

Lifecome Limited

LifeCome Care

Inspection report

133 Homesdale Road
Bromley
Kent
BR2 9LE

Tel: 02033937048

Date of inspection visit:
12 April 2016

Date of publication:
04 October 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12 April 2016 and was announced. We told the provider two days before our visit that we would be coming, as we wanted to make sure the registered manager would be available. LifeCome Care is a domiciliary care agency that provides personal care and support for people living in the London Borough of Bromley and its surrounding areas. At the time of this inspection 34 people were using the service.

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 and associated Regulations about how the service is run.

During our inspection we found breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of medicines, risk assessments, recruitment practices and good governance. We also found a breach of the Registration Regulations 2009.

Risks to people were not always identified or properly assessed and action had not always been taken to manage risks safely. Risk assessments were not regularly updated. Medicines were not safely managed by the service because records relating to medicines were not always fully completed.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Systems in place were not effective in monitoring and evaluating the quality and safety of the service. Quality audits did not identify concerns we identified at inspection.

Staff did not always receive appropriate training to enable them to carry out the duties they are employed to perform.

There was also a breach of regulations as appropriate pre-employment checks were not always carried out.

The provider failed to submit notifications to the CQC about important events that the provider is required to send to us by law.

You can see the action we have asked the provider to take in respect of these above breaches of regulations at the back of this report.

People said they felt safe and staff treated them well. The service had appropriate safeguarding adults procedures in place; however staff were not always able to identify different types of abuse. There was a

whistle-blowing procedure available and staff said they would use it if they needed to. Systems were in place to record and monitor accidents and incidents.

The manager had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work, and felt supported by their manager. People had access to health care professionals when they needed them.

People said they were treated with dignity and respect, and felt that staff were caring. People were supported to maintain a balanced diet, and had access to health care professionals when required.

The provider had a complaints procedure in place, and people felt their complaints would be dealt with effectively. The provider regularly conducted annual surveys which showed most people were happy with the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Although people with spoke with told us they felt safe, we found that appropriate actions were not always taken to mitigate risks to people.

Medicines were not safely managed and risk assessments relating to the prompting of medicines were not always accurately maintained.

Risks to people had not always been adequately reviewed and action had not always been taken to mitigate risks.

Appropriate recruitment checks were not carried out before staff started work. There were safeguarding adult's procedures in place. However, staff did not have a clear understanding of these procedures or were not able to identify different types of abuse. There were appropriate systems in place for the recording of accidents and incidents.

There were sufficient staff deployed to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received training in specific areas where required, however this was not always reviewed annually in line with the provider policy.

The service was carrying out supervisions and appraisals in line with their supervision and appraisal policy.

The registered manager and staff members were knowledgeable on how to assess and monitor's people's capacity to make decisions.

Is the service caring?

Good ●

The service was caring.

The feedback we received from people using the service and their relatives informed us that the support people received was caring and considerate.

People's care plans included detailed information about their likes and dislikes and their preferences.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

The provider had a complaints procedure which gave people direction on who to contact if they had an issue or concern to raise.

Assessments were undertaken to identify people's support needs when they started using the service. Care plans were developed which included information and guidance for staff outlining how people's needs were to be met.

Is the service well-led?

Requires Improvement ●

The service was not well led.

The quality assurance audit systems in place were not always effective or regularly completed.

The provider took into account the views of people using the service through satisfaction surveys.

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.

This inspection took place on 12 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to be sure the registered manager was available. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we held about the service and the provider. The provider had not submitted any notifications to the CQC. A notification is information about important events that the provider is required to send to us by law. We also received feedback from a local authority that commissions services from the provider. We used this information to help inform our inspection planning.

We spoke to five people using the service, three relatives, five members of staff and the registered manager. We looked at records, including the care records of six people that use the service, six staff files, staff training records and other records relating to the management of the service.

Is the service safe?

Our findings

People and relatives told us they felt safe when receiving support from the service. One person said "I feel safe with them." However, another person said "I hate it when [carer] comes, I don't feel safe. Sometimes [carer] is not careful with my joints". This was in relation to one staff member, and the person we spoke with was satisfied with the other aspects of their care.

People's medicines were not managed safely. The manager told us that most people using the service looked after their own medicines. However, some people needed to be reminded or prompted and some people required support from staff to take their medicines.

At inspection we were unable to observe medicines being administered in people's own homes. We reviewed medications administration records (MAR) charts for one person, and were advised the MAR charts for all other people using the service were either kept at people's homes or archived, which meant the provider could not check these records to ensure safe administration of medicines. Staff we spoke with stated they followed instructions on the box where a person's medicines were kept. This meant staff would not always know when there were changes to medicines or if the current information was correct. People were at risk of not receiving their medicines as prescribed

We saw that where people required support to take their medicines this had not been recorded in their support plan. Medicines risk assessments did not include lists of medicines prescribed for people and the registered manager advised that these records were kept at the person's home. Therefore people were at risk of not receiving medicines as prescribed by a health professional.

