

Uplifting Lives Services Ltd

# Uplifting Lives Services Ltd

## Inspection report

1a Nellies Yard  
High Street  
Droitwich  
WR9 8ES

Tel: 07482184654

Date of inspection visit:  
26 May 2022

Date of publication:  
24 June 2022

### 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

Uplifting Lives Services Ltd is a domiciliary care service providing care and support to people in their own homes.

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, the service was supporting seven people, three of whom received support with personal care.

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

People were supported by a small team of staff that knew how to keep them safe and protect them from avoidable harm.

People's needs had been assessed and personalised support plans were in place. People were supported for by staff that had been recruited safely, were trained to carry out their roles effectively and who understood people's individual care and support needs.

People's medicines were managed safely. Measures were in place to help prevent and control the spread of infection. Staff supported people's nutritional needs where required. People were supported to access health and social care services.

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 treated people with kindness and respect. They had developed positive relationships with people and knew them well.

People and relatives knew how to complain.

Quality checks and audits were carried out. This helped the registered manager and nominated individual check that people were consistently receiving good quality care. The registered manager and nominated individual were highly motivated to continuously improve the service.

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 12 August 2018 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.

# Uplifting Lives Services Ltd

## 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. It provides personal care to people living in their own homes in the community.

#### 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

This inspection was announced.

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 25 May 2022 and ended on 06 June 2022. We visited the location's office on 26 May 2022.

#### What we did before the inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We sought feedback from the local authority. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 the registered manager, the nominated individual and three care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke by telephone with one person and with relatives of two people who used the service about the care provided.

We reviewed a range of records. These included two people's care records and three staff files in relation to recruitment. A variety of records relating to the management and oversight of the service, including staff training, auditing and monitoring and the providers policies and procedures 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 since registration of this 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 abuse. Staff completed safeguarding training and knew how to prevent, identify and how to report any concerns. One staff member said, "I would approach the management team, if no action was taken, I would whistle blow. I know they [managers] would listen though and take appropriate action."
- People felt safe whilst being supported by care staff.
- The provider had a safeguarding policy in place for staff to follow.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. These included risks associated with mobility, falls and health conditions.
- Environmental and COVID-19 related risk assessments were also in place for people. We discussed adding further information into the environmental risk assessments to include location of utilities. The registered manager told us they would rectify this.
- Staff were trained to support people safely, for example, they received training in manual handling and first aid.

Staffing and recruitment

- There was enough staff to meet people's needs. The registered manager and nominated individual were open and honest about their recruitment challenges. They told us they had applied for Certificate of Sponsorship (CoS) international sponsorship to recruit more staff.
- The provider's recruitment processes were robust. Pre employment checks had been carried out to ensure staff were suitable to work with vulnerable people. This included references, obtaining proof of staff identity, right to work in the UK and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's support plans contained information of what support was needed with medicines. This included whether prompting or full administration support was required and who was responsible for monitoring stock and reordering. For example, one person's support plan states, "Uplifting Lives staff administer and family order, staff to remind family when medicine stock are getting low."
- Staff had received training in the safe administration of medicines and their competency had been assessed before supporting people with their medicines.

- Monthly audits were carried out to identify and address any issues.

#### Preventing and controlling infection

- Staff completed infection, prevention and control (IPC) training and were provided with current guidance to follow.
- The provider ensured staff were provided with adequate supplies of personal protective equipment (PPE). The management team carried out spot checks on staff practice to ensure they were following infection control procedures correctly.
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

#### Learning lessons when things go wrong

- The registered manager and nominated individual explained how they had taken learning from a previous care package allocated, and planned to involve advocates in future, where appropriate.
- The provider and registered manager had a culture of wanting to get things right and to continuously improve and develop. The registered manager told us, any incidents would be investigated, and any lessons learnt would be shared with the staff team.



# 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 since registration of this 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 receiving a service. One relative said, "We went through [person's name] likes and dislikes and what and how [person's name] likes things done."
- Care records reflected this. They were person centred and detailed people's choices and support needs required at each visit for staff to follow.

Staff support: induction, training, skills and experience

- People received care from a small team of staff that were well supported. All staff spoke highly of the registered manager and nominated individual and the support they received. Comments included, "They are very good at looking after people and staff." Also, "They are fantastic, so supportive, it's a great place to work."
- Staff received an induction and ongoing training and support. This included mandatory training and completion of the care certificate. 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.

