

Lifelong Home Care Services 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

This inspection of Lifelong Home Care Services Limited was announced and took place on 11 and 13 April 2018. This was the first inspection of Lifelong Home Care Services Limited since registering with the Care Quality Commission (CQC) in April 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to six older adults.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

We found that staff had been recruited safely. The staff we spoke with were aware of how to safeguard adults at risk and how recognise and report abuse. A small and consistent team of care workers supported people. This ensured that people knew their care workers well and felt comfortable with them providing personal care at their home. Relatives confirmed they were happy with the care workers who supported their family members.

People received care that reflected their needs, risks and preferences. Staff had received appropriate training and support from their line manager. Relatives said that staff had the knowledge and skills to meet people's needs. Where required, people received support with eating and drinking. All people had capacity to make independent decisions. Staff told us if people lacked the capacity to make decisions about their care, they would consult with relatives, friends or social services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. The policies and systems at the service supported this practice.

Staff respected people's privacy and dignity and encouraged them to be as independent as possible. Where appropriate, relatives had been consulted about people's care and were updated by staff regularly. The service ensured that people's requests for particular care workers to match people's cultural background was respected.

Care records were detailed and person centred and reflected people's needs, likes and dislikes. Since registering with the CQC, the service did not receive any formal complaints. People who used the service and relatives told us that they would raise concerns with the registered manager.

The service had a registered manager in post. People who use the service, relatives and care workers told us they were happy with how the service was being managed. The registered manager had sought regular feedback from the people supported, relatives and staff about the care and support provided. A high level of satisfaction had been expressed about most areas of the service. Audits were completed and were effective

in ensuring that appropriate levels of quality and safety were maintained at the service.

## 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. People told us they felt safe when staff were providing them with care and support.

Staff knew the correct action to take if they witnessed or suspected abuse.

The recruitment of staff was safe and there were sufficient staff to provide people with the care and support they needed.

Care records showed that risks to people's health and well-being had been identified and plans were in place to help minimise the risk.

Good 

### Is the service effective?

The service was effective. People's needs were assessed prior to accepting the care package.

People told us the service was reliable and staff had enough time to provide people with the support they required.

Staff received the induction, training, supervision and support they needed to help ensure they provided effective care and support.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Good 

### Is the service caring?

The service was caring. People who used the service told us the staff were helpful, kind and friendly.

Care workers we spoke with took pride in the person centred and caring approach of the service they provided.

Care workers and the registered manager had detailed knowledge of people and were able to tell us what was important to the people. They knew their likes, dislikes, and the

Good 

support they required.

### **Is the service responsive?**

The service was responsive. Care records were person centred and contained information about people's needs and wishes. They provided staff with the information they needed to support people appropriately.

People who used the service and relatives told us they had been involved in preparing the care plans.

While the service did not receive any formal complaints. There was a suitable complaints procedure for people to voice their concerns. People were confident any concerns they had would be dealt with quickly.

**Good** ●

### **Is the service well-led?**

The service was well-led. People who used the service said the service was well managed and well organised.

Care workers said they enjoyed the working for the service and felt supported in their roles.

The registered manager and care workers were enthusiastic and committed to providing a good quality person centred service.

We found there were systems in place for assessing, monitoring and reviewing the service.

**Good** ●

# Lifelong Home Care Services Limited

## **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.

This inspection took place on 11 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 11 April 2018 and ended on 13 April 2018. It included contacting people who used the service, relatives and care workers over the phone. We visited the office location on 11 April 2018 to see the registered manager and office staff. We also reviewed care records and policies and procedures.

This inspection was carried out by one adult social care inspector.

Before the inspection we looked at information that we had received about the service and any formal notifications that the service had sent to the CQC. We looked at four care plan records and risk assessments, five staff files personnel records and other documented information related to the management of the service.

During our inspection we spoke with two people who used the service, two relatives and two care workers. We also spoke with the registered manager and the nominated individual.

## Is the service safe?

### Our findings

People who used the service and relatives told us that they were safe with their care worker and the personal care provided. One person told us, "My carer is great, we know each other well, she understands me and I am in safe hands." A relative told us, "My relative is absolutely safe with the carer."

