

Lifecome Limited

# LifeCome Care, London

## Inspection report

128B Brixton Hill  
London  
SW2 1RS

Tel: 02033937048  
Website: [www.lifecomecare.co.uk](http://www.lifecomecare.co.uk)

Date of inspection visit:  
31 January 2023

Date of publication:  
13 February 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

LifeCome Care, London is a domiciliary care agency providing personal care to older people in their own homes, mainly in the London Borough of Lambeth. At the time of the inspection, there were 60 people using the service who were receiving help with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People and their relatives told us that LifeCome Care, London was a good service that was managed well. They told us they felt safe in the presence of care workers.

The provider had acted on our recommendations from the previous inspection and had introduced an electronic call monitoring system, this had helped to improve care worker visit times. Office staff monitored care worker visit times regularly. There were enough staff employed to meet people's needs.

People were supported by trained staff who administered their medicines correctly. Staff followed up to date infection control guidelines when supporting people.

The service was well-led. The provider submitted notifications to the CQC as required and was aware of their regulatory responsibilities.

People, relatives and staff felt comfortable approaching the management team if they had anything to discuss and the provider took action when needed.

There were systems in place to gather feedback, through telephone monitoring and annual surveys. Governance systems effectively assessed and reviewed the quality of care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 20 March 2019). The overall rating for the service remains good. This is based on the findings at this inspection.

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We did not inspect the key questions of effective, caring and responsive. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for LifeCome Care, London on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-Led findings below.</p>	<p><b>Good</b> ●</p>

# LifeCome Care, London

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was conducted by 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. The Expert by Experience made calls to people or their relatives.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection took place on 31 January 2023 and was announced. This is because the provider is a domiciliary care provider and we wanted to be sure that someone would be available to support the inspection.

Inspection activity started on 31 January 2023 and ended on 02 February 2023. We visited the provider's office on 31 January 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke in person with the registered manager, 4 care workers and 5 people using the service and 3 relatives. We also reviewed a range of records. They included 8 people's care plans and risk records and 3 staff files in relation to recruitment, training and supervision. We also checked a variety of records relating to the management of the service, including audits and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At the last inspection, we made a recommendation to the provider regarding care worker visit times. This is because, we received mixed comments from people and their relatives about staff time keeping and people told us they did not always receive continuity of care from the same staff. The registered manager told us they were in the process of introducing an electronic call monitoring (ECM) system that would help to improve this aspect of the service. At this inspection, we found there had been an improvement in this area.
- People and their relatives told us that they were supported by a consistent team of care workers. Comments included, "I have the same 3 people that I trust them" and "I get the same ones usually and the same one does my shopping which is good because she knows what I like."
- People told us that care workers attend their calls on time and do staff stay for the expected duration. They said, "They go above and beyond, if they have an extra 10 minutes they will sit and chat with her" and "They come on time and stay till they are due to leave."
- Staff turnover had also improved since the last inspection, 1 person said, "It's good to very good right now, initially it was less good because of the turnover of staff but that has settled down now."
- The registered manager confirmed they were now using an ECM system and said timekeeping had improved after it had been implemented. An internal control officer was responsible for monitoring this on a daily basis, including out of normal office hours and the weekend. The system was set up to send an alert if a care worker was late clocking in or had not done so at all.
- The registered manager said they were currently meeting the targets that had been set by the local authority in relation to staff time keeping and they shared the data from the ECM with the local authority every month.
- The provider operated safe and robust staff recruitment processes.
- These included checks on staff right to work in the UK, reference, identity and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager confirmed they were licensed by the Home Office for sponsoring staff from abroad to work in the UK and had recruited a number of staff from overseas which had helped them to maintain safe staff levels. There were robust recruitment checks in place for these care workers.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- We asked people and their relatives if they felt safe with the care workers. They said, "I am very happy with the care, they are very professional and well trained. I have a level of trust with them" and "Absolutely, I don't worry at all about the care my [relative] has."

- Staff records showed that safeguarding training was mandatory for all care workers and this was refreshed annually. Staff we spoke with were aware of what steps to take to protect people from harm and who to report any concerns to.
- The registered manager confirmed there was no current open safeguarding under investigation.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People and their relatives told us that their consent was sought when they first began to use the service, and they signed records to agree to their care plans. by the care workers at each visit when supporting them with personal care or medicines administration.
- The registered manager said if there were concerns regarding people's capacity to understand and agree to the service, these were completed in their best interests with the input of healthcare professionals and family members.
- People were given copies of their care plans which were kept at home which included details of the support they had agreed to.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety monitored.
- The provider completed a thorough assessment when a referral was received which helped them to understand any risk that people might face.
- Care plans clearly laid out risks to people in an easy to understand, 'traffic light' system which identified if a person was high, medium or low risk.
- Care workers told us if they noticed a deterioration people or a change in their support needs, they alerted the office staff. The registered manager said this would usually trigger a review of their care plan and risk assessments. Care plans were periodically reviewed every 6 months.
- Training records showed staff had received training in assisting and moving people and moving and handling, this included practical demonstrations and an observation from the care manager .
- People told us they felt safe with staff who supported them to mobilise. They said, "[Person] has a bath lift and they know how to use it. They also were able to use a Sara Steady (a mobile hoist)" and "I have complex needs due to a spinal injury, I need very careful handling and the 3 carers have been trained by the physio and know how to move me."

