

Lyfem Home Care Services UK Ltd

# Lyfem Home Care Services Uk Ltd

## Inspection report

Romer House  
132 Lewisham High Street  
London  
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Date of inspection visit:  
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21 November 2022

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Lyfem Home Care Services Ltd is a domiciliary care service which provides personal care to people living in their own homes. Not everyone who used the service received personal care. 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. At the time of the inspection there were four people receiving care and support for personal care.

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

We found ongoing issues with the management of safety. Risks were not always assessed, and care plans lacked essential detail on how risks should be mitigated. People's medicines were not always managed safely. Medicines support in care plans was not in line with current best practice guidelines. Care plans contained inaccurate information about the level of support people needed to take their medicines. The provider did not always follow safe recruitment processes.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The provider did not ensure consent to care was gained appropriately from the relevant person.

The provider had made some improvements since the last inspection. There were spot checks and supervision of staff. Despite improvements the quality assurance systems were not sufficiently robust and had not identified the ongoing issues we found with risk management and recruitment. Care records and medicine records were not checked by a senior member of staff to identify issues. The provider was not complying with the conditions of the registration as they had not informed us they had moved office.

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 and update

The last rating for this service was requires improvement (report published 7 January 2022) and there were breaches of regulation. Although we found some improvements at this inspection the provider remained in breach of several regulations.

### Why we inspected

We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and whether the provider had made the improvements set out in their action plan. At this inspection we found the provider had not made sufficient improvement and the overall rating for the service remains requires improvement.

This focused report covers the entirety of the key questions Safe and Well-Led and part of the key question Effective. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified ongoing breaches in relation to safe care and treatment, the recruitment of staff, consent to care and good governance. We have sent a Regulation 17(3) letter to the provider in relation to their failure to effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided. A Regulation 17(3) Letter stipulates the improvements needed to meet breaches of regulation, seeks an action plan and requires a provider to regularly report to CQC on their progress with meeting their action plan.

#### Follow up

We will meet with the provider to discuss how they will implement their action plan and make the required changes to ensure they improve their rating to at least good. We will work alongside the provider and the local authority to monitor progress. 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.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this question we had specific concerns about.

Details are in our effective findings below.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** 

# Lyfem Home Care Services Uk Ltd

## **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

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### 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 not a registered manager in post. The nominated individual had applied to be the registered manager of this service but their application had been refused. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We liaised with the nominated individual throughout this inspection and the previous inspection.

#### Notice of Inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the nominated individual would be in the office to support the inspection. Inspection activity started on 11

November 2022 with a visit to the office location. We continued to analyse evidence and make calls to staff until 21 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service including complaints and notifications we received from the service. We spoke with the local authorities who commission the care and support people receive. 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 with the nominated individual and a supervisor. We reviewed a range of records including care and support plans for 3 people. We looked at records of recruitment for 3 staff. We looked at training data and quality assurance records. We made calls to one person receiving care and a social worker to get their feedback on the service. We also made calls to 2 care workers and a supervisor to get their feedback about the service.



# 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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At the last inspection medicines were not being managed safely which was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely. At the time of the inspection the nominated individual told us only one person was being supported with their medicines. Their care plan stated staff were required to prompt them to take their medicines and staff recorded every time they did this. The current National Institute for Health and Clinical Excellence (NICE) guidelines for managing medicines and the provider's own policy does not include 'prompting' as a category of medicine support. When we asked the nominated individual to describe the support that was required it was clear staff were actually administering medicines.
- The same person was prescribed a medicine which is prescribed once a week and people are advised to take this in the morning before eating anything and to remain sitting or standing up for 30 minutes after taking this medicine. These specific instructions were not recorded on the medicines administration record (MAR) so we could not be assured staff would be aware of how this medicine should be taken. Care staff had also signed to indicate this medicine had been given every day which is not the prescribed frequency of this medicine. The nominated individual told us this was a recording error.
- Another person's care plan stated their relative was responsible for all medicine support which meant there was no information in place for staff about what medicines they required. The daily care records we reviewed showed several occasions when staff were administering medication and eye drops which meant staff were not delivering care in line with the agreed care plan. The provider had not reviewed the medicine or care records for any of the people receiving care and had not identified the issues we found.
- Staff received training in the administration of medicines, however, their competency had not been assessed in line with best practice guidance.

The failure to manage people's medicines safely was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

Assessing risk, safety monitoring and management

At the last inspection the provider did not have an effective system in place to identify and mitigate risks which was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the last inspection we found risks were not safely managed and the quality of information in care plans was inconsistent. The provider had addressed some of our concerns but further issues with safety were identified. The management of risks related to skin integrity was not sufficient as there was no formal process for assessing the level of risk of skin breakdown for people with multiple risk factors.
- Moving and handling care plans did not contain sufficient information to ensure staff understood how to carry out moving and handling tasks safely. One person required 2 staff to support them to transfer and was deemed as being at high risk of falls. The provider had been sent some detailed guidance on how to manage this, however, these guidelines were not in the care plan so we could not be assured all staff would be aware of how to do this safely.
- One person's care plan said they could be aggressive towards staff. When we spoke with staff they told us about the things they did and said which helped the person become calm if they were becoming agitated. The care plan did not contain sufficient information about what might cause the person to become agitated or about the techniques or approaches that may help the person remain calm.

The failure to have an effective system in place to identify and mitigate risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did not find evidence that people had come to any harm and people told us they felt safe with the care they received. We received comments such as, "I think they do what they can to keep me safe" and "I have no concerns about safety."

## Staffing and recruitment

At the last inspection the provider was not following safe recruitment practices which was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- At the last inspection we found the provider had not obtained a full employment history from staff during the recruitment process and people's right to work in the UK was not always checked. Despite some improvements not all the issues we identified had been resolved. We reviewed another member of staff's recruitment file which showed the provider had not obtained a full employment history or explored the gaps in employment. The provider had also not obtained employment histories for the members of staff identified in the previous inspection.

