

Lifeline Homecare Limited

Lifeline Homecare - Frome

Inspection report

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Date of inspection visit:

05 January 2017

06 January 2017

Date of publication:

01 March 2017

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 took place on 05 and 06 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Lifeline Homecare Frome provides personal care to people living in Frome, Trowbridge, Warminster and surrounding areas. At the time of this inspection they were providing personal care for 69 people. They also provided a domestic service to people living in their own homes but this aspect is not within the scope of CQC's regulations.

This was the first inspection of the service since they registered in December 2014. No concerns were identified during the registration process.

There is a registered manager in post. 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.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with care workers during our home visits.

The service had a complaints policy and procedure that was included in people's care plans. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the registered manager and senior staff. Records showed the service responded to concerns and complaints and learnt from the issues raised.

People who received personal care and support from Lifeline Homecare Frome told us they were happy with the service provided. They said the registered manager and staff were open and approachable, cared about their personal preferences and kept them involved in decision making around their care. One relative said, "We have always been involved right from the start." One person said, "I have a say about the way my care is provided and they listen. They are very professional."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during our home visits. Everybody spoken with confirmed they had a consistent team of care workers whom they all knew. One person said they had come to consider the team of care workers as their family, another said the care worker was "like a daughter to me."

People's care needs were recorded and reviewed regularly, with a team leader or senior care worker and the person receiving the care or a relevant representative. All care plans included written consent to the care provided. Care workers had comprehensive information and guidance in care plans to enable them to deliver consistent care the way people preferred. One person told us how their care plan had been written with them and clearly showed exactly how they liked things done.

Staff monitored people's health with their consent and could refer and direct to healthcare professionals as appropriate. Support was provided for people to attend hospital and doctor appointments. A healthcare professional told us how the service worked well with them and made referrals in an appropriate way and timely manner.

There were systems in place to monitor the care provided and people's views and opinions were sought through care reviews and an annual survey. Suggestions for change were listened to and actions taken where possible to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

The registered manager had a clear vision for the service. Their statement of purpose said, "Lifeline Homecare aims to offer a user centred, flexible, high quality personal and practical service, designed to support individual people living in their own home and to assist and improve their quality of life." Staff could be seen supporting this philosophy and approach whilst providing care and support to people living in their own homes.

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.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme which included training specific to people's care needs.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

People were able to make choices about who supported them and build relationships with regular staff.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

The service was well-led

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

There were systems in place to identify shortfalls and drive improvement through regular assessment and monitoring of the quality of service provided.

Staff were motivated, they worked as a team and were dedicated to providing support in a person centred way.

Good ●

Lifeline Homecare - Frome

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 05 and 06 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

This was the first inspection of the service since they registered in December 2014. No concerns were identified during the registration process.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

This inspection was carried out by one adult social care 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 or has used this type of care service.

Lifeline Homecare Frome provides personal care to people living in Frome, Trowbridge, Warminster and surrounding areas. At the time of this inspection they were providing personal care for 69 people. They also provided a domestic service to people living in their own homes.

We visited seven people in their homes and spoke with 12 people and six relatives over the telephone. We also spoke with seven staff members as well as the registered manager, a company director and the training manager. During one of our visits we spoke with a visiting health care professional involved in the person's care.

We looked at records which related to people's individual care and the running of the service. Records seen included seven care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

Everybody we spoke with said, they or their relative felt safe with the staff who supported them. One person said, "Absolutely safe they are like my friends they are amazing." Another person said, "I could not wish for anything better my carer is wonderful and they make sure I am safe." A relative told us, "They do everything for [the person] and they have to use a hoist to move them but they feel safe when they are helping them."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Lifeline Homecare Frome until their DBS check had been received.

To further minimise the risks of abuse to people, staff received training in how to recognise and report abuse. Documentation held by the service showed all staff had completed this training during their induction and before they worked with people alone. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff confirmed they had all received training in how to recognise and report abuse. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One care worker said, "I know anything I tell the manager would be dealt with immediately, in fact all the management care about the safety of the clients and their staff." Another staff member said, "I would have no hesitation to talk to anyone in the office and I know they would act straight away." Staff were also aware that they could report concerns outside of the organisation and who to approach.

