

Longevity Care Limited

# Longevity Care - Main Office

## Inspection report

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21 June 2023  
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23 June 2023

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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

Longevity Care – Main Office is a domiciliary care service providing personal care to people in their own homes. The service provides personal care to people living in their own houses or flats who required support due to needs relating to their age or living with a physical disability. 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. At the time of our inspection there were 21 people using the service with 12 people receiving support with personal care.

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

People were protected from the risk of harm and abuse. Staff understood the different types of abuse and told us how they would recognise these, report them and keep people safe.

Risks to people had been assessed and identified. Information for staff to minimise these occurring was available and guidance sheets on different health conditions available so staff could understand the impact these may have on people's support needs.

Medicines were managed safely, and the provider had systems in place to learn from any incidents or accidents which had occurred.

Staff were recruited safely, and feedback was positive with people telling us staff were on time and assisted them with the tasks they required. People and their relatives told us they had not experienced missed or late care visits and the care being provided was consistent.

Staff used personal protective equipment (PPE) appropriately when they undertook care visits, and the provider told us they had sufficient supplies for staff to use.

People and their relatives described the staff as caring, kind, and supportive. People were supported to maintain and increase their independence and were treated with dignity and respect.

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.

Staff completed a range of training modules and shadowed experienced staff when starting with the service and people and their relatives said they felt staff knew what they were doing and supported them well. Staff told us the provider was always available for support.

Feedback on the service was positive from people and relatives we spoke with who knew who the provider

was and how to contact them if needed.

Care records showed staff worked with external agencies, such as healthcare professionals, to achieve positive outcomes for people.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

# Longevity Care - Main Office

## 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 1 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

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 not a registered manager in post. However, the provider had applied to register. We are currently assessing this application.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 June 2023 and ended on 23 June 2023. We visited the location's office on 21 June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since its registration with CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 2 relatives about their experiences of the care and support provided. 5 members of staff including the provider and care staff. We reviewed a range of care records. This included 4 people's care plans and associated records. We looked at 3 staff files in relation to recruitment, supervision, and training. A variety of records relating to the management of the service were also reviewed.

# 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 harm and abuse. All people and relatives told us staff make them feel safe and knew who to contact if they had any concerns about their safety. One person told us, "I have never felt unsafe with the staff however if I did have a problem I would call [the provider]."
- Staff demonstrated knowledge of the different types of abuse people may be at risk of and knew how to report concerns within the service. The policies and procedures in place detailed what actions needed to be taken and by whom and the provider was responsible for investigating any concerns.
- Staff knew who to contact in the event of actions not being taken by the management team. They told us they would contact the Local authority or the Care Quality Commission to raise their concerns. One told us, "I am 100% confident that [provider] would do all that was necessary but just in case they didn't, I know where to go to make sure people were safe."
- There provider told us there had not been any safeguarding reports made to the local authority safeguarding teams for us to review as there had not been any incidents requiring this. The provider told us what incidents would be treated as safeguarding and assured us they knew what to do to ensure people were safe.

Assessing risk, safety monitoring and management

- Risks to people being supported were identified and assessed appropriately. Information guidance sheets on specific conditions were included alongside the risk assessments which informed staff about things which impacted on risks to people such as epilepsy or Alzheimer's disease.
- Risk assessments were personal and tailored toward the individual and their specific needs. Information for staff on these risks were available and ensured staff had all information needed to keep people as safe as possible.
- Actions to take were recorded and where risks had been identified, appropriate healthcare professionals such as community nurses or therapists were contacted to find ways of minimising the chance of the risks occurring.

Staffing and recruitment

- There were enough safely recruited staff to meet people's needs.
- All staff had an appropriate right to work checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by staff who arrived, supported people the way they wished and stayed the full duration required. One person said, "They have never let me down. Yes, there are issues you cannot help like

traffic or an emergency in the call before however they always call me and let me know they are running behind." This feedback was echoed by all people and relatives we spoke with.

#### Using medicines safely

- People received their prescribed medicines on time and in a safe way.
- People had been assessed on their own ability to manage their medicines safely and staff only assisted with medicines if the person was unable to complete this themselves or did not have relatives who were completing this task for them.
- Staff had been trained in administering medicines and had their competency with this regularly monitored and reviewed to ensure correct procedures were being followed.

#### Preventing and controlling infection

- People told us the staff who supported them wore appropriate personal protective equipment (PPE) such as gloves, aprons when supporting them with personal care.
- The provider had an up-to-date infection prevention control policy which had been shared with staff. This had been updated to include latest COVID-19 guidance and information.
- Staff understood their personal responsibilities relating to infection control and were able to source extra PPE from the office or from the provider when required.