#### Using medicines safely

- People received their medicines safely.
- People told us that staff helped them to take their medicines when needed. One person said, "They prompt her with medication at the right times, I don't have any worries about medication."
- The provider carried out medicines assessments which helped them to plan the support that people needed in relation to their medicines.
- Care plans included details about the medicines that people had been prescribed and the type of support they needed. Care workers completed records when they administered medicines and these were audited by the registered or care manager.



- Training records showed that staff received training in administering medicines. They also completed competency assessments with a senior staff, and they were observed administering medicines by field care supervisors. This helped to ensure they continued to be competent in this area.

#### Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured staff was using personal protective equipment (PPE) effectively and safely. There were adequate supplies of PPE in the office.
- We were assured staff had received up to date infection prevention and control and PPE training.

#### Learning lessons when things go wrong

- The provider had systems in place to report and record any incidents and accidents that occurred and to learn lessons from them.
- All incidents/accidents and complaints were recorded and reviewed. They were analysed for any trends and to identify any outcomes and/or learning.
- Learning from these were shared with the wider staff team during staff meetings.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ran a service that was person-centred. People and their relatives told us the service was well-led and the registered manager and other staff were approachable. Comments included, "I am very happy with the service; I was a carer myself and so I know this is a good one" and "They are very good, nothing is too much trouble, everything works very well for us."
- Staff told us they felt comfortable in approaching the registered manager or any of the office staff if they had any concerns. Comments included, "I like it here, that's why I'm still here", "Really committed company, they really care and always check up on you" and "There's been a lot of support since I arrived here."
- The provider kept a record of any compliments that were received, these were shared with staff and individual care workers which helped to motivate them to continue to do great work.
- The registered manager fully understood the responsibilities under the duty of candour legislation and to be open and honest with people.
- The provider's CQC inspection report and rating was visible on the providers website. This is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to gather feedback and hear the views of people, relatives, and staff.
- People and their relatives told us the service was open to suggestions and were flexible. They said, "It is very flexible, if I have an appointment, I ring them and they change the times of their visits" and "I email every week with what I need for next week."
- The provider engaged with people through regular telephone and unannounced spot checks to their home. People and their relatives told us, "Someone rings every month to make sure everything is alright and if we have any problems", "The admin people call and check how I am and a supervisor comes every 4 months or so to check on things" and "They ring to see if I am ok and occasionally, they come out."
- An annual survey had been completed recently. People and their relatives were asked questions based around the CQC inspection methodology. We reviewed the feedback received and saw this was positive with no negative feedback.
- The registered manager held regular team meetings with staff where their views were heard.
- Staff supervisions took place on a regular basis, providing staff with an opportunity to discuss their employment, performance and any training needs.

- The provider operated a secure communication platform to relay information to staff and any urgent notices.
- A regular newsletter was also produced for staff, giving them updates about the company, any new guidance and reminders for them in relation to their work.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; ; Continuous learning and improving care

- The registered manager was supported by a team of staff with clear lines of responsibility which meant she was able to delegate effectively and to ensure the service ran smoothly. These included a care Manager, an administrative Officer who was also responsible for HR, an internal control officer to monitor compliance, care co-ordinators and field care supervisors.
- There were processes in place to monitor the quality of service, these included regular care plan reviews, medicines and daily notes audits.
- Care worker visit times were recorded electronically and reviewed daily basis. Any issues with care worker visit times were discussed in individual staff supervision as part of their performance management.
- The provider understood their regulatory responsibilities and submitted statutory notifications to the CQC as required.
- There was an improvement plan in place which was used to record and monitor any improvements to the service. This included transitioning to a fully digitised system and running a paperless service. As part of this , all the care plans were available to care workers via an app on their phone and care workers clocked in and out of care visits electronically too. This meant there was real time information available to monitor staff time keeping.
- As part of the next phase of digitisation, the registered manger said they were looking at potential electronic medicines administration records, modernising the current website and the development of a staff self-service portal. These actions were all document on the service improvement plan.

Working in partnership with others

- The provider worked in partnership with social care services, commissioners and other professionals such as community nursing and therapy teams.
- The provider engaged with the local authority, sharing data in relation to care worker visit times which helped to ensure they were meeting their targets.