Risk assessments were not always completed in a timely manner in order to mitigate risks. For example, one person's care commenced on 03 March 2016 however, the risk and care needs assessment, moving & handling plan, medicines risk assessment & consent form were all completed 20 days after the start of their care package. This was not in line with the provider's policy which stated that risk assessments should be completed before the care commences or within 48 hours at the latest. Therefore, the person was at risk of receiving unsafe care and treatment. Another person's risk assessment was not reviewed following two incidents of physical aggression, meaning they were at risk of unsafe care and treatment if new staff delivered their care.

These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed staff recruitment files. References for staff were not always received prior to the start of their employment. For example, one member of staff had commenced work without the provider receiving a suitable reference from their last employer. The provider had not taken all necessary steps to ensure only suitable people were employed.

This was a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations

2014.

Criminal record checks were carried out prior to a staff member starting work. Each file contained proof of identification which included documents such as bank statements and national insurance documentation. The provider checked whether people had the right to work in the UK.

There were sufficient staff employed at the service to meet people's needs. The service employed 15 staff members to deliver personal care. One person we spoke with told us "my daughter complained about timekeeping in the past, but this was dealt with properly." Another person said "they attend on time mostly, and will call if their running late." No concerns were noted in relation to a shortage of staff. One staff member told us, "If I am running late, I will call the office."

There was a call monitoring system in place to monitor the timeliness of calls, however at the time of our inspection the registered manager told us that the system was not working. The registered manager told us they had arranged for this to be rectified. In the meantime, the registered manager advised that they were calling round on staff and people that use the service to monitor calls daily. Records in relation to this were not available at the time of our inspection.

Staff we spoke with had a good understanding of how to report safeguarding concerns to keep people safe. They knew to report any concerns they had to senior staff at the office, and were confident their concerns would be dealt with appropriately. However, staff were not clear on the different types of abuse that could occur and were therefore not able to recognise all potential safeguarding concerns and this required improvement.

There was a whistle blowing policy in place that encouraged staff to report any concerns they had to the service. Staff we spoke to had confidence in the policy and said they would use it if necessary.

Is the service effective?

Our findings

People we spoke with told us they thought that staff had received appropriate training. One person told us "Staff have the right training", and one relative said "I feel they've had training". One staff member told us "I complete a lot of e-learning". However we identified that staff were not always up to date with mandatory training requirements and this required improvement.

People did not always receive care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. We found that one staff file we looked at had expired first aid, medicines and manual handling training. We drew this to the attention of the registered manager at the time of inspection, who then arranged for this training to be booked. Therefore, staff training required improvement.

The provider organised in house and online training programmes in particular areas such as medicine management and moving and handling. Each staff member had a training matrix within their file which listed all the training they had received and the year they completed the training. Certificates were also available on staff files confirming this.

Staff told us they had attended an induction when they started employment. They received regular supervision and an annual appraisal of their work performance. They were well supported by the manager and told us they felt they had enough support to do their jobs. One staff member said "I can always call in for a chat".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Applications must be made to the Court of Protection and at the time of our inspection, no one had been assessed as not having the capacity to make decisions. A MCA policy was available which included guidance on making decisions in a person's best interest. The registered manager told us, "Where there is no capacity in a specific area we make sure there is a person centred plan and a best interest's decision."

Staff demonstrated that they understood the principles of the MCA. One staff member told us, "I would talk through the care process with the person I was delivering care to" and another staff member said "I communicate every step of the way in order to obtain consent".

The service was not involved in menu planning for people; however, people did require support with preparing basic meals or heating up pre-ordered ready meals. The service also supported some people with going shopping. Care plans we looked at contained a section on nutrition and listed people's dietary preferences such as "no pork" and "prepare African meals". Where one person required their diabetic needs to be met we saw that the care plan stated "use sweetener and not sugar for his tea".

One relative told us "The carer precooks my father's meals for the week", and one person told us "I like cooking, they help me with that".

Staff told us that if they had any concerns in relation to someone's health or care needs they would report immediately to the registered manager or the person's relative. One person's care plan that we looked at included contact information for their local pharmacy and their nurse specialist.

Is the service caring?

Our findings

People we spoke with told us that staff were caring.

One person told us "I can't fault the support they give me with my personal care"; another person told us "some of them are very caring and nice". One relative told us "I find them caring; they've built a rapport [with my relative]". Another relative told us "I'm happy, [my relative] is very lucky to have them."

People and their relatives told us that they had been involved in the care planning and review of the support that they required when necessary. One relative confirmed this by telling us, "The manager came at the end of last year to do a care plan, we were involved and I made sure [my relative] was supported to understand."

Care plans we looked at recorded people's religious and cultural preferences. For example, one care plan we looked at stated "enjoys listening to word of god and attending church service."

People said that staff respected their privacy and dignity and offered them choice in how they received their care. One person told us "they always respect my privacy". Staff also told us about how they promoted people's independence and provided people with dignity and respect. One staff member told us, "I ask them if I can remove the duvet before doing so".