#### Learning lessons when things go wrong

- The provider understood their responsibilities to record, investigate and record any accidents or incidents which had happened.
- Accident, incident and near miss policies and procedures were in place and provided guidance to staff with what they should report.
- The provider reviewed all incidents or concerns recorded on their electronic systems. Records we reviewed included details of what had happened, what was done about it and any learning or changes required to minimise the chance of these happening again, such as calling the emergency services or arranging for a professional's review.

# 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 reviewed before they started to use the service. Referrals from appropriate healthcare professionals were reviewed by the provider to ensure people's needs could be met. The provider completed an extensive assessment of needs once the person was back in their own home.
- Care records detailed people's likes and dislikes and contained information, which was important to them such as allergies, religious beliefs, and pets.
- All care plans had recorded people had agreed their care and support plans and they had been developed together with their relatives where needed.

Staff support: induction, training, skills and experience

- Staff were trained and knew how to support people in a personal and respectful way. One person told us, "I think they are well trained. To care for me you have to be as there is specific things I need to be done. Every day they do it very well. They are very good at what they do."
- Staff had received induction training which included the Care Certificate, and there were systems in place to ensure staff had shadowed the provider or a colleague before working independently. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff told us they were able to contact the provider at any time for support and guidance which helped to reassure them. Staff told us, "I feel massively supported. I'm currently studying at college and all staff help me out when I have assignments due etc. [Provider] takes an interest in what I am doing and always asks how it is going."
- The provider introduced all new members of staff to people receiving support to ensure a relationship could be formed and people felt comfortable with new staff. One told us, "I was going to support a client with specific needs. [Provider] came out with me and showed me so it could be done the way [person] likes it done."

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

- People were supported to eat and drink enough to remain well and in accordance with people's care plans. Not all people receiving care and support required meals to be prepared and served by the staff as other people involved in their care completed this. However, there were records of drinks and snacks being offered by care staff in between these times.
- One person's relative had asked the staff to be more descriptive with records of what their loved one had eaten. For example,  $\frac{3}{4}$  cup of tea or meals that had been fortified. Staff implemented this to ensure oversight

of what the person was eating and drinking could be monitored to improve health.

- Where people required monitoring due to health conditions such as diabetes, Information was available for staff to encourage healthy lifestyles and support people to minimise potential impact on them.

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

- People's care plans contained details of the healthcare professionals involved in their care such as GP or consultants. Staff supported people to contact them when necessary.
- Staff worked with other agencies to assist people to live healthier lives and access healthcare services when required. People told us, "[carers] have facilitated my physical well-being by assisting with stretches and exercises designed by my physiotherapist." And " I have very sensitive skin. The staff are always checking to make sure it has not broken. If I have, they contact who they need to straight away so that I'm sorted."

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People being supported at time of the inspection were able to make decisions about their care and support for themselves and did not require a legally nominated person to make decisions on their behalf. The provider understood what would be required if a person were unable to make decisions for themselves.
- Details of other persons involved in people's care, who could support with decision making or advocate on their behalf was recorded in care plans.
- People were asked for consent before completing care plans and assessments. Daily notes of visits completed by care staff had records of them seeking consent before supporting people's needs. Staff told us, "Every time I'm helping with personal care, I say what I'm doing, asking 'Is that alright?' I get verbal consent but it doesn't have to be verbal. It may be facial expressions and thumbs up. You get to know how different people give consent."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- People and their relatives told us staff were caring and supported them in a personal way whilst respecting equality and diversity. We were told, "The staff are very good. They have a great sense of humour and we get on very well. If I'm worried about anything I talk to them and tell them what's troubling me. They come up with ways to deal it and I then don't worry anymore."
- Feedback on staff who supported people was positive. Including, "They are most helpful. I can't say anything else. They are caring and friendly and are the best ones I have had."
- The provider knew each person the service supported as they had completed care visits to them which enabled them to guide new staff to get to know people and their preferences well.
- Staff kept detailed notes at each visit to people which detailed what they had supported people with or how they were when they arrived and when they left. We reviewed evidence that staff also have supported people's relatives. We saw examples of a person's partner being worried about behaviour they had witnessed. The notes detailed their concerns and what the staff had done to try to support and reassure the relative.

