4Life Healthcare Services Limited

4life Healthcare Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

4Life Healthcare service is a domiciliary care agency registered to provide personal care to adults with physical disabilities, learning disabilities, dementia and those with mental health conditions. It provides care to people living in their own houses and flats. Not everyone using 4Life Healthcare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 4Life Healthcare provided a service to 17 people.

The inspection took place on 10 and 11 January 2018 and was announced. It was the first inspection since the service was registered with us on 6 March 2017. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager of 4Life Healthcare was no longer directly involved in the day-to-day running of the service. That responsibility had been passed to the service manager, who at the time of the inspection was in the process of registering with CQC. The service manager was present throughout the inspection.

People were not always recruited safely. When assessing whether an applicant was of good character, pre-employment checks were not always made in line with the service's recruitment policy or other guidance. Accidents and incidents were not always being reviewed and analysed by the service manager in a robust manner. There was a sufficient number of staff on duty to meet the needs of the people using the service. Staffing levels were planned around the needs of people and rotas showed these were consistent. People were kept safe from the risk of abuse. Staff had a good understanding of safeguarding procedures and the action they needed to take if they were concerned about any potential abuse. Risks to people were assessed and minimised. People received their medicines safely. People were protected by the prevention and control of infection where possible.

People's needs were assessed before the service commenced. People, their relatives and external advocates were involved in assessments. Staff received training which ensured they had the skills and knowledge to deliver effective care. People's rights had been protected and staff were acting in accordance with the Mental Capacity Act 2005. Staff demonstrated a good understanding of the MCA. Staff worked together across organisations to help deliver effective care when people moved between services. People's care records showed many health and social care professionals were involved in their care.

Staff were encouraged to develop positive, caring relationships with the people they supported. Staff were able to describe people's likes, dislikes and routines. Staff supported people to express their views and be actively involved in making decisions about their care. People were involved in reviewing their care. People's dignity and independence was respected at all times.

Some people's care plans did not always reflect their physical, mental, emotional and social needs. People and their families were encouraged and supported to raise any issues or concerns with the service manager. Although staff had not provided care to anyone at the end of their life, the service manager was able to describe how they would support people to have a comfortable and dignified death

Quality Assurance audits were not carried out in line with the provider's policy and procedures. The service manager ensured the service was managed in a way that was transparent, honest and person focused. People and staff had the opportunity to feedback to the service manage in formal and informal ways. The service manager was developing strong links with the local community.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Staff were not always recruited safely.

Accidents and incidents were not always being reviewed and analysed by the service manager in a robust manner.

There was a sufficient number of staff on duty to meet the needs of the people using the service.

People were kept safe from the risk of abuse.

Risks to people were assessed and minimised.

People received their medicines safely.

People were protected by the prevention and control of infection where possible.

Is the service effective?

Good

The service was effective.

People's needs were assessed before the service commenced.

Staff received training which ensured they had the skills and knowledge to deliver effective care.

People's rights had been protected and staff were acting in accordance with the Mental Capacity Act 2005.

Staff worked together across organisations to help deliver effective care when people moved between services.

People's care records showed many health and social care professionals were involved in their care.

Is the service caring?

Good

The service was caring.

Staff were encouraged to develop positive, caring relationships

with the people they supported.

Staff supported people to express their views and be actively involved in making decisions about their care.

People were involved in reviewing their care.

People's dignity and independence was respected at all times.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people's care plans did not always reflect their physical, mental, emotional and social needs.

People and their families were encouraged and supported to raise any issues or concerns with the service manager.

The service manager was able to describe how they would support people to have a comfortable and dignified death.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality Assurance audits were not carried out in line with the provider's policy and procedures.

The service manager ensured the service was managed in a way that was transparent, honest and person focused.

People and staff had the opportunity to feedback to the service manage in formal and informal ways.

The service manager was developing strong links with the local community.

4life Healthcare Services

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 is 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.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

The inspection took place on the 5 and 6 of February 2018, and was the first inspection at the service. It included visiting the site office, visiting people in their homes with staff present and speaking to people's relatives by telephone. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to four people using the service, five relatives, four staff, and the service manager. We visited three people at home, with their agreement, where we made observations of staff interactions. We looked at three people's care plans, four staff files, staff training records, quality assurance documentation and people's medicine records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe being cared for by 4Life Healthcare. One person told us, "I feel safe because I think they're well trained." A relative told us, "(My relative) has to be hoisted in and out of bed and to and from their wheelchair and we never have a moments anxiety." Another said, "We have just got my (relative) a wheelchair so they can go outside and have some fresh air. I trust them to look after (my relative)." However, we did not always find the service to be safe.

