

Mr & Mrs Ryan Godwin

# Lifestyle by Homecare Services (Trafford)

## 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

Lifestyle by Homecare Services (Trafford) is a domiciliary care agency that provides personal care and wider support to people living in their own homes in the community. The provider supports people with varying levels of care, some with long-term health conditions. At the time of our inspection there were 42 people using the service.

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, their relatives and staff told us Lifestyle by Homecare Services (Trafford) delivered a safe service. Policies and procedures were in place to guide staff on how to keep people safe and what they had to do if they had concerns.

Medicines were managed safely. Risk assessments and appropriate care plans had been developed to meet people's needs. Staff knew how to identify and raise concerns about safety; they were confident the service would take them seriously.

Processes were in place to ensure the right staff were safely recruited. Staff received a thorough induction and relevant training to help them meet people's needs. There were enough staff at the time of the inspection. There were safe infection control procedures in place, including enough supplies of personal protective equipment (PPE).

People received a caring service and felt supported and valued as individuals. Core teams of staff supported the same people as much as possible. This meant that the staff knew the people they cared for well. Staff understood how to promote people's independence and ensured the care they provided treated people with dignity and respect. People's communication needs were considered and met.

People's needs were fully assessed prior to the delivery of care and support. Staff supported people to maintain their health and wellbeing by accessing healthcare services which positively supported their health. People's needs and preferences were highlighted in their care plans for staff to follow and changes were made as people's needs changed.

The registered manager understood their responsibilities. Quality assurance processes were robust. The registered manager, supported by other key senior staff, could monitor standards of care delivery with a range of checks and audits. Staff were well supported by the registered manager and other senior staff. Staff were aware of the company's values and staff practice ensured that people using the service remained safe and well.

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.

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 1 September 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.

# Lifestyle by Homecare Services (Trafford)

## 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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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 13 February 2023 and ended on 24 February 2023. We visited the location's office/service on 14 February 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since its registration. 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 5 people who used the service and 5 family members about their experience of the care provided. We spoke with 6 members of staff including the regional manager, a care co-ordinator and 4 care workers.

We reviewed a range of records. This included 5 people's care records and 4 medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

We spoke with the registered manager of the service when they returned from annual leave and continued to liaise with management around the supply of evidence.

# 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

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to management and relevant professionals.
- People we spoke with told us they felt safe and that the care provided was good. Comments included, "I feel safe with them; they have a good attitude," "My [relatives] feel safe with them and I do too," and "We feel safe with the carers; they know what they are doing."

### Assessing risk, safety monitoring and management

- People's needs were appropriately assessed; initial assessment of people's needs was undertaken before care commenced.
- Care plans had been developed to minimise any risk to people's health and wellbeing. Risks included those related to the home environment, mobility, health conditions and the administration of medicines.
- Electronic rotas were set up and staff attended scheduled calls within an acceptable timeframe. Feedback about the timing of calls was mixed as we received comments around some delays, but people understood the reasons for occasional delays. One person told us, "They are more or less on time; not late enough to cause harm."
- Following a discharge from hospital 1 person was visited to update risk assessments and to ensure the service could still meet their needs. This practice ensured people remained safe.

### Staffing & recruitment

- The service followed safe recruitment processes to ensure people were suitable for their roles, including appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Employees joined the Portable Live Update service as this was a contractual requirement.
- The service operated safely as it ensured there were enough staff in local areas. Packages of care were not commissioned if management did not feel they had adequate resources to meet people's needs.
- Scheduled visits were clustered in 'runs' that were kept local for staff who lived in the vicinity. For example, Partington area had a run covered by 2 care workers who lived in the area. People benefitted from the continuity of care.

### Using medicines safely

- The service did not always have the responsibility to administer medicines. Staff were fully aware if people self-medicated or when family members preferred to do this.

- People were able to describe the support they needed to take their medicines; and told us they were happy with the support. One person told us, "All the medicines are given at the right time. They are dispersible or liquid form. There are no issues with the records, they are very thorough in what they write."
- Where people were allergic to specific medication, systems were in place to communicate this to staff. One person was allergic to alendronic acid and penicillin. This information was contained within the care plan and reflected on the mobile phone app.

#### Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. Staff had completed training and had access to adequate supplies of personal protective equipment (PPE).
- Staff told us they were following company policy and wearing masks at every visit. People we spoke to confirmed this and told us they felt reassured.
- The company's infection control policy had been updated in light of COVID-19. The policy contained links to best practice NHS YouTube videos for staff to watch, for example relating to hand washing techniques.

