Lifecome Limited

LifeCome Care

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 25 and 27 January 2017. LifeCome Care is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection 59 people were using the service.

We carried out an announced comprehensive inspection of this service on 12 April 2016, and found medicines were not safely managed and risks to people had not always been adequately assessed. We also found that the provider did not have effective systems in place to monitor and improve the quality of the service. Appropriate recruitment checks for staff were not always in place and the provider had failed to submit notifications as required by the regulations.

After the comprehensive inspection, we served a warning notice and requirement notices on the provider and registered manager requiring them to comply with the regulations.

At our focused inspection of 09 August 2016 we found that the provider had taken appropriate actions to ensure compliance with the regulations. Medicines were safely managed. People's records contained full medicines lists and appropriate guidance on how to support them safely with their medicines. Risks to people had been adequately assessed and reviewed, and appropriate risk management plans were in place to mitigate risks. The provider had taken appropriate action to ensure references were sought for those employed to work at the service. Quality assurance systems were in place to monitor and improve the quality of the service.

You can read the report from our previous inspections, by selecting the 'all reports' link for 'LifeCome Care' on our website at www.cqc.org.uk.

At this inspection on 25 and 27 January 2017 we found the system for monitoring visits to people to ensure they received visits at the correct times was not robust. The scheduling of staff to visit people's homes was not well managed and feedback from people following a survey carried out in December 2016 showed that 33% believed that staff timeliness needed to be improved.

These issues were in breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The service had 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 and their relatives told us they felt safe with staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. Senior staff completed risk assessments for

people who used the service which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The deployment of staff to meet people needs required improvement. The service carried out satisfactory recruitment checks on staff before they started working. There were arrangements in place for staff to access support outside the office working hours. Staff supported people to take their medicines safely. The service provided staff with an induction and training, and supported them through regular supervision, unannounced spot checks and annual appraisal of their performance.

Staff sought people's consent before providing them with support. The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA). At the time of inspection they told us they were not supporting any people who did not have capacity to make decisions for themselves. Care records we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. Staff were available to support people to access health care appointments if needed or where people did not have relatives to coordinate health care appointments for them.

Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The provider had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. The provider sought the views of people who used the service to ensure they were satisfied with the support they received. Staff felt supported by their line manager and the registered manager. The service worked effectively with health and social care professionals and commissioners.

We noted some areas of good practice in the systems used by the provider to assess and monitor the quality of the care people received. This included unannounced spot checks at people's homes and audits covering areas such as accidents and incidents, care plans, risk assessments, management of medicines, and staff training.

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

Some aspects of the service were not always safe.

People told us some time they had not received visits at the correct time. Records showed that office staff had not always allowed enough time for staff to travel between calls and this required improvement.

People and their relatives told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred.

Senior staff completed risk assessments and risk management plans were in place to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had carried out satisfactory background checks of staff before they started working.

Staff supported people to take their medicines safely.

Is the service effective?

Good

The service was effective.

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision, unannounced spot checks and yearly appraisal to help them undertake their role.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated health care appointments and staff were available to support people to access health care

appointments if needed.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems to monitor the times and durations of people's visits were not operated effectively. Staff rotas were not well managed.

There was a registered manager in post. They kept staff updated about any changes to people's needs.

We noted some areas of good practice in the systems used by the provider to assess and monitor the quality of the care people received. This included unannounced spot checks at people's homes and audits covering areas such as accidents and incidents, care plans, risk assessments, management of medicines, and staff training.

LifeCome Care

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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to the Care Quality Commission. A notification is information about important events which the service is required to send us by law. The provider had also sent us a completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 25 and 27 January 2017 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector and two experts 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. The experts by experience carried out phone calls to people and their relatives.

During the inspection we looked at nine people's care records and 10 staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, as well quality assurance and monitoring information. We spoke with seven people and nine relatives about their experience of using the service. Following the inspection we spoke with two more relatives of people receiving double handed care. We also spoke with the registered manager, coordinator and six members of staff.

Requires Improvement

Is the service safe?

Our findings

People and their relatives gave us positive feedback about safety and told us that staff treated them well. One person told us, "I feel very safe." Another person said, "Yes, I'm glad they come because they make sure I'm OK." A relative told us, "Yes, he [loved one] never said otherwise." Another relative commented, "Yes, my [loved one] feels safe. I know he is safe when I am not there and he is with the carer; I trust them."