The service's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package, staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Everybody said they received care and support within the time agreed. One person said, "They always stay the allotted time sometimes longer if necessary." A relative told us, "Sometimes they go over time because [the person] is not very mobile." The registered manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. They told us they would only take on new referrals if they were able to meet the care package with the staff they had. An on-going recruitment programme was in place to ensure staffing levels remained consistent. This meant people could be reassured they would receive the care package agreed.

Everybody we spoke with said they did not have any problems with late or missed calls, one person said, "They are usually on time, if they are going to be late they let me know." Another person said, "I know who is

coming and at what time because I get a weekly list, it rarely has to be changed." The registered manager confirmed they would call people and explain why a care worker may be late. Senior staff also confirmed they would cover if a care worker went sick and they did not have a replacement. A company director explained how they monitored calls to check they had been carried out on time. They told us they used a system which was connected to an application on the care workers phone. Care workers put their phones onto the care plans when they arrived and left. This sent an electronic alert to the office which could be viewed in real time on office computers. Office staff monitored these through the day so they could be alerted to any calls that had been missed immediately.

An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example, One person was at risk of using out of date food. There was clear guidance for staff to ensure food was within the 'eat by' date and the person was assisted to maintain a healthy diet. There were clear guidelines on checking equipment for staff to follow. One person required the use of a specific hoist; clear guidance was in place for the safe use of the equipment as well as the type and positioning of the sling.

Staff informed the registered manager if people's abilities or needs changed so risks could be re-assessed. An immediate visit to reassess any change in needs and risk would then be carried out by a team leader or senior care worker. This meant people could be reassured that any risk to their safety was assessed and dealt with in a timely manner. One person told us they had spent some time with a 'senior person' who had looked at their care plan with them.

Some people required assistance with their medication. Clear risk assessments and guidelines and agreements were in place to show how and when assistance was required. There were clear protocols to show the level of assistance required. For example, if the person needed full administration of medicines or just prompting or reminding a person to administer prescribed medication from a blister pack. Staff administering medication had all received training in the correct procedures to follow. Staff competency was assessed during spot check meetings.

There were systems in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager or care coordinators so appropriate action could be taken. The time and place of any accident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

People confirmed staff used personal protective clothing to ensure they were protected from infection. One person said, "They [staff] are all very particular, they wear their aprons and gloves and make sure everything is left spotless." We observed staff used gloves and aprons appropriately and washed their hands before preparing food.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "They are all trained before they start and introduced to me so that they know what needs doing." Another person said, "They have to know what they are doing with me because I have [specific needs] and they are trained to help when I really need the help, they are all very good." A relative told us, "They have been well trained; they know exactly how to look after [the person] and keep them happy and relaxed." Another relative said, "I would say they are definitely trained they are very professional."

All staff confirmed they had plenty of training opportunities. This included annual updates of the organisation's mandatory subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One staff member said, "The training was good they do support you to learn more. I know they are looking at another medicines course for senior staff at the moment."

The training manager confirmed their induction programme followed the Care Certificate which is a nationally recognised training programme. All new staff received basic training in the service's essential subjects, before working with people in their homes. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. One staff member explained how they had worked shadow shifts with an experienced staff member before working alone. They explained they felt they had really got to know the people they cared for well before lone working. The registered manager confirmed they asked people if they were happy for new staff to shadow their regular care worker. One person said, "They always ask me if they can bring someone new along first. I like that as I get to know them and they know what I need."

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks. During spot checks team leaders would also assess the staff competency in moving and handling, using hoists and equipment and administering medicines. Any concerns with competency would be reported to the training manager who could organise a training update.

Some people needed support to eat and drink as part of their care package. Care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. One person said, "They help me with the ready meals and they always leave plenty to drink such as water or fruit juice." Another person said, "I like omelettes and they always make me one just right." Whilst another person said, "They make me gammon which I like and prepare the veg and they always leave me with a flask before they go or a bottle of lemonade." Care plans ensured staff were reminded to make sure adequate fluids were in reach when they completed their call. During our visits staff offered to make people a cup of tea or coffee and get them a snack if they required one.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care, or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorney certificates to ensure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before they carried out any care.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA. We spoke with a company director about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager and company director had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

People were supported to see health care professionals according to their individual needs if they informed the service they required assistance. Some people did not have families living close enough to provide this support. The service would provide staff to help people attend doctors' appointments and hospital outpatient follow ups if needed. Some people said they received support from their relatives to attend appointments. One relative said, "They called a doctor for [the person] because they were retaining fluid and they were taken to hospital. They are very good if they think anything is wrong they are on the ball."