People were not always recruited safely. When assessing whether an applicant was of good character, pre-employment checks were not always made in line with the service's recruitment policy or other guidance. For example, applicants were expected to provide two referees as part of the application process. One staff member had not provided any referees and two staff members had only provided one referee. Other referees were provided but did not correspond to previous employers listed on the application form. These omissions and errors were not investigated by the service manager, and where references were sought they were taken verbally and the outcomes were not recorded on the staff member's file. Gaps in employment history were not investigated and not all the application forms we saw had been completed fully. Staff completed Disclosure and Baring Service checks to ensure that they were safe to work with people in vulnerable settings. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Where a previous conviction showed on one applicant's DBS certificate, the service manager had not recorded their reasons for finding the person suitable to work for future reference. Some of these staff worked alone in people's homes so checks of their character and suitability were important.

The failure to follow effective recruitment and selection procedures was a breach of regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Accidents and incidents were not always being reviewed and analysed by the service manager in a robust manner. During our inspection we spoke to the service manager about how he and the service learnt from accidents and incidents, and we were informed there had been no incidents, accidents or near misses since the service was registered with CQC. However, when we spoke to a health professional as part of our inspection they told us there had been a number of incidents relating to one person who needed support when they became distressed. Records showed the service manager had responded to the incidents, but the nature of the incidents had not been recorded in line with the service's policy, to establish any patterns or trends to reduce further occurrences.

We recommend the registered provider seeks guidance from a reputable source in the development of a procedure to analyse and learn from accidents and incidents.

There were a sufficient number of staff on duty to meet the needs of the people using the service. Staffing levels were planned around the needs of people and rotas showed these were consistent. People also confirmed this. The rotas showed there was travel time between the care calls to allow staff to get to people at the right time. Staff absence, such as annual leave or sickness, was covered by senior staff. People were

supported by staff that they knew. One person told us, "We usually see just three staff. Occasionally they'll send someone else but they introduce all staff to me beforehand so it's never been a stranger." People told us staff were punctual, and if they were running late they would always be informed.

People were kept safe from the risk of abuse. Staff had a good understanding of safeguarding procedures and the action they needed to take if they were concerned about any potential abuse. Staff received online training on safeguarding, and discussions were held with the service manager during supervisions. Staff told us they were confident that any concerns would be treated seriously by the service manager. People were aware of what keeping safe meant and told us they knew how to raise concerns. One person said, "I would talk to the manager immediately, I think it is very important that things aren't allowed to go on if they are not good." Information on how to report abuse was available in the service user handbook kept at the person's home. Although the service had not identified any safeguarding incidents at the time of the inspection, the service manager described the steps of how they would be reported to the local authority and the Care Quality Commission when required.

Risks to people were assessed and minimised. Staff carried out risk assessments when the service commenced, covering areas of need such as risks to the environment, moving and handling and risks of infection. For example, one person needed support with changing their catheter. Detailed instructions were provided for staff one how to reduce the risk that the person might get an infection such as using clear protective gloves and monitoring the colour of urine. Another risk assessment identified that the street outside a person's property was poorly lit at night, and this might pose a risk to the safety of staff. The service manager had liaised with the person's family to ensure a parking space was always available for the evening staff member. People were encouraged to take part in the risk assessment process and records showed the assessments were reviewed every six weeks or when there were any changes.

People received their medicines safely. People's ability to manage their own medicines was assessed before the service began, and if support was required details were recorded in the person's care plan. When needed, people were supported by staff who had been trained in how to handle medication and whose competency was assessed by the service manager. We checked the medicines administrations (MAR) charts for people and found that medicines were being recorded correctly. MAR charts had been signed correctly to indicate that people had received their medicines. Care records showed staff asked for people's consent before supporting them with their medicines.

People were protected by the prevention and control of infection where possible. Staff received infection control and food hygiene training. Staff were aware of the importance of using personal protective equipment (PPE) when supporting people, and the service provided staff with gloves, alcohol gel and aprons to be used when needed.

