

Good Life Care Limited

# Good Life Care Limited

## Inspection report

40 Stilemans Wood  
Cressing  
Braintree  
CM77 8GR

Tel: 07940373598  
Website: [www.goodlifecare.co.uk](http://www.goodlifecare.co.uk)

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16 March 2022  
28 March 2022

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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

Goodlife Care Limited is a domiciliary care agency. The service provides personal care to people in their own homes. At the time of our inspection, the service provided personal care to one person in their own home.

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

The care plan and risk assessments had been completed with the involvement of the person and their family. Whilst the service did not directly employ staff, the manager had processes in place to ensure staff had the skills, competencies required. The person's relative told us they felt their family member was safe when being supported by staff. They had not experienced any missed care visits and staff attended in the agreed timeframes.

People were encouraged to maintain their independence and make decisions. 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.

There were systems in place to monitor the quality of care provided and action was taken where areas of improvement were identified. The manager obtained feedback from people, relatives and staff and used this to drive improvements and develop the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 29 April 2019 and this was the first inspection.

### Why we inspected

This was a planned inspection based on when the service registered with us.

### 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 is 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 is well led.

Details are in our well led findings below.

# Good Life 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

The service had a manager registered with the Care Quality Commission. 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.

#### 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 the manager would be in the office to support the inspection.

Inspection activity started on 16 March 2022 and ended on 28 March 2022. We visited the location's office on 28 March 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection-

We spoke with the registered manager and two staff. We spoke to the relative of the person staff were supporting.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also sought feedback from a professional involved with 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

- People were protected from the risk of abuse. A relative commented, "I do think [family member] feels safe with staff they have some very complex phobias around falling and staff do well to reassure them." A professional told us, "Goodlife Care are responsive and do ensure safety as much as possible with the client."
- Staff had received safeguarding training and were confident in actions to take to keep people safe. A staff member said, "If I noticed any concerns, I would call the manager, if I was not happy, I would call the local authority."

Assessing risk, safety monitoring and management

- Care plans were completed with the person, relatives and person's case manager. Guidance for staff in how to reduce these risks was comprehensive.

Staffing and recruitment

- The provider had not directly employed staff and was using an agency provider. The provider used a consistent group of agency staff to support the person.
- The registered manager had systems and processes in place to ensure all staff providing care had the right mix of skills to make sure practice was safe, and they could respond to unforeseen events. They completed spot checks, worked alongside staff and provided regular supervision.
- The registered manager had assured themselves staff had been recruited appropriately to support people to stay safe. This included checking staff had disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of the inspection staff were not providing support with the administration of medicines.
- Medicine policies and procedures were in place to support the safe administration of medicines.

Preventing and controlling infection

- Risk assessments had been completed to prevent and minimise the spread of infections.
- Staff had completed infection control training.

Learning lessons when things go wrong

- Team meetings were held to discuss all aspects of the service with staff.

# 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 to ensure they could be met by the service.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received induction and training relevant for their role. Whilst this had been completed by the agency provider, the registered manager used spot checks, competency assessments and supervision to check staff had the required competencies needed to provide care.
- A relative told us, "For the most part yes I do think they are trained. We are still working on some things. My [family member] is extremely complex and there is still ongoing work we need to do specific to their care."
- A professional told us, "In most cases all our clients have a brain injury and getting experienced carers is an issue generally, but we have worked with Goodlife care to explain what is required and they have followed instructions and supported well. When there have been issues these have been addressed quickly and changes made."

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

- Care plans included information and guidance for staff on people's nutritional needs. The registered manager told us people's relatives currently prepared meals.
- Staff had received training in food hygiene to ensure the safety of any meals they may prepare for people.

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

- A professional said, "We have been using the Good Life Care Agency to support with some of our clients and found them to be very professional, knowledgeable and helpful. They responded quickly to requests and supported last minute rota cover. We have no concerns with them."
- The care plan detailed the person's involvement with other agencies and whilst relatives supported them with all healthcare needs, staff followed any guidance necessary.

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.

- Staff had completed MCA training as part of their induction and understood the importance of supporting people to make decisions.
- A multidisciplinary team meeting was held regularly to discuss all aspects of care and support provided.



# 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

- Staff had received equality and diversity training to support their understanding of people's needs and preferences and the care plan considered people's religious and cultural needs.
- A professional told us, "In most cases the carers have shown to be very caring." A relative said, "I find the service very good."

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

- A regular multidisciplinary meeting was held to discuss all aspects of care provision for this person.
- People were treated with kindness, respect and dignity. A relative told us, "They are very respectful."
- The care plan detailed how the person wanted their care to be delivered. For example, it recorded, "I would like you to talk to me and tell me what you are planning to do before each task."

# 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

- Care plans had information about people's specific needs, personal preferences, routines and how staff should support them to ensure their wellbeing.
- Care plans were reviewed regularly with a wider care team to ensure they were up to date and reflected people's current needs and wishes. A professional told us, "They respond to any concerns or changes quickly."

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 had been assessed to support staff to involve people in decisions about their care and support.
- Staff told us they used a communication book with the person. One staff member told us, "We use [person's] communication book to try to find out what might be wrong, we can go through the book until we show them what they want."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint if they were unhappy.
- There was a complaints policy and process in place.

End of life care and support

- There was no-one receiving end of life care during the inspection.

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

- Goodlife Care is a small service with only one package of care. The registered manager continued to work with staff to ensure quality of care was good.
- A relative we spoke with told us, "We were let down by a care company and I have to say Goodlife Care stepped in last minute and just got on with it. It was a very stressful time and I found them fantastically professional when they were called upon."
- Staff we spoke told us they felt well supported by the registered manager. One staff member said, "I feel really good working here and confident, I like this company. The manager does listen to us."
- A professional told us, "The service is managed in a very professional and courteous way and the manager understands the care needs of the clients and what is expected from the carers."
- The registered manager engaged regularly with staff through supervisions, spot checks and staff surveys.

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 their responsibilities of the duty of candour regulation.

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

- The registered manager carried out regular visits, which assessed the quality of the care provided to people. The registered manager checked the care plan and observed the practice of care staff; they also regularly visited the person.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with the person's relatives and key health and social care services to ensure good outcomes.
- Continuous learning was encouraged. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place.
- The registered manager linked with other care providers to keep up to date and share good practice.