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and all staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. All staff told us they completed safeguarding training and the training records we looked at confirmed this. Staff told us there was a whistle-blowing procedure available to them and said they would use it if they needed to. One member of staff told us, "I would report any concerns to my registered manager or, if necessary, report to social services and CQC."

The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of investigations. The registered manager implemented performance improvement plans for staff to make sure they used any incidents as an opportunity for learning. They worked in cooperation with the local authority in relation to safeguarding investigations and notified CQC of these. At the time of this inspection there were two safeguarding concerns being investigated by the local authority and the agency. We cannot report on the outcome of these investigations. We will continue to monitor the outcome of the investigations and any actions taken by the provider to keep people safe.

Staff completed risk assessments for each person when they started using the service. Risk assessments covered areas including falls, moving and handling, hoisting, medicines management and seizures. They included appropriate guidance for staff on how to reduce identified risks. For example, where a person had been identified as being at risk of seizures, a risk management plan was in place which identified the level of support the person needed to reduce the risk. Another person had been identified as being at risk of choking and we saw a risk management plan was in place which identified the level of support the person needed when serving food and drink to reduce the risk. The registered manager told us that risk assessments were reviewed on a six monthly basis, or more frequently if people's needs changed. Care records we saw confirmed this. We reviewed nine people's records and found all were up to date with detailed guidance for staff to reduce risks.

The provider had a system to manage accidents and incidents to reduce them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and who they notified, such as the office and a healthcare professional. For example, when staff found a person unwell at the time of their arrival, immediately they called paramedics and took them to hospital. A senior member of staff reviewed each incident and the registered manager monitored them. The registered manager showed us examples of action taken in response to an incident and changes they made after incidents had occurred. For example, when a person got hurt using with their broken furniture, an

assessment was completed and appropriate furniture was arranged.

The deployment of staff to meet people needs required improvement. The registered manager told us they organised staffing levels according to the needs of the people who used the service. One person told us, "Yes there are enough care workers." A relative told us, "Yes, two staff at a time is sufficient. Cover over Christmas was good." Another relative said, "There is a pool of carers, four to five carers come in a week, we know them all." A third relative commented, "Yes, it is more or less the same carers who come." We also spoke with relatives of people who required support from two carers at one time and these relatives told us that the care staff arrived together as required so care could be provided as planned. The service also had an on call system to make sure staff had support outside the office working hours. Staff confirmed this was available to them at all times. However, people told us some times they had not received visits at the correct time but there were no missed calls. Records showed that office staff had not always allowed enough time for staff to travel between calls. We reported these under Well-led section of this report, and this required improvement.

We looked at 10 staff records and found the provider carried out satisfactory background checks on all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, criminal records checks, a health declaration and proof of identification. These checks reduced the risk of unsuitable staff working with people who used the service.

Staff supported people so they took their medicines safely. One relative told us, "Yes, they [staff] will do [their loved one's] medicines; they make sure [their loved one] takes them in the mornings." Another relative said, "Yes, the staff help with the medicines, they make sure [their loved one] takes them." Staff received training in the administration of people's medicines which included an assessment to ensure they were competent to do so. People's Medicines Administration Records (MAR) were up to date and showed that people had been supported to take their medicines as prescribed. The service had up to date protocols in place where people required support with medicines that had been prescribed to be taken 'as required' which advised staff when and under what circumstances individuals should receive these medicines. There were also protocols for dealing with medicines incidents. Staff were aware of the action to take in response to a medicines incident, should one occur. Staff had a clear understanding of these protocols. The registered manager conducted monthly reviews of management of medicines and shared any learning outcomes with staff to ensure people received their medicine safely.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "I'm quite happy with the carers I couldn't do anything without them." Another person said, "Yes, they [staff] know what they are doing." One relative told us, "She [staff] is lovely, nothing is too much trouble for her; she showers [their loved one] properly and washes his hair. She is well trained to look after him, we are very proud of her." Another relative said, "My [Loved one] has a catheter which they [staff] attend to. They are well trained to look after him."

The service trained staff to support people appropriately. Staff told us they completed comprehensive induction training when they started work, which included a period of shadowing an experienced member of staff. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes, to moving and handling, first aid, administration of medicine, and the Mental Capacity Act 2005. Staff training records showed staff updated their training annually. Staff told us the training programmes enabled them to deliver the care and support people needed. For example, one staff member told us, "Without training, I could not have carried out safe care practices, such as the use of slings and hoisting."