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

- Feedback on staff who supported people was positive. Including, "I cannot speak more highly of them to be honest. They go above and beyond and help me out with things even though they stay longer than they should to help me with [things I need]."
- People and their relatives told us they had been involved in making decisions about their care. They were involved in initial planning and management of care. We were told staff took time to get to know people and involved their relatives in day-to-day care and support.
- Care plans included important information such as contact details of all people important to an individual. There was a list of who should be contacted in the event of an emergency or regular day-to-day updates. All relatives we spoke with told us the staff keep them up to date with all important information relating to their loved ones.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible. We were told, "They encourage me to do as much as I can for myself. Never take over but help in the areas I can't do."
- Staff described how they would ensure people were treated with dignity and respecting their right to privacy, such as closing curtains and shutting doors when providing personal care.
- People's care records were stored in their own home and securely on the services electronic care planning system to ensure people's information was kept confidential and in line with General Data Protection

Regulations.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had been involved in initial care plans when starting with the service. This ensured people were able to choose how they wished to be supported. One person told us, "I was assessed before I started using Longevity Care and I was able to tell them what support I needed. I'm also able to inform them of changes and if given sufficient notice they can arrange extra visits and facilitate outings, pharmacy pickups, shopping and medical appointments."
- Care plans were individual and personal to who required the support. We saw evidence that needs had changed or increased and the care had been adapted to ensure it met what was required.
- People were supported by staff to enjoy things they wanted to. For example, one person liked to have one alcoholic drink every evening, one person liked to dye their hair or have their nails painted. These activities had been risk assessed to ensure the staff could support with these.
- Care plans were goal orientated. People and their relatives had informed the service what they wished to achieve from the care, and this was recorded along with people's progress to achieve these.
- Staff described what person-centred care meant to them and how they apply this when supporting people. We were told, "this is about having a holistic view of the person. What their needs are emotionally and physically. Say for example someone had hurt their leg, it's not just about supporting the leg it's about how they are doing other things such as cleaning their house, shopping etc. Housework to personal care its all-encompassing and its care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in care plans to enable staff to be able to effectively communicate with everyone.
- Where people had increased communicational needs, there was detailed guidance for staff to follow which was personal to them. For example, one person was not able to speak and could not hear. Information about non-verbal gestures and cues were included in their care plan for staff to be able to effectively communicate and interpret what the person wanted them to know.
- The provider told us they understood the Accessible Information Standards which was in process of being developed and could be adapted for any future people that require information in a more accessible form

such as braille or large print.

Improving care quality in response to complaints or concerns

- All people and relatives told us they knew who they could talk to if they needed to raise any concerns or make a formal complaint but had not felt the need to at time of the inspection.
- We were told if complaints were received, they would be investigated openly, in line with their policy and would be used to continually improve the service.

End of life care and support

- The service was not supporting anyone with end-of-life care at the time of the inspection. However, the provider had an end-of-life policy and procedure in place, and this had been sent to all staff in preparedness for providing this support.
- Staff were able to tell us what they felt good care was for someone at the end of their life. We were told, "This care is to make sure someone is comfortable, dignified and as pain free as possible. Being there for someone as it can be a very scary and lonely time."

# 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

- We found a positive person-centred culture within the service. Staff enjoyed their role and people, and their relatives were positive about the support provided. One person said, "I can rely on them. As long as they keep doing what they do, I'm not going anywhere. I'm staying with Longevity."
- Staff told us they enjoyed working for the service and that it was a good place to work telling us, "I love my job and love working here. I can see myself working here for a long time."
- People and their relatives told us they felt the service was well led, and staff were reliable and consistent, and people were positive about the care they received and the impact this had on their lives.
- Communication between the management and staff teams was good. Staff told us they speak with the provider daily to ensure there were no concerns.

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 provider understood their regulatory responsibilities. They understood they had to inform the Care Quality Commission (CQC) and the local authority of important events in line with guidance.
- The provider understood their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.
- Staff were encouraged to raise any concerns, report accidents or incidents and be honest when things had gone wrong and felt confident concerns would be recorded and investigated appropriately.

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

- The provider and staff demonstrated a clear understanding of their roles and responsibilities when supporting people.
- There was daily oversight of the running of the service completed by the provider using the service's electronic care planning system. This system alerted them if a call was running late, staff had not arrived at the expected time or when tasks were missed. The provider would then check with staff and update the system with why this had occurred.
- There were effective audits and checks of the service which enabled the provider to identify any shortfalls which needed improving.
- Staff were regularly supervised and spot checked whilst delivering care by the provider. Spot checks are when the provider arrives at a person's care visit, unannounced to evaluate the staff performance and

conduct.

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

- People and their relatives were encouraged to be involved in the care and support provided. We were told staff support them the way they wished to be supported and also adapted the support when required.
- The provider held all staff meetings where any issues or concerns identified could be discussed between them and learnt from.
- People, their relatives and staff all told us the provider was open, honest, responsive and always contactable which provided reassurance to them.
- Relatives and/or informal carers of people who required support told us they felt reassured by the staff and the service as a whole as it enabled them to take some time for themselves, confident staff would arrive when they say they would and do what they need to do.

Continuous learning and improving care; Working in partnership with others

- The provider and staff worked closely with health and social care professionals to provide effective and joined up care and support and also adapted the support when required.
- The provider was in process of improving records and documentation within the service and was open to suggestions in how to potentially streamline and improve documentation.