

Northern Lifetime Limited

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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

Northern Lifetime Limited is a specialist agency which provides bespoke case management support to both adults and children with complex needs, often as a result of serious brain injury. Case managers work with people to set up and coordinate their rehabilitation, care and support needs. This is mainly funded by legal compensation claims. Northern Lifetime Limited oversee the recruitment process, training and performance management of support workers employed directly by the people using the service. The service is registered to provide personal care. At the time of our inspection there were 11 people receiving the regulated activities provided by the service.

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

The service was well run, and people who used the service were very happy with the care and support they received. The provider promoted a strong learning ethos within the organisation and staff demonstrated an enthusiasm for the people they supported and a willingness to continuously develop their knowledge and skills.

People were supported to achieve their goals and there was a strong focus on rehabilitation post injury. Comprehensive and detailed assessments were completed before people received care. Care plans were person focussed and gave a holistic view of how to support the individual. People who used the service 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 consistently commented staff were caring and approachable. People were empowered to select their own care team and they had access to experienced case managers, who were qualified health and social care professionals. Diverse professional backgrounds meant the organisation was well-versed in navigating the various pathways of care to facilitate timely support from services available publicly or privately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 September 2020. This is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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.

Northern Lifetime Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency with rehabilitation services. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 16 August 2022 when we visited the service's office and ended on 22 August 2022.

What we did before the inspection

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.

During the inspection

We received feedback from six people who used the service and three relatives, about their experience of the care provided. We spoke with the registered manager, a case manager, the service manager, one team leader and four support workers. We attempted contact with nine health and social care professionals who have experience of the service and we received three responses. We reviewed three people's care plans and risk assessments. We reviewed two staff files to look at the recruitment, training and supervision records. We looked at the provider's systems of governance to monitor the quality and safety of services provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- There were systems in place to help protect people from abuse.
- Staff had received training in safeguarding vulnerable adults and were able to tell us what they would do if they had safeguarding concerns about anyone using the service or staff.
- People and relatives consistently told us they felt safe. One relative said, "[Name] is happy and safe, which is the main thing."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and well-being were well managed. There were processes in place to identify risk, which then led to detailed plans being put in place for staff to follow to reduce or remove risk.
- People's risk assessments were reviewed regularly or as required, such as in response to their changing needs or after a significant event.
- Processes for recording and investigating any accidents or incidents were robust. Individual records of all incidents were kept, which was then reviewed by a case manager to ensure people were kept safe.

Staffing and recruitment

- People were empowered to select their own staff to provide their care and support. For example, one person told us they attended staff interviews led by their case manager. After the interviews they discussed and agreed which staff they liked the most.
- People received good continuity of care as each person had their own care team. In the event of mass absences of staff, there were appropriate processes in place to ensure safe staffing levels were maintained. We saw occasional use of agency staff and there were procedures in place to vet these individuals before providing people care.
- Permanent staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Preventing and controlling infection

- People told us staff followed correct infection control procedures, washed their hands and wore personal protective equipment (PPE) when providing personal care.
- Staff had received infection prevention and control training and additional information and guidance about how to protect themselves and service users during the COVID-19 pandemic.

Using medicines safely

- Medicines were safely managed. People and relatives spoken with confirmed they received their

medicines in line with their prescription.

- Detailed assessments of medicines support were recorded, and staff were trained to safely administer

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

- Comprehensive and person-centred assessments were completed by experienced professionals, referred to as 'case managers'. Assessments considered people's physical and mental health needs, likes, dislikes and what support people needed to maximise their independence and quality of life post injury.
- People's care plans were very person-centred and encouraged good care delivery. Feedback from people about the care they received was consistently positive and discussions with staff demonstrated they knew how to support people in a way that they liked.
- Northern Lifetime limited employed occupational therapists, physiotherapists and social workers to ensure people had access to the best support available to help them to achieve their rehabilitation goals. Feedback from people and their relatives about the support they received was consistently positive.
- For people who received support with eating and drinking, people's feedback confirmed they were happy with the support they received. People's food preferences were recorded in their care plan, along with details of any special dietary requirements. This supported staff to cater for their needs, in accordance with their preferences.

Staff support: induction, training, skills and experience

- People received good quality care from highly trained staff, who knew how to support people who were living with a brain injury. Staff training aligned with The Care Certificate, which is a nationally agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider arranged further bespoke training for staff where there was a need for this. For example, one person had epilepsy, so their care team received extra training in this area.
- The provider actively encouraged self-directed learning. We heard examples where the provider had supported staff to attend further training that they had found, or protected staff time for them to research a subject they identified as beneficial to person they support. For example, one case manager told us they were given a study day to learn about amputation, as this was relevant to a person they supported.
- Staff benefited from an experienced and qualified case management team. Staff consistently commented that case managers were very supportive and gave good advice when they reached out to them for help. Case managers provided line management support to staff, which included regular supervision and appraisal meetings.
- New staff received a comprehensive induction when they started working at the service.