Records showed the service supported staff through regular supervision, unannounced spot checks and an annual appraisal. Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they worked as a team and were able to approach their line manager and the registered manager at any time for support.

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. We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a good understanding of the MCA. They said that people using the service had capacity to make decisions about their personal care and therefore none of the people using the service were deprived of their liberty.

The service had systems to assess and record whether people had the capacity to consent to care. Staff understood the importance of asking for consent before they supported people. One person told us, "Yes, they [staff] ask for my consent before they provide care. They wash me and apply cream each day." Staff confirmed they sought verbal consent from people whenever they offered them support. One member of staff told us, "I always ask people before providing care to them. For example, I ask them would you like a shave, if they say yes, I give them a clean shave."

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One person told us, "I make my own meals but they always offer to cook for me and will do some shopping if I need it." A relative said, "They [staff] make mum breakfast, lunch, and a sandwich for evening meal. They ask mum about the meals. She has a choice, what she wants and what she feels like eating."

People's relatives as appropriate coordinated health care appointments. Staff were available to support people to access healthcare appointments if needed, and for people who did not have relatives to coordinate the appointments. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals including their GP in each person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a district nurse, GP or a hospital appointment. People's care records we saw confirmed this.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and staff were caring. One person told us, "Yes, definitely, they [staff] are kind and caring." Another person said "They [staff] are very nice ladies." One relative told us, "All the carers are respectful." Another relative commented, "The carer is polite my brother likes him, he comes in and is very friendly, and they have a good relationship." A third relative stated about a particular member of staff that, "Her [staff] attitude, politeness and willingness, and her smile, she really cares. It shines through, can't praise her highly enough."

Staff involved people and their relatives where appropriate in the assessment, planning and review of their care. People we spoke with and their care records we saw confirmed this.

Staff understood how to meet people's needs in a caring manner. They were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us, "I respect the person's preferences; I always ask how they prefer to be washed, and give them a choice of food and drinks." Another member of staff said, "I talk to people when giving personal care to them and it takes away all the embarrassment." Staff spoke positively about the support they provided and felt they had developed good working relationships with people they cared for.

People were supported to be as independent in their care as possible. One person told us, "Yes, they [staff] are really good; they help me and they also let me be independent to do things for myself as well." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One staff member told us, "I always encourage people to do things for themselves, like brushing teeth, wiping their own face, and washing their upper body." Another staff member described the support they gave to one person, saying, "I encourage them to use walking equipment and be mobile." A third member of staff commented of a person they supported, "I always encourage them to cook, wash and dress himself, I only wash his hair and the places he cannot reach."

Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. For example, staff told us they ensured people were properly covered, and curtains and doors were closed when they provided care which promoted their privacy and dignity. Staff also were aware to keep people's information confidential. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. One staff member told us, "Everyone [people who use the services] has the same rights; I treat everyone with respect despite their age difference and even if they have different needs."

Good

Is the service responsive?

Our findings

Staff carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. Where appropriate, they involved relatives in this assessment. The registered manager explained that this assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, personal and healthcare needs, allergies, family and friends, as well as contact details of health and social care professionals. They also included information about the level of support people needed and what they could manage to do by themselves.

Care plans were reviewed regularly and were up to date. One relative told us, "We have a good care plan. It's reviewed every 6 months; we are involved, and they [office staff] try really hard." Another relative said, "Yes, there is a care plan, the office are good at looking at it. I feel I can ask anything and they [office staff] listen." Staff discussed any changes to people's conditions with their line manager to ensure their current needs were identified and met. Senior staff updated care plans when people's needs changed. We noted that care plans included clear guidance for staff on how to support people in areas including the use of mobility equipment, seizures, and meeting nutritional needs for specific health conditions. One member of staff told us, "Care plans are detailed and very helpful to know what I need to do." Staff completed daily care records to show what support and care they provided to people.

People and their relatives told us they knew how to complain and would do so if necessary. One person said, "No complaints, if I had any I'd tell the carer myself." Another person commented, "No complaints so far." One relative told us, "Yes, I told the office the carer wasn't spending the allocated time with [their loved one]. The carer has been told. They are going to improve on this. I'm happy with this; they [office staff] have listened to me." Another relative said, "I made a complaint; one carer wasn't nice, she was abrupt, was in and out quickly. The office listened to me; we have a different carer now."

