

Lifetime Home Care Limited

Lifetime Homecare Ltd

Inspection report

Harthill House
Woodall Lane
Harthill
Sheffield
S26 7YQ
Tel: 01909 773133
Website:

Date of inspection visit: 15 April 2015
Date of publication: 13/05/2015

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 

Overall summary

The inspection took place on 15 April 2015 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected on 19 August 2013, when no breaches of legal requirements were identified.

Lifetime Healthcare provides personal care and support to people living in the community. It supports people whose main needs are those associated with older people, including dementia, learning disabilities and

physical disabilities, as well as younger people with these conditions. Care and support was co-ordinated from the services office which is based in the village of Harthill. The agency also provides befriending and domestic services.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the time of our inspection there were 46 people receiving support with their personal care. We spoke with ten people who used the service and seven relatives about their experiences of using the agency. All the people we spoke with told us they were very happy with the service provided.

People’s needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. The information contained in the care records we sampled was individualised and clearly identified people’s needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. We saw changes in people’s needs were quickly identified and their care package amended to meet the changes. Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

Policies and procedures were in place covering the requirements of the Mental Capacity Act 2005 (MCA), which aims to protect people who may not have the

capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We found the service employed enough staff to meet the needs of the people being supported. We saw people mainly had a team of care staff who visited them on a regular basis. People who used the service praised the staff who supported them and raised no concerns about how their care was delivered.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We saw new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by refresher training to update their knowledge and skills. Staff told us they felt very well supported by the management team.

The company had a complaints policy, which was provided to each person in an information pack given to them at the start of their care package. When concerns had been raised we saw the correct procedure had been used to investigate and resolve issues.

The provider had systems in place to enable people to share their opinion of the service provided and check staff were following company policies.

Summary of findings

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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Good



Is the service effective?

The service was effective

Staff had received basic training about the Mental Capacity Act and they understood how to act in people's best interest.

Staff had completed a structured induction to prepare them for working with people who used the service. This included essential training to help them meet people's needs. They had also received on-going observational assessments and support sessions.

Where people required assistance preparing food staff had received basic food hygiene training to help make sure food was prepared safely.

Good



Is the service caring?

The service was caring

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People told us they received a good quality of care from staff who understood the level of support they needed and delivered care and support accordingly.

Good



Is the service responsive?

The service was responsive

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. The records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Good



Is the service well-led?

The service was well led

Good



Summary of findings

There was a system in place to assess if the agency was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular checks to make sure staff were working to company policies and procedures.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Lifetime Homecare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection began with a visit to the services office which took place on 15 April 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector.

We spoke with six people who used the service and three relatives by telephone and visited four people in their

home's to discuss the service the agency provided. When we visited people we also spoke with four relatives. We spoke with seven staff, who were either care workers or based at the agency's office.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also obtained the views of service commissioners.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing eight people's care records, staff rotas, training files, five staff recruitment and support files, medication records, policies and procedures.

Is the service safe?

Our findings

People who used the service and the relatives we spoke with told us, they felt care and support was delivered in a safe way. A relative described how the registered manager had visited their family member's home and checked all the equipment to be used to transfer them safely. They added, "They [care workers] use the hoist properly when moving her and the staff have all been trained to use it."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period, followed by periodic updates. This was confirmed in the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at copies of six people's care plans at the agency's office and two people's care records when we visited them in their homes. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely. Where appropriate we saw these had been reviewed and updated in a timely manner to reflect any changes in people's needs.

As part of the service's initial assessment process we saw an environmental safety risk assessment had been completed. This helped the registered manager to identify any potential risks in the person's home that might affect the person using the service or staff.

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe, and told us how they ensured risk assessments were adhered to. They also described the arrangements in place for them to access people's homes while maintaining a good level of security. One care worker told us, "I reassure people [when moving people using a hoist] and explain exactly what I am

doing." Another care worker said, "Manual handling is done professionally. I would point it out if someone was not using equipment properly." People who used the service confirmed to us that staff maintained good security when entering and leaving their homes.

The registered manager said there were enough staff employed at the time of the inspection to meet the needs of the people being supported by the agency. People we spoke with raised no concerns about how the service was staffed. They told us staff were usually on time and stayed the agreed length of time for each visit.

People we spoke with confirmed that most of the time they had the same team of care staff providing care. The registered manager said they were working towards everyone having dedicated care workers visit them. One person told us they did not mind having different care workers as they liked to meet different people, others said they liked having the same care team.

Care staff told us they felt there was enough staff to meet people's needs. We found systems were in place to respond to unexpected circumstances, for example to cover new care packages, sickness, absences and emergencies. We saw there was an electronic system used to monitor when staff arrived and left each person's home. The registered manager told us people could choose not to have the device in their homes, but it was useful to monitor staff activity. This information was then displayed in the office so the person allocating work could monitor staffs whereabouts and see who was free to fill any gaps caused by last minute emergencies.

Recruitment records, and staff comments, indicated a satisfactory recruitment and selection process was in place. The five staff files we sampled showed that appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff told us face to face interviews had also taken place and we saw documentation of questions asked at the interviews. Three

Is the service safe?

recently recruited care workers told us they were not allowed to start caring for people until all the necessary checks had been completed and were found to be satisfactory.