Is the service caring?

Our findings

People said they were supported by kind and caring staff. All of the people spoken to over the telephone were happy with the service and people said staff were, "Caring, helpful and kind." One person said, "They are very compassionate and caring, the girls are amazing." Another person said, "They are brilliant I can have a bit of fun with them I have no problem with them at all." A relative told us, "They are amazing they have a laugh and a chat they make us both feel cheerful and well cared for and they are only coming to look after [the person]." Another relative said, "They are all very caring, one chap is great we miss him if he has a day off."

During our home visits we observed staff were very caring and compassionate. We did not observe personal care being carried out, however we did observe the staff offer the person a drink and ask if there was anything they could do whilst they were there, even when it was not a scheduled visit. One person said, "They always ask if there is anything else they can do, and the first thing they say is how are you and do you fancy a cup of tea."

People commented on the consistency of the staff team. Everybody visited and consulted over the telephone commented that they had regular carers. One person told us they had come to feel like the care workers were their family, another said, "She is brilliant like a daughter to me." A relative told us, "We know all of the carers and [person's name] gets on well with them and they have a laugh with them."

People said the carers who visited them were all polite and respectful of their privacy. Everybody spoken with confirmed personal care was provided in private and in a room of their choice. People said staff treated them with respect. One person said, "They are always polite and respectful. They always ask if I am happy with them helping me to wash certain parts." A relative said, "They always make sure [the person] is happy with what they are doing, they explain everything sometimes several times and always in a respectful way."

The service kept a record of all the compliments they received. If compliments were specific to an individual member of staff the person's message was shared with them. All staff were informed of general compliments received.

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. The registered manager, team leader or senior care worker visited people to carry out a review of their care plan. People confirmed they were involved in reviewing the care they received. One person said they had recently had a review meeting. They told us, "The Care Plan has been reviewed by the supervisor [staff name] she did it a few weeks ago and everything was okay, we discussed the care and what I needed it was my decision." Another person said, "[Staff name] reviewed the care plan about a month ago. I think she is the team leader and the owner did it six months before that. We discuss what goes in it then I sign to show I have agreed."

People told us they felt they maintained control over their lives and the care and support they received. One person explained how staff supported them to wash but did not take over. Another person explained how

they were supported to be as independent as possible but with staff there to help when they requested the help. One relative said. "They are very good they try to get [the person] to do things themselves like wash their teeth and brush their hair so they feel in control."

People told us how they felt staff often went above and beyond what was expected of them. One person explained how they liked to go out and staff supported them sometimes staying longer than their allotted time. The company director explained how one person with short term memory problems had said they wanted to go on holiday. The care worker worked with the person to arrange a holiday and wrote everything down for them so they could see and do the things they wanted to. The care worker accompanied them to a seaside hotel and supported the person to enjoy their holiday.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences.

Staff had a good knowledge of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after. One relative said, "They really do know what [the person] needs and how best to look after them, they are so happy with them." One person said, "They are really good they know how to look after me and ensure I am safe."

People said they could express a preference for the care worker who supported them, for example one person had stated they did not want a male care worker. This was clearly recorded and records showed the service respected the person's request. Another person explained how they had asked the service not to send a specific care worker. They said they were listened to and the work rota changed. This meant people could maintain some control over the staff who supported them.

People's care needs were assessed on their first meeting with the registered manager or team leader. All needs were discussed and the initial package agreed with the person or their representative, if they were unable to take part. The registered manager confirmed they would discuss with the person the support they were able to provide. If they felt the service could not meet the person's needs they would signpost them to another service who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. People were able to make choices about how the service supported aspects of their day to day lives. They were able to choose how much support they required and when it was delivered. One person said, "I get the support when I want it, they are loving and caring and make me happy. I see them more than my family." Another person explained how they had asked for a change of time and this was being, "sorted out" by the team leader.