Good

Is the service effective?

Our findings

People and their relatives told us their needs were met and staff were skilled in carrying out their roles. One person said, "They know me really well, and how I like things to be done." Another said, "If I ask for something special they try to do it." A relative told us, "They are very knowledgeable, they must have special training in dementia care."

People's needs were assessed before the service commenced. People, their relatives and external advocates were involved in assessments. The assessment recorded the support a person required with, for example, their mental, physical and emotional needs or nutrition. However, the assessment did not record information on people's protected characteristics under the Equality Act, like their ethnicity, religion or sexual orientation. We spoke to the service manager about this, who told us he was about to implement a new more detailed assessment tool which would take into account current legislation and guidance. The service manager sent us a copy of the assessment following our inspection and it showed all protected characteristics would be recorded before support was provided in the future. Care was delivered taking people's preferences into account. For example, people were asked if they would prefer to be supported by a male or female member of staff, and the rota showed both male and female staff were available to support people.

Staff received training which ensured they had the skills and knowledge to deliver effective care. Each newly recruited member of staff was required to take part in an induction before working with people independently. The induction included a period of shadowing more experienced staff and being observed before being assessed as competent to work alone. Staff told us they valued this experience. One staff member told us, "I was supported when I was new and the induction was really good. I went on some shifts with the manager. He gave me the chance to say if I was ready or not." A mixture of online and face-to-face training was provided on an ongoing basis to all staff, and records showed staff had been trained in subjects such as safeguarding, mental capacity, moving and handling, person centred care and medication. Staff we spoke with had a good level of knowledge about the roles and responsibilities when supporting people. Newly recruited staff were given an effective induction using the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care providers are expected to uphold. Staff told us they thought the training was effective. One staff member said, "The Mental Capacity Act training really helped me support one lady I have with dementia." Training on the specific needs of people was provided when required. When one person needed to be fed using a percutaneous endoscopic gastrostomy (PEG), the registered manager arranged for all staff to be trained by an external provider on how to use it. A PEG allows nutrition, fluids and/or medications to be put directly into the stomach and bypassing the mouth. Staff received quarterly supervision sessions and records showed this gave the opportunity for staff to speak about their role and to identify any training requirements. The service manager carried out monthly observations of staff within people's homes, which assessed their competency in areas such as moving and handling, consent and listening skills.

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 Act 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

People's rights had been protected and staff were acting in accordance with the Mental Capacity Act 2005. Staff demonstrated a good understanding of the MCA. Records we saw showed the registered provider had carried out MCA assessments when required and where people did not have capacity to make decisions themselves staff acted in the person's best interests.. This included taking into account the views of relatives and other stakeholders when required.

Where the service was responsible, people were supported to eat and drink enough to maintain a balanced diet. Staff worked closely with health professionals to ensure their nutrition and hydration needs were met. When one person's family raised concerns about a stomach condition the service manager sought advice from a dietician, who suggested an increase in fluid intake. This information was recorded in the person's care records, and the family told us the change in care plan helped improve the condition. People's care records showed many health and social care professionals were involved in other aspects of their care. This included care managers from the local authority, GPs and local advocacy services. Where there were concerns about people's health, referrals were made appropriately. People were supported to attend routine health appointments. One relative told us, "When my husband has a hospital appointment transport collect him and sometimes it's first thing. I'll speak to the manager and staff will come early to make sure he's ready."

Staff worked together across organisations to help deliver effective care when people moved between services. Care records we reviewed showed information from the local authority, GP and other services was obtained to ensure the person's needs and wishes were fully known and included. One person attended a day centre and the service manager ensured changes to care and support needs, such as changes to medication, were communicated to both the centre and the transport company who took them there. Another person went into respite care for a short period of time. Before they returned home the service manager visited them to review their care and support needs. This meant staff had up-to-date information when support restarted. Another person was supported by live-in care workers from a different care provider. The roles and responsibilities of the different staff had been clearly defined in the person's care plan and relatives told us the arrangement worked effectively. One relative we spoke to said, "They have been superb. There is a mutual respect between all the staff and they work so well together."

Good

Is the service caring?