The service had a medication policy which outlined the safe handling of medicines. Where people needed assistance to take their medicines we saw care plans outlined staffs role in supporting them to take them safely. We saw some people were prescribed medicines to be taken only when required (PRN), for example painkillers. These medicines were recorded on the medication administration record [MAR] and staff could tell us why and when they would give them. However, this information was not fully recorded in care plans. We discussed the reasoning behind this additional recording with the

registered manager, who said they would consider further best practice guidance on the administration and recording of PRN medicines. The people we spoke with who used the service and their relatives confirmed staff gave the correct medication to people at the right time.

A care supervisor told us they completed observational checks on care staff to make sure they were following company policy. Care workers confirmed this included watching how staff administered and recorded medication. We saw the majority of MAR's were completed correctly. However, we found five gaps where staff had not signed the MAR. The registered manager and care supervisor told us they intended to audit returned MAR's in future and discuss any shortfalls with the staff member concerned as part of their supervision.

Is the service effective?

Our findings

People we spoke with said staff had the skills and knowledge to do their job well and provided very good care and support. They told us they were encouraged to do as much as they could themselves to maintain their independence. One person told us, "They [care workers] know my limits and respect that." A relative said, "My father always praises the girls [care workers] I see what they do and they are very good." Another relative commented positively about the care workers adding, "They have qualities you can't purchase."

A recruitment and training manager had recently been employed to co-ordinate and facilitate training at the agency. Records and staff comments demonstrated staff had undertaken a structured, three day induction when they joined the agency, as well as shadowing an experienced care worker for at least two days. The training manager told us new staff completed the Skills for Care Common Induction Standards and their training and development needs were assessed for additional training needed. The registered manager was aware of the new Care Certificate introduced in April 2015 and said they were looking at how this could be implemented in the near future.

Staff we spoke with confirmed they had received a structured induction. One recently employed care worker told us, "It was very thorough induction training, much better than the last company I worked for." Another care worker said they felt the support provided during their induction had prepared them well for working with people in the community.

All the staff we spoke with felt they had received the correct level of training they needed for their job roles this included, administration of medication, moving people safely and dementia awareness training. One care worker told us their training had been "Excellent, very, very good" and added, "I learned lots." However, we found staff were not provided with first aid training. This was discussed with the training manager who said they would look into accessing this training in the future.

The majority of staff had also either completed a nationally recognised qualification in care or were undertaking the course. We found some staff had also received specialist training to help them meet people's individual needs, such as stoma care.

Staff told us they felt well supported. They said they could speak to the registered manager or one of the supervisors at any time to ask questions or gain additional support. We found regular staff observation assessments had taken place to make sure staff were following best practice guidance and individual people's care plans. One person who used the service told us, "The supervisor comes and watches them [care workers] work and if they think anyone is not pulling their weight or not doing something right they tell them."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. The registered manager told us policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. If someone was unable to make decisions on their own other people had been involved in making decisions in the person's best interest.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. We also saw staff had completed basic food handling training as part of their induction to the agency. We were told this was updated periodically.

The registered manager described to us how people were monitored to make sure they received enough to eat and drink, if necessary. They gave examples of food charts

Is the service effective?

being used following consultation with relatives. This was confirmed by the staff we spoke with. They also told us they made sure drinks and snacks were available for people between visits if they could not get them on their own.

People who used the service said they would feel comfortable discussing healthcare issues with staff as they arose. One person who used the service gave us an

example of how staff had raised concerns with them which had led to medical advice being sought. In another instance a relative complimented staff for staying with their family member while the doctor came. Staff described how they would appropriately support someone if they felt they needed medical attention.

Is the service caring?

Our findings

During our inspection we visited four people in their own homes accompanied by the registered manager, who introduced us to the people being visited. The people we visited, and those we spoke with on the telephone, praised the care workers who they referred to as caring, friendly and conscientious workers. They said staff were respectful and treated them in a caring way. One person who used the service commented, “They do things without asking, they know what is needed. Nothing is too much trouble for them. A relative told us, “I have no issues with the care. They [care workers] do it better than I would do it.”

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their support plans and said staff worked to the plans we saw. This was also confirmed by the relatives we spoke with. Care files contained detailed information about people’s needs and preferences. Therefore, staff had clear guidance about what was important to them and how to support them. For example, one plan we sampled for someone who could not communicate their preferences told staff how they liked their tea, their preferred method of communicating and how to promote their independence.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their

wishes. They were able to tell us about people’s preferences and how they endeavoured to ensure care and support provided was tailored to each person’s individual needs.

Staff responses to our questions showed they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they would preserve people’s dignity. One care worker told us, “I cover up people’s private bits with a towel and wash them in stages.” They said this was to preserve their dignity. Another care worker explained how they closed curtains, blinds and doors before providing personal care. They commented, “I would also ask anyone else in the room to leave [while they helped the person get ready for bed].” A relative told us, “They treat mum with respect, they are patient, wonderful carers.”

