff so they could attain The Care Certificate award.

Working in partnership with others

- The registered manager liaised with local commissioners where required with regards to people's care and support.