#### Learning lessons when things go wrong

- Accidents and incidents were appropriately reported to external agencies. Records were reviewed on a regular basis by the local management team and the provider to help identify any lessons learnt.
- Following an incident at another service the induction process had been improved. There was wider coverage of action staff should take in the event of not being able to access a care call. This was reinforced with an updated procedure.
- The service was soon to introduce a new electronic system that did not rely on GPS. The new system was more secure, and staff would scan a quick response (QR) code to log in.
- The initial assessment documentation had been improved due to an incident at another office. Questions to fully determine medication responsibilities were now included to reduce the risk of similar errors.



# 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 of 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 received a service. This information was used to develop risk assessments and care plans which reflected best practice and professional guidance.
- People had input in developing their care plans during initial visits from the provider.
- The service was commissioned by the local authority to take packages of care under the Stabilise and Make Safe (SAMS) contract. Support could be increased or decreased accordingly as per people's individual support needs.

Staff support; induction, training, skills and experience

- Staff told us they received a thorough 3-day induction and completed the training they needed to support people effectively, when they first started employment. Staff undertook no care shifts prior to completing their induction.
- Staff were complimentary of the training and on-going support available to them. The in-house induction training was carried out face-to-face at the company's head office. Staff told us they could ask questions, and this made for better learning.
- People considered staff were well-trained. One person said, "They all seem very efficient," and a relative added, "I feel confident with the staff they have the right skills."
- The induction was followed by a series of shadow shifts with regular members of staff. Staff received ongoing support through regular supervision and observations of their practice.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff were aware of people's nutritional needs and had clear information within care plans and on the electronic app with regards to this.
- People confirmed they were supported with their dietary needs and were provided with the assistance they needed to prepare meals, as well as to eat and drink. One person told us, "They help with the microwave meals; they always ask what I want."
- Staff were aware of any Speech and Language Team (SaLT) involvement, and the need to modify people's food and fluids according to their assessments.

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

- The registered manager and care staff worked with other agencies to ensure people received consistent, effective and timely care. Care plans reflected professional input and advice.
- People confirmed they were supported to access their General Practitioner (GP) and other health services

if this was needed.

Supporting people to live healthier lives, access healthcare services and support

- The service could evidence that referrals were made to other professionals for assessments where warranted, for example to occupational therapists or SaLT.
- The service identified when home environments were not safe and took action to try and change this. Equipment to help people remain safe was requested, for example a shower chair and grab rails.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Details on any Lasting Power of Attorneys (LPA's) in place, either health and welfare, finance or both, were recorded as part of the initial assessment.
- Capacity had been assessed and consent sought in relation to care staff contacting GP's and discussing any health issues people might experience.
- The service took action to protect vulnerable people. The service contacted appropriate professionals to indicate where people might benefit from having an advocate to act on their behalf.

# 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 of 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; equality and diversity

- People and their relatives were complimentary about the care they received. They told us they were well-treated and well-supported by positive carers. Comments included, "All the carers are very good; very careful with me", "They ask me if I'm alright; they can't do enough for me", and "They have a good attitude."
- A relative had emailed a compliment that stated, "You really have a fantastic, caring team who have made a significant difference (to my parents). I can't thank them enough."
- Staff spoke about people who used the service with fondness. They knew people well and how they liked to be supported.

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

- Care plans and reviews demonstrated how people were involved in making decisions about their care. One person said, "They ask and get my agreement," whilst another told us how they were involved in making decisions.
- An 'All About Me' profile page created from information gathered at assessment outlined how people wanted their care delivered.
- People confirmed they had been involved in developing and reviewing their care plans. Changes were made where these could be accommodated, for example if people wanted an earlier or later call.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported to be as independent as possible when receiving care. We were told, "I do a lot for myself and I find them very good with this" and, "They know what I can do for myself, so they let me do what I can." A relative said, "They encourage [person] to be independent, but make sure [person] is safe."
- Entries made in daily notes evidenced staff actively encouraged people to maintain life skills and their independence.
- Staff respected people's privacy and dignity. As people enjoyed their independence, staff checked and documented people were wearing safety pendants before leaving. This meant people were able to call for help in the event of a fall or other emergency.

# 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 of 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 meet people's needs, preferences, interests and give them choice and control

- People received personalised care which reflected their needs and preferences. Care plans were person-centred. The service was able to cater for people who preferred gender-specific carers.
- The service had an 'All About Me' template, which was populated with information collected at assessment and provided care staff with a picture of people. This was further developed with feedback from carers once they got to know the person better.
- People's personal, social and cultural interests were considered when developing care plans. This was reflected through the gender of their care worker and the timings of care calls, which had been agreed to suit people's preferences.