Staff also described how they tried to maintain people’s independence. One care worker told us, “I encourage people to do things for themselves, but step in to help where needed.”

The registered manager told us their aim was for every person using the service to be supported by a small team of care staff who knew them well. Most of the people we spoke with confirmed they had a regular team of care staff who knew them well and supported them as they preferred.

Is the service responsive?

Our findings

The people we spoke with who used the service said they were happy with the care provided and complimented the staff for the way they supported people. The relatives we spoke with were also complimentary about the care staff provided. One relative told us, “I never felt he would take to receiving care but he has. I see what the carers do and I can’t praise them highly enough. Lifetime have kept him at home.”

When we asked if the service was flexible to meet people’s changing needs we were told it was. A relative commented, “Yes, I just phone the office for say an earlier visit and the ladies sort things out, they are so polite.” Another relative told us, “They [staff] always try to accommodate anything we ask for, when he has an appointment they come later to fit in with it.”

All the people we spoke with confirmed that a full assessment of their needs had been carried out prior to them receiving care. One person who used the service told us, “At the beginning he (the registered manager) spent quite a while with us working out what we wanted and how we wanted it doing. Then they came out after a while and asked if it was working well.”

Staff told us each person had a care file in their home and this was confirmed by the people we spoke with. The care records we sampled at the agency’s office and during visits to people’s homes contained detailed, individualised information about the areas the person needed support with and how they wanted their care delivering. Each file contained a form called ‘All about me’ which provided staff with information about the person’s personal history and preferences. This included the name they preferred to be called by, communication methods used, religious beliefs and their medical history. Care plans were written in the first person, easy to understand and provided good detail about the person’s needs. Each plan we looked at highlighted exactly what support was needed and gave other guidance to staff, such as where incontinence

products were stored. Records were also in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them.

We found people had been involved in planning their care. Where possible people using the service had signed their care plans to show they agreed with the planned care. If they were unable to do so, a family member had signed the plan to acknowledge it met the person’s needs. People told us they had been involved in periodic care reviews, but said they could request one if their needs had changed. Staff we spoke with said they felt the care plans provided very good detail. One care worker told us, “The care plans are very good and are always up to date.”

The company had a complaints procedure, which was included in the information pack given to people at the start of their care package. We saw two concerns had been recorded over the last 12 months. Details of each complaint were recorded along with what action had been taken and the outcome, including letters sent to the complainant. We saw where possible these had been resolved to people’s satisfaction and changes to care packages had been made if required. We also saw numerous complimentary letters and cards had been sent to the agency praising the care staff had provided and how care packages had been organised.

When we spoke with people who used the service, or their relatives, they told us they would feel comfortable raising concerns with their care workers or the office staff. One person told us they had raised minor concerns in the past “Which were dealt with swiftly” but said they had not formally complained about anything. Another person told us, “There has been the odd hiccup but 99.9% of the time everything has been excellent.” A relative told us, “I am really satisfied with everything and have no complaints. They [the agency] are very quick to respond to any requests. They [staff] are polite and I get on with them very well.”

The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People we spoke with said they were very happy with the service they received. One person who used the service told us, “They are always on time and the girls [care workers] are so good.” A relative commented, “I have not got a bad word to say about them, Lifetime is just amazing and they support me as well.” Another person told us, “The manager is fantastic, and very involved [in service provision].”

When we asked if there was any way people felt the service could improve the majority of people could not think of anything. One person said they would like to always have the same care staff. Another person said there was nothing, but then said they would like to always be told if care workers were going to be more than 15 minutes late for a visit. This information was shared with the registered manager who said they aimed to do both of these whenever they could.

We saw the provider had used a survey, phone calls and care review meetings to gain people’s views about how the service was operating. The nine questionnaires returned in 2014 showed that people were happy with the service they or their relative received. This was reflected in the care reviews we sampled and comments gained from the people we spoke with. One of the supervisors told us they also gained people’s opinion when they carried out observations on staff to make sure people’s needs were being met and staff were following company policies.

When we asked staff if there was anything they felt the service could improve they said that they enjoyed working

for the agency and were happy with how it operated. They did not highlight anything they felt needed improving. Staff told us they attended meetings where they were provided with information, discussed any issues they had and shared experiences. The staff we spoke with said they also had informal chats with the management team when they needed to talk something through or required additional support.

We found the management team checked to make sure the service was operating to expected standards. This included checking staff had completed the correct training to meet people’s needs and observing if they followed infection control best practice guidance. The registered manager told us daily records and medication forms were randomly checked to make sure they had been completed correctly. However, we found a small number of gaps in the medication records we sampled. The registered manager told us in future they would make sure all care records were checked on return to the office.

Discussions with the registered manager demonstrated they were keeping abreast of current legislation and guidance. They told us they had attended sessions to discuss the new regulations introduced in April 2015, so they could assess if they would need to make any changes to meet them.

A social care professional we contacted told us the registered manager had been professional when dealing with challenging cases and the care provided had been consistent and recorded well. Another representative from the local authority said they had found the management team to be, “Professional and helpful in dealing with payment queries.” Both said they were not aware of any concerns about the care and support provided by the service.