

Lifeline Homecare Limited

# Lifeline Homecare - Frome

## 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

Lifeline Homecare – Frome is a domiciliary care service providing personal care and support for people living in their own homes, the service is provided in parts of Somerset and West Wiltshire. At the time of the inspection they were providing personal care for 140 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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.

People received care and support that was safe. The provider had a robust recruitment programme, which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in recognising potential abuse and how to raise concerns. Medicines were managed safely. Staff were trained in administering medicines and their competency checked regularly.

People received effective care and support that was focused on the person. There was a consistent staff team which meant people had regular care workers whom they knew well. Staff received mandatory training as well as training specific to people's individual needs. Staff demonstrated a good understanding of people's needs and how they preferred to be supported.

People were supported by caring staff who respected their independence and supported them with dignity and respect. People told us staff were caring and often went above and beyond what was expected of them. For example, one person told us how staff helped them in their garden if they had time.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes. One person told us how they maintained control over the care and support provided. They said they discussed their care plan and the staff they were supported by regularly with team leaders or the registered manager.

There were systems in place to monitor the quality of the service provided, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from issues raised.

People and staff spoke positively about the registered manager. Staff said they were valued and supported

by the registered manager and provider.

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

The last rating for this service was Good (published 1 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Lifeline Homecare - Frome

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience who made telephone calls to people who received personal care. 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:

Lifeline Homecare – Frome is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means 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 that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 28 August 2019 and finished on 29 August 2019. We visited the office location on 28 August 2019. On 29 August 2019 we visited people in their homes and spoke with care workers.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We visited four people who used the service and spoke with three relatives. We also spoke with 13 people and two relatives over the phone about their experience of the care provided. We spoke with seven members of staff including the registered manager and 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 seven people's care records, four of which were current records kept in people's homes, and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do feel safe with Lifeline, my family have never been so relaxed." A relative told us, "I do feel they [people] are safe. I can go away now and not worry. I know they are in good hands."
- The registered manager and care workers understood their responsibilities to safeguard people from abuse and what actions to take to protect people.
- Records showed care workers had received training in how to recognise and report abuse. We saw examples of where they had raised concerns and they had been managed immediately by the registered manager.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their needs. These included the actions care workers should take to promote people's safety and ensure their needs were met. They included guidance on how to minimise risk to people especially when using equipment.
- The service helped people to stay safe in their homes. For example, records showed care workers checked people were wearing their personal call alarm before they left.
- One person at risk of developing pressure ulcers told us, "Since I have been with Lifeline I have had no skin/pressure area problems. They [staff] are really good at keeping an eye on that part of my care."
- There were systems in place to protect staff from harm. Initial assessments identified if there were any risks around the property, location or pets.

Staffing and recruitment

- People were supported by enough staff to meet their needs. People were sent a rota to tell them which member of staff to expect. People told us staff were usually on time and often stayed longer than the allotted time.
- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.
- Staff told us they were always given enough time to carry out the care and support required and plenty of time to travel between visits.
- People told us they had a consistent team of staff who they knew and trusted. One person said, "I have the same regular carers which is really good because you can bond with them." Another person said, "I have my three regular carers, so we have got to know each other very well. They are very friendly"

Using medicines safely

- Some people were assisted with medicines as part of their care package. Where this was needed it was carried out safely. One person said, "They [staff] make sure I take my medication in the morning. Which is good because I am bound to forget."
- All staff administering medicines had received relevant training and were assessed as competent.
- Clear risk assessments and agreements were in place to show how and when assistance was required.
- Some people required time specific medicines. Where this was identified, care visits were arranged to ensure the medicine was given at the right time to be fully effective.

#### Preventing and controlling infection

- All staff spoken with were aware of the importance of minimising people's risk of infection when providing care and support. All staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- During our home visits we observed staff using PPE appropriately.
- People told us staff wore gloves and aprons when required. One person said, "They [staff] know when they need to take precautions. Never known them not to."

#### Learning lessons when things go wrong

- Accidents, incidents and complaints were analysed to look for trends or ways to prevent a recurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.



# 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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 received a service. Where appropriate, families were involved in planning and agreeing the level of care and support people needed.
- Following the assessment, a full plan of care was put together with the person or a family member if necessary.
- People told us how they had been involved in the initial assessment. One person told us, "It's a long time now but I know I was involved, and then we read the care plan together to make sure it was right for me."
- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture and religion, which was recorded in their care plans.

Staff support: induction, training, skills and experience

- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and training relevant to people's needs.
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred.
- All the staff we spoke with had worked for the organisation for a number of years. However, the register manager told us the induction for new staff was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- New staff worked alongside regular staff before they worked alone. If a member of staff had not visited a person before they worked with the person's regular team to get to know their needs. One person said, "If there is someone new, they always send them with an experienced one to show them the ropes."

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

- Some people needed help with eating and preparing meals. People told us they choose what they wanted to eat and staff either helped them prepare it or did it for them. One person said, "There is plenty in the freezer, they ask me what I want and then they cook it for me. Never leave me without a drink and some nibbles."
- Care plans prompted staff to ensure people had access to sufficient fluids or snacks when they completed their visit. People told us staff always made sure they had a drink and snack to hand before they left.
- Where necessary, staff recorded how much people had eaten and drunk in people's care plans. This meant the information was available for other staff who visited the person or their relatives.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live

healthier lives, access healthcare services and support

- Most people managed their own appointments with healthcare professionals. However, staff told us they would highlight any concerns to senior staff and would telephone for professional support if they were concerned.
- The service worked closely with other health care professionals to ensure effective outcomes for people. For example, they liaised with the community nursing team when necessary and helped people attend appointments if they required the support.
- The registered manager told us how they supported one person to visit health care professionals as part of their care package as their family did not live locally.

