

Lifecome Limited

# LifeCome Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

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

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

We undertook a focused inspection on 9 August 2016 to check that the provider had met the requirements of the warning and requirement notices.

At this inspection we looked at aspects of the key questions 'Is the service safe?' and 'Is the service well-led?' This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'LifeCome Care' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

LifeCome Care is a domiciliary care provider located in the London Borough of Bromley providing care and support to 40 people across Bromley and the surrounding areas.

There was a registered manager in post at the time of our inspection. 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.

At our focused inspection of 9 August 2016 we found that the provider had taken appropriate actions to ensure compliance with the regulations.

Medicines were safely managed and people's records contained full medicines lists and appropriate guidance on how to support people. Risks to people had been adequately assessed and reviewed, with appropriate risk management plans in place to mitigate future risks. The provider had taken appropriate action to ensure references were sought for those employed to work at the service.

Quality assurance systems were now in place to monitor and improve the quality of the service. The provider had made appropriate notifications to the CQC since the last inspection, and the registered manager understood when notifications should be made.

As a result of the findings of this inspection, we have reviewed the rating for the key question 'Is the service

safe?' which is now rated requires improvement. This was because the provider had made improvement to the management of medicines and risk assessments. However, audit checks to ensure that appropriate reference checks were in place for all staff were ongoing and to review the rating for this key question would require a longer term track record of consistent good practice. The rating for the key question 'Is the service well-led?' therefore remains the same. The overall rating for the service is 'Requires Improvement'.

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

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety.

Medicines were managed safely.

This meant that the provider was now meeting this legal requirement.

Risk assessments were accurate. There was now guidance in place for staff on how to safely manage identified risks and these had been regularly reviewed.

The rating for this key question has been reviewed to 'Requires Improvement' because the provider has made improvement to address the concerns found at our last inspection.

**Requires Improvement** ●

### Is the service well-led?

We found that action had been taken to improve quality assurance systems.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection.

**Requires Improvement** ●

# 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. We undertook an announced focused inspection of LifeCome Care on 09 August 2016. This inspection was done to check that improvements to meet required legal requirements after our 12 April 2016 inspection had been made. The service was inspected against aspects of two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well-led?' This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector and an Expert by Experience (ExE), and was announced. 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 provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available.

Before the inspection we reviewed the information we held about the home. This included notifications submitted by the provider. A notification is information about important events that the provider is required to send us by law. We also contacted a local authority who commissioned services from the provider to get their feedback on the quality of the service. We also reviewed the action plans that the provider submitted to us following our last inspection. We used this information to inform our inspection planning.

During our inspection we spoke with the registered manager, two people using the service and five relatives. We looked at records, including four people's care records and other records relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection on 12 April 2016 we found a breach of regulations because medicines were not managed safely. Medication risk assessments (MAR) did not include lists of medicines prescribed to people. The provider did not carry out checks on the MAR and we found inaccuracies in the completion of these, meaning we could not be assured that people had received their medicines at the time that they required them.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had served a warning notice on the provider requiring them to be compliant with the regulation.

At our focused inspection of 9 August 2016 we found that improvements had been made to the management of medicines. People's care files included a list of people's current medicines stating the dose required, times of day that the medicines should be taken, method of administration and details of the reasons that each medicine was prescribed. Guidance on people's care files also stated whether assistance was required with administering or prompting medicines and whether people self-administered or their relatives supported them with medicines.

People told us that they received their medicines on time. One person said "Yes, I get my tablets to take." One relative told us "They do give medication which I put into a dosset box every day."

We looked at the MAR for eight people using the service and found that medicine administration or prompts had been accurately recorded. Where medicines had not been administered reasons had been accurately recorded on the back of the MAR and advice had been sought from the office where necessary. For example, one record we looked at showed that a medicine had not been administered as the person was not at home at the time of the visit. We saw that the office had been contacted to check whether the medicine should be given at the next visit.

