

Lifetime Home Care Limited

# Lifetime Home Care Limited

## 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

The inspection took place on 15 August 2017. The provider was given short notice of our inspection in line with our current methodology for inspecting domiciliary care services. At the time of our inspection there were approximately 70 people using the service.

Lifetime Home Care Limited provides personal care and support to people living in their own homes. Care and support is co-ordinated from the main office which is based in the village of Harthill. The agency also provides befriending and domestic services.

Our last inspection took place in April 2015 when the service was rated Good. At this inspection we found the service remained Good.

The provider had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. People were protected from the risk of abuse and staff received training and were aware of the procedure to follow if they suspected abuse. People's medicines were managed in a safe way so that people were supported to take their medicines as prescribed. Care records contained information about risks associated with people's care. Clear guidance was available to ensure any hazards were reduced. Staff told us there were enough staff working with them to support people's needs. The provider had a recruitment procedure which helped them to employ suitable people.

The service was effective. Staff received training to do their job and felt the support they received was beneficial. Staff understood the principles of the Mental Capacity Act 2005 and involved people in their care and support. Some people required assistance to prepare a meal and this was provided. Care workers also left drinks and snack in easy reach for people. Health care professionals were involved when required.

The service was caring. Staff understood people's likes and dislikes and provided support in line with their preferences. Staff explained that they respected people's privacy and dignity by ensuring they knocked on the door when entering their home, and closing curtains when attending to personal care tasks.

The service was responsive. Care plans were person centred and staff ensured that people were involved in their care at all times. The provider had a complaints procedure and people felt able to complain if they needed to. People had confidence that any concerns would be addressed.

The service was well led. People who used the service, their relatives and staff, spoke highly of the management team. We saw systems were in place to ensure people received a good quality service. People had the opportunity to comment about the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Lifetime Home Care Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014'. This was a comprehensive inspection.

The inspection took place on 15 August 2017 and was announced. The provider was given short notice of our inspection in line with our current methodology for inspecting domiciliary care agencies.

The inspection was completed by one Adult Social Care 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.

Prior to the inspection we gathered and reviewed information about the provider. For example, we looked at notifications we had received from the provider and reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven care workers, the recruitment and training officer, a care co-ordinator and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We also looked at care records belonging to six people. We spoke with six people who used the service and three relatives.

# Is the service safe?

## Our findings

We spoke with people who used the service and they told us they felt safe with the care workers. One person said, "I feel very safe with them [the staff] and would tell them if I didn't." Another person said, "Yes I don't have any problems with them [the staff]."

The provider had a policy in place to safeguard people from abuse. Staff we spoke with told us they received training in this subject and knew what action to take if they suspected abuse. One care worker said, "I would look for signs of abuse such as changes in mood, or bruising and I would report anything I was concerned about to my supervisor." Another care worker said, "I would report abuse straight away and I know the managers would act on it immediately."

The registered manager told us they would keep a record of any safeguarding concerns and take appropriate actions to ensure people were safe.

We looked at care records belonging to people who used the service. We found that risks associated with people's care and support had been identified. We saw risk assessments had been devised to help minimise the risk occurring. For example, we saw risk assessment for things such as the environment, moving and handling, and using the shower. Risks assessments detailed the hazard, and what controls were in place to reduce the risk.

The provider had a system in place to ensure people's medicines were managed in a safe way. Care plans contained details regarding the medicines, dose and any side effects. Staff we spoke with told us they signed a Medication Administration Record (MAR) to show they had given people their medicines as prescribed. We saw some MARs which had been returned to the office to file. We saw these were completed fully. Care workers also wrote in the care record when medicines had been given.

Care plans also contained information regarding medicines which were prescribed on an 'as and when' basis (PRN). Care workers told us that they only administered medicines which were in a pharmacy labelled container or in a monitored dose system. This showed that staff gave medicines as prescribed.

People we spoke with felt they received their medicines as prescribed. One person said, "They [the staff] give me my tablets in the morning and then again in the evening. No problems." Another person said, "They [the staff] give me my tablets in the morning with my breakfast."

Staff told us there were enough staff working with them to support people's needs. Staff told us they would talk with the registered manager if someone's needs changes and they felt the persons care package required amendment. One care worker said, "Call times are good and there is enough time allotted to do the tasks required."

Electronic call monitoring was used to ensure people received the care package they had been assessed for. Care workers signed in to each visit using their mobile phone and a contact sensor which was situated in

people's homes. This showed on a monitor in the office that the care worker had arrived. It also highlighted the person's name in red if the care worker had not arrived at the property. The care co-ordinator could then check to see where the care worker was and ensure the call took place.

We looked at four staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with confirmed that they had to wait for the checks to be returned and satisfactory prior to commencing their post.

Staff we spoke with told us that they received an induction when they commenced employment at the service. This included mandatory training and shadowing experienced care workers.

We spoke with the recruitment and training officer about the induction process and we were told that new starters, who had not completed NVQ award previously then they were required to complete the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

# Is the service effective?

## Our findings

We spoke with people who used the service and they told us the care workers knew them well and were trained to do their job. One person said, "I think they [the staff] are very professional." Another person said, "They [the staff] are all well trained, even the new ones are." Relatives we spoke with also told us staff were trained. One relative said, "The staff are very understanding of people's needs."

Staff training was provided by a recruitment and training officer, who offered face to face training and eLearning. We spoke with the recruitment and training officer and found staff had received training in mandatory subjects such as safeguarding, moving and handling, medication, first aid and dementia training. We saw training records which confirmed that training was up to date.