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 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 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.

- At the time of the inspection two people receiving care or support were being deprived of their liberty under the Court of Protection. This had been arranged and agreed by their social worker. The registered manager was aware of their responsibilities in supporting these people.
- Staff were aware of how to support people who lacked the capacity to make decisions.
- When a person lacked capacity to make a specific decision, a best interest meeting was held with professionals and relatives with authority. Decisions made on behalf of the person were then recorded in their care plans.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- During our home visits we observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good understanding of what people liked to talk about and their preferred routine. One person told us, "I am disabled, and they help me all they can. The disability never gets in the way of them seeing me as a person, we have a good laugh."
- People were relaxed and cheerful in the presence of staff. We observed a very comfortable, friendly banter between people and staff. One person said they looked forward to a specific member of staff arriving as they knew they could have a laugh.
- People spoke highly of the care workers. One person said, "I couldn't ask for better." A relative told us, "[The person] has dementia and the important thing for me is they [staff] always engage with him they never patronise him or talk down to him."

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

- Staff enabled, and actively, supported people to make decisions about their care. They knew when people wanted help and support. One person told us, "I have been with them so long now they know me better than I know myself sometimes. They seem to know what I am thinking."
- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed. One person told us, "The care plan is in the book and someone discusses it with me every now and again." A relative told us, "We are always involved if the package needs changing or updating."
- A record of compliments was also kept and shared with staff. Compliments received included, "Everyone we met was unfailingly kind and understanding, efficient and professional." and "Without your help, care, kindness and devotion she would not have been able to stay in her own home."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect with staff remembering to close doors and curtains before providing personal care. One person said, "They [staff] always knock on the door before they walk in then they call out and let me know who it is. They make sure the curtains are closed and close the door."
- People were supported to be as independent as possible, one person told us how staff ensured they remained as independent as they could however were there to support them when they needed it. They told us, "They [staff] let me do what I can for myself and help me with what I can't do." Another person said, "I am adamant that I retain some independence, so I went for training on how to 'self-hoist' and they support me

in doing that for myself."

- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 received care and support from staff who understood their needs, preferences and interests, this was because there was a consistent team who visited the same people regularly.
- Staff gave people choice and control over how and when their care and support was provided. One person told us, "They [staff] come every morning at 7am which is when I told them I like to get up." Another person said, "Pretty well stick to the times I want."
- All the care plans reviewed were written in a person-centred way. They contained clear guidance and instructions for staff about how to meet the needs of the person.
- Regular reviews of care plans were completed with people and their views on their care and support sought. One person said, "I have a care plan, and someone comes around regularly to see if it needs changing or not." Another person said, "I have a care plan, and someone comes around and discusses it with me."

- Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs were identified and recorded in their care records. If people needed support with information in alternative formats this could be arranged.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people in their care plans.
- People said they were happy to raise concerns or complaints if they needed to but told us they did not have any complaints. One person said, "I know who to talk to they [managers] are all approachable. I would either phone the office or go around there to see them. I have raised concerns over the years, they always get resolved." Another person said, "I know who to talk to, but I don't have any complaints."
- Complaints and concerns had been reviewed and action taken. The registered manager had responded to people's concerns within the time scales of their policy and procedure and learning had been put in place.

End of life care and support

- End of life support could be provided, and staff were supported by the community nursing team and local hospices. The service offered staff training in end of life care to ensure people's wishes were respected.
- People could be confident that at the end of their lives they would be treated with compassion and any

discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.

- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as planning for illnesses or hospital admission and resuscitation decisions had been undertaken.
- One thank you card received from a relative said, "You helped those final weeks to be as dignified and respectful as possible and this is something we will not forget."

# 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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 and all the staff spoken explained how they ensured the care and support was person centred. They made sure it reflected the needs, likes and dislikes of the people. This could be seen in the way people were involved in their care. For example, one person said, "The manager is very involved, and I am involved in making changes and decisions about the support they provide."
- Care plans showed staff involved people and the records maintained were about them as individuals.

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

- The service was well managed. Staff at all levels were aware of their roles and responsibilities. An on-call system was in place for staff working outside of office hours, so all staff could contact a manager at any time for advice and support.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff and people spoke positively about the registered manager. All staff spoken with said they felt listened to and involved in all aspects of the care and development of the service.
- Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings and unannounced spot checks [when providing care] by team leaders.
- Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.
- There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged. For example, checks on medicines record charts had identified gaps in recording. Staff were reminded in their one to one meeting and at team meetings the importance of recording all medicines administered or prompted.

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

- People and their families could comment on the service provided. The registered manager carried out satisfaction surveys. Comments were largely positive. Where issues had been raised action had been taken and fed back to people or their relative. One relative said, "[The person] didn't get on with a couple of carers. More a personality clash than care. I had a chat with [the registered manager] and they sorted it out."

#### Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training.
- The registered manager also attended meetings with other managers in the area. This meant they could share what worked well and what had not and how they had managed it.
- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- The nominated individual and the registered manager were members of Skills for Care and were 'I Care' ambassadors. This is a scheme run by Skills for Care which aims to help and support people who are interested in a career in social care.
- The registered manager told us how they had put into practice a new policy for staff following a needle stick incident. All care plans for people on insulin now include a message to remind staff how to prevent a recurrence.

#### 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 and nominated individual were aware of their responsibilities in relation to the duty of candour.

#### Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.