The failure to follow safe recruitment practices was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did not have a robust system for ensuring people received their care visits as planned. During



the inspection the nominated individual told us they had an electronic care monitoring system (ECM) which recorded staff attendance times and alerted the provider if staff were late or missed a care visit. We asked the provider for evidence of the care times so we could assess how effective the ECM system was, however, the nominated individual has not been able to produce any data from their system. This means we cannot be assured the provider has an effective system for ensuring people get their care visits as planned. We recommend the provider reviews the ECM system to ensure it is an effective way of monitoring staff attendance.

### Preventing and controlling infection

At the last inspection the provider was not managing infection control risks or adhering to government guidance which was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider was managing infection control adequately. Staff had received infection prevention and control (IPC) training to give them an understanding of how to protect people from the risk of infection including infections such as COVID-19.
- People and/or their relatives told us staff followed safe hygiene procedures and wore the relevant personal protective equipment such as gloves and masks.
- Staff told us the registered manager often spoke with them about their IPC responsibilities and they had enough PPE to carry out their role. One member of staff told us, "There is always plenty of PPE available at the office and we discuss infection control regularly to remind us what we need to do."

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

- Policies in relation to safeguarding were in place and staff received training in this area. Staff showed a good understanding of whistleblowing and safeguarding procedures, they knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied, they were being taken seriously.
- The provider was aware of their responsibility to report safeguarding concerns to the local authority and CQC.

### Learning lessons when things go wrong

- Staff understood their responsibility to report all accidents and incidents. The nominated individual reviewed all incidents and ensured all necessary steps were taken to maintain safety after incidents occurred.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We have not changed the rating as we have not looked at all of the effective key question at this inspection. We will assess the whole key question at the next comprehensive inspection of the service.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At the last inspection the provider was failing to ensure the principles of the MCA were followed when gaining consent to care which was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 11.

- At this inspection we found one person's care plan had been signed by their relative. There was also a consent form in place which indicated the person's relative had given themselves permission to sign on behalf of the person receiving care. We queried this with the nominated individual, and they told us the person could not sign to indicate their consent due to their sensory impairment. The provider had not followed a suitable process to document why the relative was signing on behalf of someone receiving care.
- The information about the person's capacity was also contradicted by a care worker who told us the person lacked capacity and all decisions were made by the person's relative. The provider had not conducted a capacity assessment or conducted a best interest meeting.

The failure to ensure the principles of the MCA were followed when gaining consent to care was a continued breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider was failing to assess, monitor and improve the quality and safety of the service effectively which was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 17.

- The provider did not have effective systems in place to monitor the safety and quality of the service as there were no formal audits or quality assurance checks. This meant the issues we found with care plans, risk assessments, consent to care, medicine records and recruitment files had not been identified by the provider.
- The nominated individual's registered manager application had been refused as during the registered manager's interview they could not demonstrate sufficient knowledge and understanding in regard to the breaches of regulations we identified in the last inspection.
- The provider was not able to demonstrate continuous learning and improving care. At the last inspection the nominated individual told us they were planning on installing an ECM system in order to monitor staff attendance. However, as previously stated in this report they were not able to produce any data to demonstrate the system's effectiveness.

The failure to assess, monitor and improve the quality and safety of the service effectively was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was not operating in line with their registration. On the day we announced we would be carrying out the inspection, the nominated individual informed us they were not at the registered location as they had moved offices. They had not informed CQC or applied to register the new location.

This was a breach of Section 33 of the Health and Social Care Act 2008 because the provider was operating outside the conditions of their registration. We are considering what further action we need to take for this failure to operate in line with their registration.

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

- The service did not engage with people receiving care effectively as there was no record of feedback from people about the quality of care they received. The nominated individual told us they had sent satisfaction surveys but had not received any responses. They had also started recording dates of monitoring calls made to people receiving care. However, there was insufficient information recorded to demonstrate it was an effective way of engaging and seeking feedback. Apart from the date of the call there was no other information recorded, including who carried out the call, what was discussed or any comments or feedback from the person receiving care.

The failure to seek and act on feedback from people receiving care and was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made some improvements in how they engaged with staff. They were having regular staff meetings and providing 1-2-1 supervision of staff which gave them the opportunity to raise concerns or queries and give feedback on the service. Staff told us they felt able to give feedback about their role. One member of staff told us, "We can talk to the manager if we have any issues and they do listen."

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 nominated individual understood their responsibility to be open and honest and give people all the relevant information when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People receiving care and their relatives and/or representatives were satisfied with the care they received and the management of the service. We received comments such as, "The carers are very kind and they do exactly what I need them to do" and "I can honestly say I have no problems [the carers] are very good."
- Staff were positive about the culture of the service. We received comments such as, "We are like a family and we work together as a team" and "The office staff and the manager are supportive. I've got no problems."

Working in partnership with others

- Although the service was very small we saw examples of working in partnership with other multi-disciplinary professionals such as social workers and district nurses. Professionals told us the service communicated well with them. We received comments such as, "They are very good and keep me updated about what is going on. The communication has been good."

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not able to demonstrate that they followed the principles of the MCA when people lacked capacity to give consent to care.</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated.</p> <p>Systems for the proper and safe management of medicines were not operated effectively.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service effectively and seek and act on feedback from relevant persons.</p> <p>The provider had failed to ensure people received a consistently safe and good service.</p> <p>Regulation 17 (1) (2)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not establish and operate safe recruitment procedures as they had not gathered sufficient information about candidates before they were employed.</p> <p>Regulation 19 (2) (3)</p>