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

- People received support where needed with eating and drinking.
- Procedures were in place to manage any risks associated with people's eating and drinking, for example, where required people were referred to the speech and language therapist (SALT) for advice which was detailed in people's support plan.

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

- People's support plans set out how staff should support them and included information about other agencies and health and social care professionals involved with their care.
- Where required, referrals were made to other agencies such as occupational therapists to assess for equipment and physiotherapists for mobility.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Initial assessments of care and support needs included a 'consent form'. People had signed and consented to their care and support.
- A person we spoke with told us staff and management respected their right to make their own decisions and choices in their care.
- Staff we spoke with understood people had the right to make their own decisions and to seek their permission before carrying out any tasks.

# 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 since registration of this 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

- The person and relatives spoken with were happy with the care and support provided by Uplifting Lives Services. One relative said, "Everything is going really well with the service...feel [person's name] is also very happy with the service."
- Staff understood the importance of treating people well. One staff member said, "I love supporting people in their own homes, its more personal. The person is happy when I arrive and the fact when I leave, they are still smiling, makes me a happy person."

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

- People and their relatives were involved in developing their care plans and their views were listened to and respected.
- People's feedback was regularly sought through reviews of care, telephone calls and surveys.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people's preferences and respected their choices. Staff encouraged people to be as independent as possible.
- People's information was stored securely to ensure confidentiality was maintained. Information was only shared on a need to know basis.
- The provider was in the process of moving to all electronic care plans. This meant staff would have instant access to any information stored electronically via secure login details.

# 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 since registration of this 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's support plans were personalised and reflected how they wanted their care and support to be provided.
- People's support plans were reviewed regularly and updated to ensure they reflected people's current needs.
- Staff told us they were provided with all the information they needed to support people. Any changes to people's needs were reported to the management team, so they could act accordingly. For example, we saw staff had identified a person was struggling to manage in their current environment which had been reported to the relevant health and social care professionals involved in their 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 had been assessed and staff knew how to effectively communicate with them.
- The registered manager explained they were able to tailor information in to formats which suit the individual. For example, documents could be provided in large print or Braille.

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

- People were supported to maintain relationships that were important to them.
- People's interests, hobbies, religious and cultural needs were recorded in their support plans.

Improving care quality in response to complaints or concerns

- People and their relatives were provided with information about the providers complaints procedure. One relative told us, "Generally good but I have had a few little issues when [family member] first started using the service – just settling in things but this has been resolved." Another relative said, "We know how to complain but not had to."

End of life care and support

- The provider was not currently supporting anyone at the end of their life at the time of our inspection.

# 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 since registration of this 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

- The registered manager and nominated individual were passionate about their service and promoted a positive culture that ensured people received good quality care.
- The registered manager and nominated individual worked closely with each other, roles and areas of responsibilities were clear and there were effective communication systems in place.
- Staff spoke highly of the management team telling us they were encouraged to make suggestions to improve people's care and the service.

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 understood duty of candour. They knew what they needed to report to the Care Quality Commission (CQC) and other relevant agencies. They understood their responsibility to share any actions taken and outcomes with those involved.

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

- The registered manager understood their roles and responsibilities. They had a clear understanding of people's needs and oversight of the service they managed.
- Staff spoke passionately about their work and were clear about their roles.
- Relatives were happy with the care and support provided to people. One relative said, "Everything is going really well with the service...care is very organised for [person's name]."

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

- People, and their relatives were in control of their care decisions and the support provided by staff.
- People and their relatives were able to give feedback on the service they received. This was in the form of quarterly surveys. The provider told us they want to develop these further to make them more specific to include people who have a live-in carer and to include health and social professionals' opinions.
- Staff told us they felt supported and were listened to. One staff member described how the registered manager assisted them to support a person to eat a healthier and more varied diet.
- Staff described how they were kept informed of any updates and changes to people's needs via a private WhatsApp group. This helped to ensure people's needs could continue to be addressed as they changed.

#### Continuous learning and improving care

- Systems were in place to monitor the service. The registered manager and nominated individual carried out quality audits covering all aspects of the service such as spot checks on staff, training completed, record keeping, care delivery and health and safety. They used this information to monitor how the service was performing and to drive through any improvements.
- The registered manager followed current government guidance and joined managers platforms and networks to share best practice and for support.

#### Working in partnership with others

- The provider worked closely with external health and social care professionals such as occupational therapists, GPs, District Nurses and social workers. They told us this collaborated working benefitted people. For example, they worked closely with the occupational therapist to get equipment to maintain a person's independence.