The agency had clear processes in place to report allegations of abuse. Care workers had received safeguarding training as part of their induction. Care workers we spoke with were clear in how to report and recognise abuse. One care worker said, "If I see anything, or [person's name] tells me something of concern, I would write it down and call the office and speak to [managers name]." Since registering with the CQC the agency had not received and not reported any allegations of abuse.

Risk management plans formed part of the holistic person centred plan of care. Risks had been assessed on an individual basis. For example, if people had mobility problems we saw that a detailed manual handling assessment was put into place. Where people had difficulties with swallowing a separate risk assessments was in place providing information for care workers on how to manage identified risk and recognise hazards to minimise the risk. The agency had only provided care to people since October 2017 we therefore did not see any review of risk assessments, however the registered manager told us that the agency would review risk assessment annually or if any significant life events happened, such as, hospital admissions.

People who used the service told us that the agency provided consistently and the same care workers attended to provide personal care. We saw that the agency did not receive complaints about missed and late visits and judged that the current number of care worker deployed was appropriate for the number of people who used the service. Staffing records showed that all new staff had a panel interview where the suitability to care for people was assessed. Part of the recruitment process was that the provider checked people's suitability to care for vulnerable people. The recruitment process included proof of identity, proof of address, reference from previous employers, proof of the right to work in the UK and an enhanced disclosure and barring check.

Currently the agency does not support people in taking their medicines. Medicines were managed by the person independently or by the person's relatives. This was clearly documented in the person care record. The agency had a detailed medicines administration procedure and policy and staff told us that they had or will have training in relation to supporting people with their medicines.

Care workers told us that they had received training in the control of infections and would always use gloves and protective clothing when supporting people with their personal care. One care worker said, "I pick up plastic gloves at the office and will always use them when supporting people."

We asked the registered manager if there had been any incidents and accidents since registration in April 2017 and were advised that there had been none. One care worker told us, "I haven't had any accidents or incidents, if I had any accidents or incidents I would record and report them." We saw the accidents and incidents procedure, which stated that accidents and incidents had to be documented and discussed

during team meetings.

## Is the service effective?

### Our findings

People who used the service and relatives spoke very positive about the care they received from the agency. One relative said, "[Carers name] is wonderful, she has a good relationship with my mum and has become part of our family." One person who used the service said, "I get on very well with [carers name], she understands me well, we always have a chat and she knows exactly what I need."

We saw that people who used the service had been assessed prior to personal care provided. The assessment included the person's health, environment, likes and dislikes and what their care needs were. Assessments were carried out at the person's home and records showed they contributed to the assessments.

We looked at staff training records and saw that staff had access to training which the registered provider considered mandatory. The training included safeguarding vulnerable adults, infection control, manual handling, communication and first aid. Staff told us that they found the training very useful and that it had helped them to understand their role and responsibilities better.

For staff who were new to the service we saw that there was a comprehensive induction training programme for them to complete. This was a mixture of classroom based training, e-learning and workbooks. The induction covered areas such as policies and procedures, introduction to the role, and key areas of training such as safeguarding and medication administration. This training was supplemented by shadowing more experienced staff on community visits to support the practical application of what they had learnt. Competency checks were also completed by the registered manager and the senior staff to ensure staff were covering all aspects of their role effectively. One care worker said, "I had a good induction, which helped me to understand what was expected of me."

We saw that staff had access to supervisions, these were undertaken one to one or as group supervisions and were scheduled every three months. We saw that the last group supervision was held in March 2018. We asked care workers about this and one care worker told us, "The group supervisions is a good way to learn from each other and share experiences."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA. We saw that consent to care and support was considered. All people who received personal care from the agency had capacity to make independent

decisions. We saw that people who used the service signed their care plans and were asked how they liked to care to be provided.

Where people were supported with meals, we saw this was detailed in their care plan under dietary requirements. The plan contained details such as likes and dislikes, specialist dietary requirements and support required, such as the use of a straw with drinks, or the cutting up of food. One care worker said, "I will help [person's name] with their meals, it is all written in her care plan."