The provider had implemented monthly MAR audits to check the quality of people's medicines records, and we could see that any errors in MAR recording were identified and action taken with staff where appropriate. For example, where one worker had ticked the MAR instead of signing it the audit record showed that this had been highlighted to the member of staff concerned.

At our comprehensive inspection on 12 April 2016 we found that risks to people were not regularly reviewed or reflective of people's needs and action had not always been taken to mitigate future risks.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider and registered manager, requiring them to meet the regulation.

At this inspection we found that people's risk assessments had been completed and reviewed in line with the provider's policy. Risk assessments covered risk in areas such as environment, mobility, personal care,

moving and handling and health. Where appropriate people had moving and handling plans in place to guide staff on the best way to support people and reduce risks. For example, one person's plan clearly highlighted the need for two carers to support with transfers, personal care and positioning in bed. Daily records showed that these needs were met by two carers.

At our comprehensive inspection in April 2016 we had identified that risks had not been appropriately identified and managed for one person. At this focused inspection we saw that the person now had a risk management plan in place that clearly noted the need for double handed care and safety planning to reduce further risks. Records showed that appropriate liaison had also taken place with the person's care manager to ensure that the risks were regularly reviewed and monitored.

At our previous inspection on 12 April 2016 we found a breach of regulations because the provider's recruitment checks did not always include appropriate references for the staff they employed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). The provider wrote to us telling us the action they would take to address this.

At our focused inspection of 9 August 2016 we found that the provider had followed the action plan they had submitted to us to meet shortfalls in relation to the requirements of Regulation 19 described above. We looked at the files for four staff members, and found that appropriate employment references were on file. Files contained two references, and were sourced from the person's most recent employer where appropriate. The provider had implemented monthly audits of staff files and we saw that actions had been identified such as, updating a staff member's evidence of their right to work in the UK and one staff member's criminal records check.

Whilst the provider had taken appropriate steps to meet the requirements of the above regulations, we needed to see consistency over time to make sure these processes were sustained because processes were new. Therefore, the rating for this key question has been reviewed to 'Requires Improvement'.

# Is the service well-led?

## Our findings

At our comprehensive inspection on 12 April 2016 we found that adequate quality assurance systems were not in place to monitor and improve the quality of the service. Care plan audits were in place but did not clearly define actions taken to improve issues found in the audits.

This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection of 09 August 2016 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 described above.

At this inspection we found that the provider had made improvements to quality assurance systems and introduced new systems in order to monitor the quality of the service.

The provider had implemented MAR audits from the end of June 2016 and records we looked at showed that each person's MAR was quality checked against the person's list of medicines when they were brought to the office for checking. Care plan audits had been revised to record completion status, whether appropriate reviews had been conducted and records of ongoing communication in relation to the support required by the person.

We also looked at audits of communication logs which checked that the content of the entries made corresponded with the person's support plan. We saw that any discrepancies found in communication logs were noted and action taken. For example, where a worker had raised concerns in using a rota stand the registered manager had arranged to attend the person's home to observe the person's practice and provide support.

The provider had also implemented staff file audits on a monthly basis, with a view to covering all staff within a quarter. However, more time was required to review this and other audits to ensure that improvements to quality assurance systems were sustained.

At our last inspection on 12 April 2016 we found that the provider did not submit statutory notifications to the CQC as required.

This was a breach of Registration Regulation 18 of the Registration Regulations 2009. The provider wrote to us telling us the action they would take to address this.

At our focused inspection of 09 August 2016 we found that the provider had followed the action plan they had submitted to meet shortfalls in relation to the requirements of Registration Regulation 18 described above.

At this inspection the provider had put a CQC notifications folder in place, and appropriate notifications had been submitted to the CQC in a timely manner. For example they had notified us of two potential abuse



allegations, and an expected death at the soonest opportunity. We spoke with the registered manager and they were clear on the issues that required notification to the CQC.