Staff we spoke with told us they received training to carry out their role. One care worker said, "The training gives me confidence to do my role." Another care worker said, "We have yearly update which I have found useful as it is good to update your knowledge." A new starter told us that, "The induction has been brilliant, I am keen to start my role."

Staff we spoke with felt supported by the registered manager and the care co-ordinators. They told us they received supervision sessions on a regular basis. Supervision sessions were one to one meetings with their line manager, to discuss work related issues.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood the principles of the MCA and explained how they assisted people to make their own choice. We saw that care records had been signed by people who used the service or their representative. This was to ensure that the documentation reflected the person's needs and included their preferences.

We spoke with staff and they told us that some people they supported required assistance with meal preparation. This was to re-heat a commercially prepared meal or make a snack. One care worker said, "We always offer people a choice of what is available in their home." Another care worker said, "We leave drinks and snacks within easy reach, so people can help themselves in-between meals."

People had access to health care professionals as required. Care workers we spoke with told us they would



contact their supervisor or a family member if someone was unwell. We saw from care records that professionals such as the community matron and district nurses were involved in some packages of care. One care worker said, "I have contacted the district nursing service when someone's dressings required attention."

## Is the service caring?

### Our findings

We spoke with people who used the service and their relatives and they told us the staff were caring and kind. "One person said, "They [the staff] are what I call real carers. Nothing is too much trouble for them." Another person said, "The carers are very nice, thoughtful people." One relative said, "[My relative] has their own routine and the carers help them remain as independent as possible."

Staff spoke compassionately about the way they supported people. They told us how important it was to maintain people's privacy and dignity. One care worker said, "I always knock on the door and tell the person who I am, before entering their home." Another care worker said, "When I am assisting someone with personal care I ask the person how they would like me to help them. This ensures the person is involved." Another care worker said, "I treat everyone like they are my mother or father."

Care plans included an 'all about me' section which gave information about the person's life and important events which had occurred. Records also included people's likes, dislikes and preferences. For example, one person's care plan stated that they took pride in their appearance and likes to dress smart. Staff told us that they respected people's choices and supported them in a way that respected them.

We spoke with the registered manager who told us that care workers were encouraged to develop a caring, professional relationship with people. The registered manager told us that if they found that a relationship had not developed well; they would ensure that a change of care worker was provided to enhance the development of the relationship.

The service tried to ensure that people received support from a small team of care workers. This was to enable people to build up a relationship with the staff.

## Is the service responsive?

### Our findings

We spoke with people who used the service and found they received personalised care which met their individual needs. People told us they were involved in care planning. One person said, "I have a care plan and I am fully involved in it."

Prior to people receiving care and support from the provider, they were visited in their own home to establish what their needs and wishes were. People were then involved in drawing up care plans to ensure they were person centred.

We looked at a selection of care plans and found they were comprehensive and detailed to ensure people received care and support in line with preferences and needs. For example, one care plan informed care workers that the person had a chronic heart condition. The care plan gave instructions on what signs to look for and when to administer the person's medication. It was also clear about when to call the emergency services. Another person had a care plan regarding anxiety and how staff could help to reduce this by chatting with the person. Staff we spoke with were knowledgeable about people's care plans and how they were required to deliver their care.

Where appropriate care plans included information regarding social activities people liked to engage in. For example one person enjoyed going shopping, visiting the cinema and swimming. This person was assisted to access these activities. Staff we spoke with told us they liked to talk to people about their interests and hobbies and incorporated these topics within their care plans.

The provider had a complaints procedure and people were given information about how to raise a complaint. People had contact numbers for the office and who to contact out of hours. The provider kept a record of complaints and compliments. We saw that concerns raised were followed up in line with their policy and action was taken to resolve the issues. The provider used complaints to learn how they could change things in the future.

We spoke with people who used the service and their relatives and they told us they knew how to raise a concern if they needed to. One person said, "I have never had to complain about anything." Another person said, "I have no complaints at all." Another person said, "I have never complained, but it would be nice if they let me know when they are going to be late."

## Is the service well-led?

### Our findings

We spoke with people who used the service and they told us the management team were very helpful and approachable. One person said, "The owner bends over backwards to help. We are blessed to have them [the provider] and would promote them to anyone." Another person said, "They [management staff] are always there if you need them. Very helpful and I have nothing but praise for them." One relative said, "They [the management] are helpful. I only have to ring them and they sort things straight away. If I call in the office they are all nice and polite."

At the time of our inspection the service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff felt supported by the management team which consisted of the registered manager and care co-ordinators. One care worker said, "There is always a friendly feel when you come in to the office, everyone talks to you, asks if you are alright. It makes you feel at ease to raise anything." Another care worker said, "There is always someone at the office who you can contact if you need to. They are all really helpful." Another care worker said, "The office staff and manager are always friendly and approachable. They would action any problems straight away."

The service conducted spot visits to observe staff interacting with people. These were unannounced and carried out on a regular basis. This helped the management team identify if the care worker was working in line with the person's care plan. It also ensured that people were receiving a good quality service. Things such as wearing the correct personal protective equipment (PPE), the care workers approach and administering medicines in a safe way, were checked. Following the observation the care worker received feedback, which helped them to develop and reflect on their practice.

Quality surveys were sent out to people who used the service, their relatives and professionals on an annual basis. This was last completed in June 2016. We looked at the comments raised by people and found they were very complimentary of the service they received. Comments included, 'Carers are considerate and respectful. [My relative] sings their praises,' and 'We are satisfied with all care given,' and continue as you are.'