

Lifecome Limited

# LifeCome Care, Bromley

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Good</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This announced inspection took place on 26 March 2018. Lifecome Care is a domiciliary care agency. It provides personal care to people living in their own homes. The service also provides six weeks reablement services to people to support their post-hospitalisation resettlement at home. The reablement services enable people to improve their health & wellbeing, so they can begin to undertake activities of daily living. At the time of our inspection 14 people were receiving personal care and support from this service.

At our last inspection on 25 and 27 January 2017 we found a breach of legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the Electronic Monitoring System (ECM) for monitoring visits to people to ensure they received their care visits at the correct times was not effective and staff timeliness needed to be improved. At this inspection we found that the provider had made improvements and the ECM system showed that there had been no late or missed calls.

At this inspection we found that there were processes in place to monitor the quality of the service, but they were not always effective as they did not identify the issues we found during our inspection. Relatives told us staff did not always wear an identity badge or wear a uniform, so they did not always know who was entering their home. Some people and their relatives felt that staff were not always caring, for example, because the service did not always meet people's preference to have a male or female staff member to provide support. Some people were not happy about the service they received. The service had a system in place to log and investigate complaints, however this was not always followed.

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.

There were safeguarding procedures in place and staff knew how to safeguard people they supported and how to raise any concerns. Risks to people were assessed and information and guidance for staff on how to support people was provided. Medicines were safely stored, administered and managed. People were protected against the risk of infection and staff had received training in infection control and were aware of the action they needed to take to minimise the risk of infection. There were enough staff employed to safely meet people's needs. Appropriate recruitment checks took place before staff started work and there were enough staff deployed to meet people's needs.

Staff completed a mandatory programme of training and were supported through regular supervisions. The registered manager and staff understood the Mental Capacity Act 2005(MCA) and acted according to legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff told us they asked for people's consent before providing care and support. People were supported to have a balanced diet when required and had access to a range of healthcare professionals when required in

order to maintain good health.

People said staff respected their privacy and dignity and they were encouraged to be independent whenever possible. People were given information about the service in the form of a service user guide before they joined the service to ensure they knew what to expect. People's needs were assessed to ensure the service could meet their needs. Care plans were reviewed regularly and people were involved in planning their care needs.

Staff were complimentary about the registered manager and the service. Regular staff meetings were held and feedback was sought from people about the service which included annual surveys.

## 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.

There were appropriate safeguarding and whistleblowing procedures in place.

Risks to people had been assessed to help keep them safe. There was guidance for staff on how to manage risks safely.

Medicines were managed safely and people were protected from the risk of infections.

The service had enough staff deployed. Appropriate recruitment checks took place before staff started work.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed prior to them joining the service to ensure the service could meet people's care needs.

Staff had received adequate training and were supported through supervisions and appraisals.

The service complied with the Mental Capacity Act 2005 (MCA) and staff sought people's consent prior to assisting them.

People were supported to eat and drink. People were supported to access healthcare services when required.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Some people and their relatives said the service was not always caring.

People and their relative were involved in their daily care needs.

People's privacy and dignity was respected and people were encouraged to be as independent as possible.

People were provided with information about the service in the form of a service user guide.

### Is the service responsive?

The service was not always responsive

People and their relatives were aware of the complaints procedure, however not all complaints and concerns were logged and investigated.

People and their relatives were involved in planning their care. Care plans were regularly reviewed and included guidance for staff on how to support people in line with their individual needs

Where appropriate people had their end of life care wishes recorded in care plans.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Some people were not happy about the service they received.

There were processes in place to monitor the quality of the service but they were not always effective as they did not identify the issues we found during or inspection.

Regular staff meetings took place and feedback was sought from people through annual surveys.

There was a manager in post, who had applied to be a registered manager.

Staff were complimentary about the service and said that the registered manager was supportive and approachable.

The home was working closely in partnership with other agencies such as Mencap, the Alzheimer's Society and Age UK

**Requires Improvement** ●

# LifeCome Care, Bromley

## **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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 26 March 2018. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service.

We spoke with one person using the service, five relatives, four members of staff and the registered manager. We reviewed records, including the care records of four people using the service, recruitment files and training records for four members of staff. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe. One person said, "I think my [relative] is safe. Another relative said, "Regarding safety, the service is very good."