The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The service had maintained a complaints log, which showed that, when concerns had been raised, senior staff had investigated and responded in a timely manner to the person who had complained. Where necessary we saw the registered manager had held meetings with people or relatives who had complained to help resolve the concerns. These were about general care and staff issues. For example, where a staff member had been late, or where people preferred a particular member of staff or required a change of staff. The registered manager told us they had not received any complaints from them after these concerns had been raised and the records we saw confirmed this.

Requires Improvement

Is the service well-led?

Our findings

The system for monitoring visits to people to ensure they received visits at the correct times was not robust. One person told us, "They are often late; supposed to come at 8.30 – 9.00 and sometimes don't show up till 11.00. I have had no missed calls." Another person said, "I do not receive calls on time, but I don't think it's their [staff] fault as they have so many people to see. I have not had any missed calls." One relative commented, "Well you never know who is coming, they say we'll see you at lunch time and you don't know who is coming or when." Another relative said, "The time keeping needs to be improved."

We looked at the home visit call monitoring system and found several home visit calls were not logged in. For example, for 20, 22 and 25 January 2017, we noted that staff had not confirmed their arrival at people's homes for 87 separate visits. Office staff explained that where calls had not been logged in they followed up by calling the staff and people using the service to ensure the visits had been made. However because no information regarding these calls had been recorded, we could not be assured that each call where staff had not logged in had been followed up effectively. The registered manager told us that staff received an email alert if they were running late for a visit. However, we found that no email alerts had been sent on 25 January 2017, despite staff not having logged in at 23 calls on that day. This meant that staff may not have visited people's home as per their scheduled time of visits to provide care. Therefore, the system for monitoring people's visits was not effective in ensuring the received timely care as planned.

The rostering of people's home visits was not managed well. Records showed that office staff had not always allowed enough time for staff to travel between calls when taking into consideration the distance between two home visits, the mode of transport, and any potential traffic delays. One member of staff told us, "There is not sufficient time allotted to travel between calls; I always run late for my next scheduled home visit and I then inform the office that I am running late." Another member of staff said, "I always run late for some people's home visits; the travel time between calls is not sufficient, and it all depends on the availability of public transport." The results of people's satisfaction survey carried out in December 2016, showed that 33% of the respondents believed that the punctuality needed to be improved. This meant that the provider had not taken effective action to increase travel time between visits in response to people's feedback.

The above issues are in breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they had experienced some difficulties with their existing electronic call monitoring system (ECM). Therefore a new ECM system with a new service provider was setup and that they have migrated all Lambeth clients to the new ECM system and they were in the process of migrating Bromley clients to the new ECM system. We saw this new system was in place and a new member of staff was appointed in the January 2017, to monitor the new ECM system and check staff log in and log out time and follow up as appropriate. However, at the time of the inspection the new ECM system was not fully functional. We will review the effectiveness of it at our next inspection.

People we spoke with told us they still received their medicines and the Medicines Administration Records (MAR) we saw were up to date and showed that people had been supported to take their medicines as prescribed.

Following the inspection, the registered manager confirmed they had undertaken a comprehensive review of the rostering and calls monitoring system and sent us an action plan telling us how they would address these issues. We will review the improvements carried out by the provider at our next inspection.

We noted some areas of good practice in the systems used by the provider to assess and monitor the quality of the care people received. This included unannounced spot checks at people's homes and audits covering areas such as accidents and incidents, care plans, risk assessments, management of medicines, and staff training. We noted that improvements had been made in response to audit findings. These included the reviewing and updating of care plans and risk assessments to reflect people's changing needs, and staff completing additional training to meet the changing needs of people, for example, about diabetes.

There was 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. The registered manager told us the service used staff induction and training to explain their values to staff. We observed staff were comfortable approaching the registered manager and their line manager, and their conversations were friendly and open.

Staff described the leadership at the service positively. One member of staff told us, "I get support from them when I want." Another member of staff said, "My line manager is very supportive, they listen to us about any changes required to our rotas." A third member of staff commented, "The office always answers the phone call."

The service worked effectively with health and social care professionals and commissioners. We saw the service had made improvements following recommendations from these professionals. Feedback from social care professionals stated that the standards and quality of care delivered by the service to people had improved. For example, one social care professional said the service listened and acted on their recommendations to improve the quality of 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 system for monitoring visits to people to ensure they received visits at the correct times was not robust. The scheduling of staff to visit people's homes was not well managed