People were given information about the service prior to engaging with services, advising them of what they could expect. This included the aims and objectives of the service, and a hands-on personalised approach to care.

Relatives we spoke with told us that their family member had built a good rapport with staff. One person told us "they are always giggling together". One member of staff said of people that use the service "my role is to personalise my relationship, see them as a member of my own family and take care of them as if they were one of my own". Where people had requested a staff member of a particular gender we saw that the service had accommodated this request.

Is the service responsive?

Our findings

People told us they received care from staff who supported them and with whom they were able to build a relationship with. One person told us, "I have the same worker and I've got used to them" and "they're very helpful and do what you want". Some people told us they would prefer if regular carers were sent. A relative told us, "It's difficult [for my relative] as he needs reassuring that the carer is there to support him as he has dementia." The registered manager told us that they were able to allocate a preferred carer if this was requested.

Assessments were undertaken to identify people's support needs before they started using the service. Peoples care files included referral information from the placing local authorities that detailed their care and support needs. Care plans were developed which included information and guidance for staff outlining people's likes, dislikes and preferences. One person's plan stated "they like to go for a walk" and another's stated "[they] are able to communicate what they want and how they like to be cared for". We saw care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans we looked at had been reviewed annually or more frequently where required.

We also saw daily notes that recorded the care and support delivered to people. Care staff recorded their daily interactions on daily recording sheets which were held at the person's home. Notes included details of how the person was and the support that was provided. For example one daily log we viewed accounted for the person's morning drink of choice, and that they had complied with their medicines and the staff member had applied cream as required.

People that we spoke with were confident any complaints or concerns were dealt with appropriately. One person we spoke with told us "I know how to make a complaint; I can call the office if I need to". One relative told us "I've made a complaint, and I've seen improvements".

The provider had a complaints procedure which gave people direction on who to contact if they had an issue or concern. People we spoke to told us a copy of this procedure was kept within the care file held at people's homes. The most recent complaints the service received were dated February 2016 and we saw the provider had taken appropriate action, and recorded the outcome appropriately.

Staff were also aware of how to deal with complaints. One staff member told us "I would inform my supervisor and make sure I got the outcome." Another staff member told us "there is a complaints form [at the persons home] that I can complete with them, or I will call the office".

Is the service well-led?

Our findings

People were positive about the registered manager and how the service was run. One person told us, "I think the service is well managed, they are providing a good service". Another person told us, "It's well managed". One staff member told us, "This is the first workplace where I feel I've had enough support to do my job, it's second to none." Another staff member told us "I can always call in for support". However we identified some areas that required improvement.

The quality assurance audit systems that were in place were not always fully carried out to identify any shortfalls and to ensure that the service could learn and improve. The registered manager confirmed care plan audits were undertaken each month by selecting a random selection of care plans. Records showed that six out of thirty personal care files had been audited in 2015. We found that the signatures were not completed or that they stated who had completed the audit. There was no record as to whether any findings were discussed with the manager or actions taken to address the shortfalls. Therefore the audits that had taken place were not effective or proportionate to the number of people receiving personal care.

Care file audits were carried out for two personal care files for each month in 2016, and actions had been noted and action taken. However, we could not see evidence of staff file audits, and the issue with the lack of references for one person had not been identified. The service had also not identified that a staff member required an update of their training requirements.

We saw that staff meetings were held bi-monthly and items discussed at the February 2016 meeting included what's going well, medicines and reporting. One member of staff told us, "I feel my views are always heard." However, these meetings were not well attended by staff. One staff member told us they had not been invited to any staff meetings.

The provider took into account the views of people using the service through annual satisfaction surveys. The manager told us they used feedback from the surveys to constantly evaluate and make improvements. We saw a number of completed questionnaires from the 2015 survey and feedback was mostly positive. However, five of the fifteen people that completed the survey rated the service as 'not very good' or 'poor' for carer 'arriving on time and not letting you down'. We could not see that there was an action plan in place to make any necessary changes. Therefore the provider was not acting on feedback to continually evaluate and improve the service.

The above issues are in breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the provider to take at the end of this report.

We had not received regular statutory notifications from the registered manager, including a notification in relation to a previous safeguarding incident that had been investigated by the local authority. A notification is information about important events that the provider is required to send to us by law. Therefore, the provider was not reporting issues affecting the service to CQC.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see the action we asked the provider to take at the end of this report.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to submit notifications to the CQC about important events that the provider is required to send to us by law.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not effective in taking action to improve the quality of the service. The provider did not operate effective systems to monitor and mitigate risks to people because issues were not identified at audit.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate pre-employment checks were not always in place, including appropriate reference checks prior to commencing employment.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people had not always been identified or properly assessed, and action had not always been taken to manage risks safely. Risk assessments had not always been regularly updated. Medicines were not safely managed by the service because records relating to the management of medicines were not fully complete.</p>

The enforcement action we took:

Warning notice issued