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

- Staff worked effectively with other organisations to support people to maintain their health. Due to the management teams' broad professional backgrounds they possessed a strong understanding of how to navigate the various pathways of care to facilitate timely support from public and private services.
- One professional commented, "Excellent, client focused case management and clear directed leadership of multi-disciplinary meetings." Another professional commented, "Some of the best case managers I have had the pleasure of working with." Another professional told us, "I have found working with [registered manager] to be a very positive experience; she always communicates effectively and is keen to work with all the people involved in the client's care to try to achieve the best outcomes for them."

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.

- Northern Lifetime Limited had robust processes to ensure the rights of the people who lacked mental capacity to make certain decisions were fully supported, and they were able to lead a life free from undue restriction.
- People benefitted from case managers who were extremely confident operating within the MCA and were not averse to difficult or risky decisions where there was clear benefit to the person. Case managers were creative in their approach to ensure people felt consulted, and when restrictions were needed, it was the least restrictive option available. For example, we saw one person's excessive spending on social activities placed their financial health at risk. The case manager consulted them and put a spending plan in place to preserve their social habits in a safe way.
- Staff had undergone training in the MCA and clearly demonstrated their practical awareness of the need to gain consent before providing care. One professional commented, "I have witnessed staff gain consent and also explain what they are going to do, providing reassurance throughout the task. I have witnessed them discussing and asking parents for 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's choices in relation to their daily routines were listened to and respected by staff. For example, one person told us how staff had supported them with their DJ business by helping them manage bookings and attend events.
- Feedback from people and their relatives about the standard of care they received was consistently positive. People consistently told us staff were caring. Comments included, "Really happy with it mate, carers always good. [Case manager] is always there for me if need them" and "Yeah, I'm happy with my carers. If I want out doing, then they'll just do it you know."
- In addition to the running of the service, the nominated individual and registered manager held a case load as a case manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This arrangement benefitted people and staff as they had regular contact with the management team and were able to respond to care and support issues more quickly. People told us managers were approachable and attentive to their needs.

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

- People told us they were involved in developing their care plans and knew their care workers well. The service valued involvement from people's families and encouraged them to be involved in their care as much or as little as they felt comfortable with.
- The service ensured people's dignity, privacy and independence were promoted. One relative told us if it wasn't for the support provided by Northern Lifetime Limited their family member would have much less freedom. They commented, "Without [case manager] and the rest I do not know what would have happened to them... Now they have some freedom thanks to Northern Lifetime Limited."
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

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; End of life care and support

- People's care plans were very person-centred, which supported staff to deliver good quality care to people in accordance with their preferences. Staff had built up good relationships with the people they supported and understood their routines.
- People were supported to achieve their goals and there was a strong focus on rehabilitation post injury. People's care plans identified people's goals and how these were to be achieved. These were reviewed regularly to ensure continued relevance and progression. For example, we saw one person's goal was to be involved in decisions related to property adaptations at their home, which they achieved. Another person told us it was their goal to play football again, and we saw the service had arranged input from physiotherapist to train staff on how to deliver exercises with the aim of improving their physical strength.
- One relative commented, "[Name's] goals are to live as full a life as possible, which they are getting."
- At the time of our inspection no one was receiving end of life care, but there were appropriate processes in place should this need arise.

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 thoroughly assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people.
- Policies were in place to ensure staff and people who used the service were able to access relevant information in a way they could understand.
- A health professional commented, "I have witnessed staff using various methods to communicate, such as pictures, facial expressions, hand signals in a positive way. I feel this is a strength."

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and the provider's complaints procedure was given to people who used the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with staff or the management team.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-run, which was reflected in the high levels of satisfaction conveyed by staff and people who used the service. Staff were clear on their roles and responsibilities to monitor quality and safety of care delivered.
- Although the service was new, the management team were experienced professionals who were passionate about improving people's quality of life through their case management services. The provider had a clear strategy for the short and long-term future of the service; and people were at the heart of this plan.
- Staff felt truly valued and had a say in how the service was run. Case managers were involved in the drafting and implementation of the provider's policies and procedures, which promoted safe and good quality care. We found high levels of compliance with the policies staff had helped create.
- There were a range of quality assurance systems in place and these were mostly effective at monitoring the quality and safety of services provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and nominated individual created a positive working culture by leading by example. The registered manager told us when they started the company they made a point of ensuring the leadership team always held a case load so they could continue doing what they loved, but also better understand how to improve the organisation by regularly speaking to people who used their services.
- The registered manager attended regular networking and learning opportunities to keep themselves up to date with the latest regulations and practices. The leadership team were members of the British Association of Brain Injury Case Managers, which meant they operated within a quality assurance framework that promoted high standards.
- The provider had mechanisms in place to gather feedback from people and their relatives.
- Staff worked in partnership with a range of health and social care professionals to ensure people's needs were met. The registered manager worked with commissioners of care, health and social care professionals and other stakeholders to ensure the quality of care was consistently good.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.