Team leaders explained how they would be honest with people about the times they could provide care at the initial assessment. Following the initial visit care plans were developed outlining how their needs were to be met. Everybody spoken with knew about their care plans and people confirmed they had been involved and had agreed the plan before they were finalised. One person said, "I know all about my care plan it was agreed with me. They are always writing in it and they always read it first thing to make sure nothing has changed."

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. They were person centred and included what people liked and disliked. For example one person had very particular needs around routine. They liked their clothes and personal items laid out in a specific way. The team leader discussed this with their relative. They agreed the best way to support this person's needs was to take a photograph of the way they liked things laid out so staff could follow a picture in the care plan rather than a written record. There was a clear life history which helped staff to understand the person and topics they could talk about.

The service was responsive to people's changing needs. Staff would inform the registered manager or team leader of changes in people's health and mobility. The registered manager confirmed team leaders or senior care workers would visit the person to assess the changes and discuss the need for any additional support or equipment. The registered manager explained care workers could be informed of changes immediately using the phone app which contained all the information they required at a glance. This meant people could be reassured that changes to things like medication could be acted on immediately. One health care professional told us the organisation worked well with them and any needs identified were discussed with them and changes made immediately.

People said they felt they could complain if they needed to and the service responded to their concerns. One person said, "I don't need to complain I have a very good relationship with my carers and the senior and I can discuss things straight away." Another person said, "The owner is lovely always available if I want to talk and I have never had to complain." Another person said, "Well all the information is all there in the care plan if I need to complain I know who to talk to."

Is the service well-led?

Our findings

The registered manager was very open and approachable. There was an open door policy at the office and throughout the inspection staff came to the office to speak with the management team. People and their relatives considered the service was well-led and excellent standards of care were provided by a team of skilled and caring staff. One person said, "They are excellent don't know what I would do without them. I have used other agencies before and lifeline is clearly the best for me." Another person said, "A very professionally run business. I can talk with the office at any time and it is never too much for them to take the time." A relative said, "Lifeline is just that, a life line for me. They care about what they are doing."

There was a staffing structure which provided clear lines of accountability and ensured the smooth running of the agency at all times. Team leaders explained how they all knew each other's roles and if they were unable to provide a care worker for a person they would cover the shift themselves, this meant people were supported by staff they knew at all times. People confirmed they knew all the staff involved in their care and what their position was in the company. Everybody knew the names of the registered manager, company directors and team leaders as well as their regular care workers.

The registered manager carried out annual satisfaction surveys of people, relatives and staff. The last surveys had been analysed and made available to staff so they could discuss ways to improve the service at team meetings. Overall the survey showed a high level of satisfaction with people saying they felt safe and were looked after by kind and caring staff. This showed the staff were consulted in how the service was run and ways to drive improvement. Any issues raised by people in the surveys was discussed with them by a team leader and suggestions sought for how they could improve the experience for that person. For example it was agreed with one relative that staff would change the way they left the person's snack out for them so they would remember to eat it.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had a contingency plan in place to make sure people continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload.

People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings and supervisions.

The registered manager had a clear vision for the service. Their statement of purpose said, "Lifeline Homecare aims to offer a user centred, flexible, high quality personal and practical service, designed to support individual people living in their own home and to assist and improve their quality of life." Staff could

be seen supporting this philosophy and approach whilst providing care and support to people living in their own homes. All the staff spoken with explained how the registered manager cared about them as well as the people they provided a service for. One staff member said, "They are a good organisation to work for, they care about their staff as much as the people we care for. If you need support they are there for you." Another staff member said, "There are a lot of staff who have worked for Lifeline since they started. That says a lot in this day and age. To keep staff you must show you care about them and they do."

There were effective quality assurance systems to monitor care and plan ongoing improvements. All staff checked into a person's home using the app on their mobile phone. This was then relayed to the office which allowed times and durations of calls to be monitored throughout the day. The registered manager and office staff monitored these during the day to make sure staff were arriving at the correct time and staying for the allocated amount of time.

Other quality assurance audits included audits of medication practices and records and full audits of care plans. Where audits identified shortfalls an action plan with dates was put in place. One audit identified poor wording by some staff in daily records. Further training in writing person centred records was being planned for all care workers so they would complete records to the same standard. For example one audit had noted that there had been a lapse in staff supervision and care plan reviews for one area. The registered manager and company director had carried out the supervisions and reviews and put systems in place to ensure the shortfall did not happen again.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.