There were enough staff to meet people's needs. The registered manager showed us staff rotas and told us that staffing levels calculated and organised according to people's needs. The registered told us that they also used agency staff to cover sickness. Records confirmed that bank staff received the same training and supervision as regular staff members. They also said that travel time was calculated separately to ensure staff had enough time to travel between calls as the majority of staff did not drive. The service operated an electronic monitoring system (ECM) system that alerted office staff if there was a late or missed call. We looked at the ECM system for the last month which showed that there had been no late or missed calls.

However, one relative told us that they had received late or had missed calls. Another relative told us, "I don't think there is enough staff. They're always in a rush." and "no-one comes at a specific time. I have had one or two missed calls, mostly in the evening. They never ring to say a carer is not coming." A third relative said, "Carers don't come at regular times and don't call when they're running late. They're frequently late and [my relative] gets agitated when they don't arrive." We also spoke to staff, one staff member told us, "I am rarely late for any of my calls. But if I am, it's due to public transport being cancelled and I always let my client and the office know that I may be late". Another staff member said, "I am on time for my calls, if I was ever going to be late, I would tell the office who would let my client know. There are more than enough staff to meet clients' needs".

The registered manager told us that they had not had any missed or late calls for some time. If for any reason, staff were going to be late due to delayed public transport, then staff were required to contact the office at the first opportunity. This information was then relayed to people immediately. We also spoke to the local authority who confirmed that they had received information about a missed call prior to October 2017 but nothing since. The local authority also said that there had been complaints about late calls, but they had been working closely with the service for the last three months. They confirmed that the service had made significant improvements and had not received any complaints of late calls.

Appropriate recruitment checks took place before staff started work. Files contained completed application forms which detailed employment history and qualifications. References had been sought and proof of identity had been reviewed. Criminal record checks had been undertaken for each staff member and checks were also carried out to ensure staff members were entitled to work in the UK.

Risks were managed safely. Risks to people were assessed and identified to help keep them safe. Risk assessments included mobility, medicines, the environment, communication and nutrition. Risk assessments were regularly reviewed and available in people's care plans for staff to view. Staff were aware of risks and how to minimise them but care plans also included guidance for staff on how to support people to minimise any risks. For example, one person who was at risk of falls was supported to maintain a safe and clutter free environment.

Accidents and incidents were appropriately managed. The service had a system in place to record accidents and incidents. This included details of the incident or accident and the action taken to help prevent a reoccurrence. For example, a staff member saw that a signature on Medicine Administration Records (MAR) chart was missing for a medicine administered to one person. We saw that the staff member carried out a medicine balance check against the MAR chart and confirmed with the person had received the medicine as prescribed. The service sent a written memorandum to all staff reminding them to ensure that MAR charts were completed in full. Records showed that staff were reminded about this at the last team meeting in March 2018.

The service managed medicines safely. We reviewed MAR charts and found they did not contain any gaps and were completed in full. One relative said, "[My relative] gets all their medicines. They get it ready and prompt them to take them. They watch her whilst they take them." Another relative said, "Carers get [my relative's] medication correct. They make sure they have taken their medicines, as they don't really like taking them by themselves."

People were protected against the risk of infection. We saw staff were trained in infection control. Staff spoke confidently how they would provide care to prevent the risk of infections, for example, ensuring they changed disposable gloves when assisting different people with personal care.

People were protected from risk of infections. Records showed staff had completed infection control training. Staff had access to personal protective clothing (PPE) which included disposable gloves, wash cloths and aprons. The registered manager told us that staff regularly came to the office to pick up PPE as well as PPE being delivered to staff by the registered manager. One staff member said, "I always wear PPE, it's a must." Another staff member said, "I am aware of infection control and make sure I wear gloves and aprons when assisting clients."

People were protected from the risk of abuse. Staff knew how to safeguard people they supported and how to raise any concerns if necessary to help keep them safe from abuse. Staff were also aware of the whistleblowing procedure and said they would not hesitate to use this should the need arise. One staff member said, "I would tell my manager straight away, I know they would take action". Another staff member said, "I know my manager would take action if I reported suspected abuse. But I know I can also go to social services and the CQC". There were clear safeguarding procedures in place and the registered manager followed safeguarding protocols and submitted safeguarding notifications when required to the local authority as well as CQC.



# Is the service effective?

## Our findings

People said they felt that staff were knowledgeable and understood people's needs. One person said, "I think carers are well trained". Another person said, "Staff know what they are doing, they look after me".