Our findings

People and their relatives told us they felt the staff were caring and treated them kindly. One person told us, "The carers treat me well and they're all friendly." A relative told us, "I can't praise them too highly. If my husband is incontinent they just sort it out professionally. He is never made to feel embarrassed and they do it kindly too."

Staff were encouraged to develop positive, caring relationships with the people they supported. People told us they were always introduced to staff before they provided care and support. Rotas were organised so people received support from a small number of staff, meaning staff knew the people they supported well. Staff were able to describe people's likes, dislikes and routines. During our inspection we visited three people's homes and watched how people and staff interacted with each other. Those interactions were informal, relaxed and friendly. One relative said, "The interaction between [person] and the carer is the highlight of her day. If we don't go into the room when she's here, it sometimes sounds like we're missing out on a party. I've asked if the carer can write down things [person] says as we don't want to miss out on anything." We saw staff lowering themselves to eye level when speaking to people. One person was hard of hearing, so staff made sure they gained their attention before speaking slowly to them. Staff told us they had time to speak to people about their interests, such as news items or their hobbies. People told us they thought staff were interested in their lives. During one visit we saw a relative showing a staff member family photographs and it was clear that positive, genuine relationships had formed between staff and those being supported. A relative told us, "When the carer leaves she says, 'Goodnight, wonderful lady', and [person] says, 'Goodnight, wonderful child.' It's a lovely relationship."

Staff supported people to express their views and be actively involved in making decisions about their care. People were involved in reviewing their care. One staff member told us, "One person was telling us we weren't supporting them in the way they wanted. We asked for a review, and the manager produced a more detailed care plan. They are a lot happier now. Yesterday they were laughing and singing with us." When people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care. One relative told us, "I have been very much involved, we have just recently had the package reviewed and the care has gone up from twice a day to four times a day." The service manager knew how to arrange support for people from external advocacy services if needed. One person was receiving support from an advocate and records showed the service was in regular contact with them and the local authority during the reviews of care and support.

People's dignity and independence was respected at all times. Staff were able to give examples of how they maintained and protected people's privacy and dignity whilst providing support. One staff member told us, "I'll always close the door to the bathroom and close the curtains when supporting people with a shower." Another said, "One lady used to get nervous when I provided care, so we always tell her exactly what we are doing and that helps her calm down." One person we spoke to said, "Yes, carers are mindful of my dignity even though there might be only me at home." People were encouraged to be as independent as they could be. One person told us, "As I get more confidence and strength they help me do more for myself." members respected people's right to privacy and ensured that all personal information was stored securely in a

locked room in line with the Data Protection Act 1998.

Requires Improvement

Is the service responsive?

Our findings

People we spoke to told us the care and support they received was responsive to their needs. One person said, "They speak to each other so you don't have to repeat yourself." Another said, "The care is consistent, I get the same carers and they are absolutely fantastic." Another said, "They do their best, and if there's something specific I need to be done then I tell them." However, we did not always find the service to be as responsive as it could be.

Some people's care plans did not always reflect their physical, mental, emotional and social needs. We saw that people were being supported by staff who understood the needs and preferences of people well, but this information was not always being recorded accurately and in sufficient detail. Each person had a care plan but not all care plans were person centred and they did not always include information about care and support needed or being provided. For example, one person told us they were supported to be independent, and as they gained strength they would take more responsibility for their own care. Staff were able to describe to us how they encouraged the person to increase the amount of personal care they carried out themselves, like washing the top half of their body, or brushing their teeth. Their care plan did not contain this information, but instead contained task-based information for staff such as 'transfers, toileting needs' and 'oral care'. The person had recently had a shower installed in their home following an assessment by a health professional, but care records had not been updated to show the person was being supported by staff to have a shower. Some care plans did not contain information on people's personal history, interests or aspirations, although when we spoke to staff they were knowledgeable about the people they supported there was a risk that new or temporary staff would not know this important information . Some care records held more detailed information. One care plan we saw had been recently reviewed at the request of the person being supported, as care was not being carried out in a way they wanted. This care plan was far more detailed, and when we spoke to the person they told us, "I feel a lot happier now. I just like things to be done in a particular way."

We recommend the registered provider seeks guidance from a reputable source in the development of person-centred support plans.