Where people had the involvement of community health professionals, such as district nursing staff this was documented in their care plan. The care plans we viewed contained information for the health and social care professionals involved.

# Is the service caring?

## Our findings

Everyone we spoke with said that care workers were kind and caring. They told us that care workers respected them and provided good quality of care. People's comments included, "The carer is excellent, we get on very well, she understands me." Another person said, "[Cares name] is like a part of my family, she is friendly and we spend time together for a chat." One relative told us, "The carer and my mum get on very well and she can speak the same language which is very helpful."

People who use the service and care workers told us that they usually have the same people to visit. Care workers had regular work patterns and this meant they were able to get to know the people they supported well. Care workers told us, "I see the same person, which is good I know them and they know me."

People told us that care workers treated them with kindness, compassion and consideration. Care workers ensured people's privacy was respected. People told us they got on well with their care staff. One relative said, "The carer is very good and caring." One person said, "She [carer] is friendly, understanding and takes her time looking after me." Care workers said they enjoyed spending time with people while providing care and support and commented, "I love this job and caring for people it is very rewarding."

People told us their care workers had enough time during their visit to provide the support they needed. One person said, "They take their time and let me get on with it." The agency made sure that people received also culturally appropriate care and would ask people during their induction if they required a care worker from their own cultural and linguistic background or if they preferred a male or female care worker. One relative told us, "I am so happy that the care worker speaks our language."

Care workers recognised the importance of respecting people's wishes and choice. Care plans included information on people's individual preferences and how to support decision making. Care workers told us, "People know what they want you to do", "I always ask about everything. I try to help people be as independent as possible" and "I involve my clients in everything. I like to make sure I offer three choices. I think people like to be involved."

One person told us, "She [carer] is very good, she does everything I ask her; she had contacted the doctor when I didn't feel well. She helped me to get my independence back since I have been to hospital, I could not do without her help. Nothing is too much for her."

## Is the service responsive?

### Our findings

People received personalised care and support that met their needs. People who used the service and relatives were actively involved in the assessment and review process which also involved the person. One person told us, "I did my care plan together with [manager's name], I make all decisions in relation to my care and a copy is at my house." One relative said, "We did the care plan together with the manager and my relative. We talked things through and a copy is in the bedroom."

Care plans were person centred which meant they were all about the person and how they wanted their care and support to be provided. People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. People were being supported in line with what was recorded in the care plan. Where particular routines were important to people these were clearly recorded and described, so staff were able to support the person to complete the routine in the way they wanted. For example, when a person preferred to get ready in a certain way this was clearly documented. Care plans were reviewed when needs changed or after significant events such as discharges from hospital.

Daily records were completed and reported individually about anything specific to that person on their own record to ensure confidentiality. Records included references to the care provided, if the person requested something in particular and if the person had eaten or drunk something. This ensured relatives, other care workers and the registered manager can be confident people were well hydrated and fed.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. Since registering with the CQC the agency did not receive any complaints. People who used the service told us, that they would contact the office if they had any concerns.

## Is the service well-led?

### Our findings

Comments we received from people were positive in relation to the management of the service. These included, "The manager is very good, and she calls and asks me if everything is ok." One relative said, "More than pleased with the agency and [carer]."

Records showed that regular staff meetings were held. These enabled the staff team to discuss topics of interest and to voice any concerns or areas of good practice in an open forum, should they wish to do so. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meetings.

Systems were in place to effectively assess and monitor the staff team and the quality of service provided. Evidence was available to show that changes had been made in response to the findings of the auditing systems. The service worked well with other agencies, such as community professionals and commissioners. A wide range of updated policies and procedures were in place at the agency office. This helped to ensure that the staff team were kept abreast of current guidelines and any changes in legislation.

One care worker told us, "This is my first care work job and at the start I felt a bit anxious, but I love it now. I wouldn't do anything else."

The management team ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff knew they were accountable to the provider and registered manager and they said they would report any concerns to them.

Staff had access to a range of policies and procedures to guide them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The provider was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. This demonstrated the provider understood their legal obligations.