Staff were supported to carry out their roles effectively. Records showed that staff had completed a programme of mandatory training which included safeguarding, medicines, moving and handling, infection control and dementia. New members of staff had completed an induction when they started work and received training to help them carry out their role. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. We saw training for all staff was up to date. One member of staff said, "I've done all my training and it's up to date." Another staff member said, "Yes my training is up to date."

Staff were supported through regular supervisions. Areas discussed included training, equality and diversity, medicines and spot checks. One staff member said, "I do have regular supervisions with my manager. They are good as my manager encourages me and we can discuss any issues." Another staff member said, "I have supervisions and it's good time to meet with my manager and discuss issues and receive feedback."

Assessments of people's needs were carried out prior to people joining the service. The registered manager told us that prior to any person being accepted by the service an assessment of their needs was undertaken to ensure the service could meet their needs. These assessments along with referral information from the local authority were used in producing individual care plans and risk assessments. For example, how many care staff individuals required in order to meet their daily care and support needs.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

The service was working within the principles of the MCA. The registered manager told us all people had capacity to make decisions about their own care and treatment. If they had any concerns about this person or any person's ability to make a decision they would work with the person and their relatives and if appropriate any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005. Staff understood the MCA 2005 and they also understood the need to gain consent when supporting people. One person said, "[Staff] will come in and ask- would you like a shower."

People's nutritional needs were met and they were supported to eat and drink when required. People's

nutrition needs were documented in their care plans. Staff assisted people with breakfast and heated up meals rather than prepare them. One staff members said, "My client tells me what they would like to eat and I heat the meal up for them".

People had access to a range of healthcare professionals when necessary. If there were any concerns, people were referred to appropriate healthcare professionals, such as GPs and district nurses. One relative said, "The service organises for [my relative] to see the District Nurse. They also take them to the doctor or the doctor will also come out to see [my relative].

## Is the service caring?

### Our findings

The service did not always meet people's individual care preferences. People's preference for having a choice of male or female carer was not always met and the service did not always provide the same staff to people for continuity of care. Although some people and their relatives said staff were caring, others felt they were not. One person said, "I have different carers every day." A relative said, "[My relative] was not offered a choice of male or female carer. They send who they've got." A third relative said, "[My relative] is not comfortable being washed by a female carer. One tried to give them a shower and they got very upset. It's a constant worry." Another person said, "My carers are excellent." One relative said, "[Staff] are very patient girls with [my relative]. They are very good".

We brought this to the registered manager's attention who told us that they tried to accommodate people's preference of having a female or male carer wherever they can. They told us a lot of staff worked part time so they were not always available to meet people's requests in having their choice of female or male carer.

People and their relatives told us they were involved in their daily care. There were regular reviews carried out for people to express any changes they may want to make to their care package. For example, making changes to the time of their calls. Care plans contained people's life histories and staff were knowledgeable about people's individual likes and dislikes. One staff member said, "One client is a vegetarian and will eat food cooked by themselves or their relative". One relative said, "[My relative, can understand English but needs to be spoken to slowly, to understand. The carers speak clearly."

People's diversity and cultural needs were documented in their care plans. These included people's choices and preferences in relation to their faith and interests. For example, one staff member said, "I have a client that speaks an Indian language, I am fluent in this language so can speak to the client and their relatives so I can clearly understand what their needs are." Staff had undertaken equality and diversity training. One staff member said, "Yes I have undertaken equality and diversity training, it was very interesting and helps us to individually support people."

People's privacy, dignity and independence were respected. One staff member said, "I close doors and curtains and ensure clients are covered". I always ask for my client's permission before helping. If they don't want help, I respect this." Another staff member said, "I encourage people to do whatever they can. Like wash their face, but if they need my help I will assist them." People's information was treated confidentially. Care files were stored in locked cabinets in the office and electronically on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

People were given information in the form of a 'service user guide' about the service prior to joining. This guide outlined the standard of care people can expect and the services and facilities provided. The service guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

## Is the service responsive?

### Our findings

People's complaints were not always managed appropriately. People and their relatives knew how to raise a complaint if they needed to. The service had a complaints policy in place and a system to log and investigate complaints. We saw one complaint had been received by the service since our last inspection, where one relative was unhappy about the food practices staff were using. The complaint was investigated, appropriate action taken and learning was disseminated in staff meetings. However, improvements were needed as some relatives told us they had made complaints but we did not see these recorded in the complaints log. For example, one relative said, "Staff mostly don't acknowledge my emails when I have complained. I prefer to email so I have a written record."