People and their families were encouraged and supported to raise any issues or concerns with the service manager. There was a formal complaints procedure in place, and details of how to complain were held with the person's care records at their home. One person told us, "I would complain to the manager and I am quite sure that would solve the problem." Issues were dealt with promptly by the service manager, meaning at the time of the inspection there had been not been any formal complaints about the service.

Although staff had not provided care to anyone at the end of their life, the service manager was able to describe how they would support people to have a comfortable and dignified death and there was a policy in place which they said would be followed if required. The service had developed links with the local hospice and there were close working relationship with district nurses and other health professionals who support people with end of life care.

Requires Improvement

Is the service well-led?

Our findings

People told us they though the service was well-led. One relative said, "The whole agency feels like close personal friends with a very good touch." Another said, "The manager is always there on the end of the phone if I need to make any changes." A staff member said, "It's a company who cares for clients and staff equally." However, we found the service was not always well-led.

There was evidence of a governance framework in place to help ensure that quality monitoring was reviewed. The service manager told us they monitored care provision via observations and feedback from people during reviews. Areas of concern were raised with staff during supervision sessions, and details were recorded on the staff member's files. The service manager told us that medicine records were reviewed monthly and daily notes written by staff were audited to check for changes to people's needs. However, once these audits were carried out they were not recorded formally in line with the provider's policy and procedure, and there was no evidence to show areas of concern identified led to improvements in the service. The failure to carry out and record quality assurance checks meant that the provider was unaware of the issues we identified during this inspection such as with the recruitment procedures, the monitoring of accidents and incidents and with person-centred care planning. When we spoke to the service manager about our concerns they told us they had identified the shortcomings in quality assurance, and were in the process of recruiting a care manager to the organisation which would take over some of the existing role of the service manager. This would then mean they would have more time to oversee quality and implement new procedures being planned.

A failure to effectively monitor the service to identify shortfalls and to make improvements is a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Although there was a registered manager in place, they were no longer directly involved in the day-to-day running of the service. That responsibility had been passed to the service manager, who at the time of the inspection was in the process of registering with CQC. The service manager told us they thought this had little impact on the running of the service, and they met regularly with the existing registered manager to update them on issues at the service to help ensure they met their current responsibilities.

The service manager had built links with other registered person's to share information and good practice. They were a member of an online forum for 250 registered managers who shared information and offered each other guidance and support. The service had no significant events which would have required a notification be sent to the Care Quality Commission, such as a safeguarding alert, but the service manager was able to describe the process of doing so in the future if required. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support when untoward events occurred.

The service manager ensured the service was managed in a way that was transparent, honest and person focused. The service manager kept under review the culture of the service.He told us, " I have close regular contact with staff and expect them to buy into our values which are to be caring, to treat people as individuals and to be competent in what we do." Leadership was visible and the service manager told us he visited people regularly to ask them about the quality of care they received. The culture promoted within 4Life was a family culture, and discussions with staff showed there was an inclusive, open and transparent nature to the service. One staff member told us, "I've not had a job where I could speak to my manager in the way I can here. It really feels like we're a team, that we matter to the manager as much as we do to people we care for." Staff told us they were treated fairly and thought the service manager listened to them if they had any concerns. Staff rotas were planned taking into account where staff lived and any personal commitments they may have. One staff member said, "They treat us fairly. We get the same hours and nobody gets special treatment. And if I need a day off I just need to ask." Staff reported that communication between them and the manager was good. Staff had access to a secure messaging service where information about changes to people's care was shared, and all staff we spoke to thought this was an effective way to communicate so they were aware about any changes.

People and staff had the opportunity to feedback to the service manager in formal and informal ways. A survey had been sent to people and their relatives, although the response rate had been low. The service manager told us he encouraged people to leave feedback on websites such as NHS Choices. Staff told us they were able to feedback formally during supervision. One staff member suggested that since they had some experience of management in a previous role, they took on the responsibility of organising the staff rota. This arrangement had been implemented shortly before our inspection.

The service manager was developing strong links with the local community. They had good relationships with the local authority, a local hospice, GPs and other health professionals. The service had been sharing information appropriately with relevant agencies for the benefit of people who use the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have adequate systems in place to assess, monitor and improve the quality of care and support provided. Regulation 17 (2)(b)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider did not have effective recruitment and selection processes in place. Regulation 19(2)