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.

- Care plans outlined people's communication needs and staff told us how they altered their approach when appropriate. For example, 2 care staff told us how they talked more slowly on occasions to help with communication.
- The service tried to match people with appropriate carers. One carer was able to communicate with someone whose first language wasn't English.
- Staff were also aware when people might need more time and explained the need for patience to give people the opportunity to respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided support to people to access the community, where it was an identified need and a commissioned service. The service had recognised that 1 person's well-being would improve with additional support to access the community.
- People were supported to access community hubs, go to the hairdressers, garden centre or out for meals.
- Entries in care notes outlined how carers supported people to feed and look after their animals. This meant that people could keep pets that were important to them and were a source of company.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and responding to complaints. Information about how to complain to the service, public bodies and other organisations was made available to people through the service user guide.
- Everyone felt comfortable to approach staff and the registered manager if they had any concerns with the service. They were confident their concern would be dealt with. One person told us, ""I have no complaints, but I would let them know if I wasn't happy."
- Processes were in place to communicate any concerns or complaints made about staff performance. This was addressed formally with staff so that their practice could be improved.

#### End of life care and support

- At the time of the inspection, nobody was being cared for at the end of their life. Any forms in place regarding end of life care and treatment were kept on care plans, for example a 'Recommended Summary Plan for Care and Treatment' (ReSPeCT) form. The nurse buddy application also indicated to staff where this was in place.
- The service worked alongside other agencies, including community nurses, to ensure people's needs were met at this stage of their life.

# 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 of 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The company's Service User Guide included a charter that outlined how the service would promote and protect the rights of people, centred around 6 key areas. These included choice, privacy, dignity, independence, fulfilment and citizens' rights.
- Feedback we received from people and their relatives, and the evidence gathered on inspection demonstrated the service had achieved positive outcomes for people. They had made a referral for community support to benefit a person's wellbeing and had been instrumental in achieving this commissioned service.
- Recruitment was a values-based process. Set interview questions were asked and successful applicants gave responses that reflected they held the values required by staff.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service. This included responsibilities under the duty of candour. Accurate records were maintained.
- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

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

- There was a framework of governance underpinning the service. A range of audits were carried out which included medicines, care plans, risk assessments and spot checks on care delivery. Competencies of staff were checked.
- The registered manager was supported by other key members of staff at local and regional level. Support was available from staff working at head office and other branches when needed.
- The regional manager was present at the inspection, in the absence of the registered manager. They were open to any feedback received during the inspection and demonstrated a commitment to acting upon this in a prompt and effective manner.

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

- People could influence how the service was delivered and could offer feedback through questionnaires, spot checks and telephone reviews. Whilst some people we spoke with had not been formally consulted for

some time, they had no worries with the standard of care. The service considered any staff compliments received from people to help determine Employee of the Month.

- We consistently received positive feedback about the service. People and their relatives spoke highly of staff and management. Comments included, "They are excellent; I can't sing their praises highly enough", "The whole company are brilliant", "I am happy with the management. They are very good, very flexible" and, "They are brilliant at the office, very professional and helpful."
- The service provided a range of benefits for staff, which aided morale. These included Employee of the Month, car mileage payment, additional holidays linked with long service, 'duvet days' and monthly vouchers. Staff we spoke with felt valued and considered the management team to be very approachable and fair. One member of staff told us, "Nothing is a stupid question. We can ask [managers] anything."
- Staff meetings were held to update and inform staff. For those who weren't able to drive or were out of area they could join online using the Zoom application.

#### Continuous learning and improving care

- The service had introduced spot-checks that were carried out once staff had left the care call. This placed less pressure on people, and they were more inclined to speak freely about the quality of care.
- The service had identified an alternative software application to use. This had the facility to see care calls in progress and send alerts if visits did not fall within an acceptable timeframe.
- The service used the secure chat function 'Slack' to communicate with staff, to share compliments and any updates about clients. 'Slack' was developed specifically for professional and organisational communications.

#### Working in partnership with others

- The registered manager and the staff team worked closely with other agencies and professionals to ensure good outcomes were achieved for people.
- A professional we contacted for feedback described management as responsive and receptive to feedback.
- The service had forged good links with a local charity, who had donated a number of handmade twiddle-muffs. Twiddle muffs provide a source of visual, tactile and sensory stimulation, whilst keeping hands warm at the same time. These had been given out to people who would benefit, for example people with a diagnosis of dementia.