Failure to have an effective complaints procedure is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We brought this to the registered manager's attention who told us, that when they received concerns by phone from people they did not feel that it was a formal complaint. However, in future they would ensure that all concerns were logged and investigated the same as written complaints.

Relatives told us they were involved in planning people's care needs. Care plans contained details about people's individual routines and identified the support they required. This included, specific call times to assist people with medicines and where people preferred a shower over a bath. One relative said, "I was involved in [my relative's] care plan. The service asked us what we'd like them to do. They are doing what we asked." Another relative said, "[My relative's] care plan has been reviewed and social services have also visited two or three times."

People's care had been planned based on an assessment of their needs. People's care plans addressed a range of needs such as medicines, communication, mobility, and personal care. Care plans were regularly reviewed on a regular basis and included progress notes that detailed the care and support delivered to people on a daily basis. Care plans detailed people's preferences, such as their favourite beverage and food and the time they liked to get up. One staff member said, "One of my client's hates salad, so I always make sure they don't have this".

Where required people had advanced care plans in place that documented end of life care wishes. The service recorded what was important to people and if necessary would consult with relevant individuals and family to ensure people's preferences and choices for their end of life care were acted upon.

## Is the service well-led?

### Our findings

At our last inspection on 25 and 27 January 2017 we found the Electronic Monitoring System (ECM) for monitoring visits to people was not effective and staff timeliness needed to be improved. At this inspection we found that the provider had made improvements and the ECM system showed that there had been no late or missed calls.

There were systems in place to monitor the quality of the service but these were not always effective. The provider had not identified the issues we had found in during this inspection. Although regular spot checks were carried out to establish whether or not staff wore their badges and uniform and no issues were found, this still remained a concern for people and their relatives. Some relatives told us that staff did not always wear an identity badge or a uniform. One relative said, "[My relative] has poor eyesight and dementia and she has been frightened, on occasion, when carers have just appeared in her house, particularly at night". Another relative said, "Staff don't wear a uniform" and I have never seen an identity badge". A third relative said, "The [staff] never wear uniform or any ID."

We saw that feedback received from the annual survey which people had completed in April 2017 which highlighted that staff did not always wear uniforms and badges. This meant people could not always identify staff coming into their home and this left them feeling startled or anxious. The registered manager said they had just completed analysis of the feedback forms and would be following up the feedback received to drive improvements. They told us they would continue to remind staff at meetings the necessity to wear their identity badges and correct uniform at all times.

The service had not identified that verbal complaints made needed to be responded to and investigated in line with the service's complaints procedure.

We spoke to people and their relatives, from the feedback we received about the service they received, some relatives told us they were not happy with the service they were receiving. One relative said, "We are very unhappy with the service and are looking for another provider." Another relative said, "We are thinking about changing the agency." Another relative said that office staff did not communicate with each other. They said, "Yesterday [my relative] had to go to the dentist so I rang the office to cancel the visit. But staff still turned up and the office phoned to ask where [my relative] was. This caused stress and grief for me and my husband." We raised this with the registered manager who told us that they were always available for people and their relative to contact and discuss any aspect of their care they may not be happy with.

Failure to maintain an effective quality assurance system is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The registered manager carried out audits in relation to medicines, care plans and communication logs. No issues were found in these areas and we saw that the registered manager regularly reminded staff of what was expected of them in team meetings. For example, the communication audit stipulated and was conveyed to staff that communication logs must be completed in full and each entry needed to be dated

and signed.

There was registered manager in post. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required.

Staff were complimentary about the registered manager and the service. One staff member said, "The registered manger is very good and very supportive." Another staff member said, "The registered manager is approachable and we have a good team."

Staff meetings took place on a regular basis. The last meeting in March 2018 showed items discussed personal protective clothing and incidents and complaints. Staff also received training in competing medicine administration records. Staff told us, "I do go to staff meetings, it gives us a chance to meet as a team and we also do training."

The registered manager told us that they worked closely with the local authority to meet people's needs. The local authority confirmed this. The registered manager told us that the ethos of the service was to provide quality and reliable care to people. The registered manager told us that they also worked with agencies such as Age UK, Alzheimer's Society and Men cap and regularly signposted people to them. One person was supported to attend a gardening club and now worked as a gardener.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints  People's complaints were not always managed and investigated appropriately

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the quality of the service were not effective.  Staff did not always wear identity badges and uniforms when attending calls.  Verbal complaints were not recorded and investigated.  People told us they were unhappy with the service they received.