

Lifecome Limited

LifeCome Care, Bromley

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

LifeCome Care Bromley is a domiciliary care service providing personal care to adults living in the community. 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 this inspection the registered manager told us there were two people using the service who received personal care.

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

Some risks to people were identified and assessed and suitable guidance given to staff. However, we found a new breach of regulation as a health risk was not fully assessed or sufficient guidance given to staff to manage this risk safely. There were systems to track and monitor the quality of the service. However, these were not yet sufficiently effective and required improvement to ensure they covered all aspects of the service and that they were effectively operated.

Action had been taken to address the breaches and areas for improvement found at the last inspection in March 2018. Complaints were recorded and investigated appropriately. People and their relatives spoke positively about the care and support they received, and the way staff interacted with them. We saw that people's preferences in relation to having male or female staff were recorded and respected.

There were enough staff to meet people's needs and people told us staff were reliable. Some aspects of medicines management were managed safely.

Staff received enough training and support to meet people's needs. People were supported to have enough to eat and drink where this was part of their support plan. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to be as independent as possible and told us staff treated them with dignity and respect. People had a personalised plan for their care which identified and assessed any support needed in relation to their protected characteristics.

People and their relatives told us they thought the service was organised and their views were sought and listened to. Staff told us the registered manager was supportive and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was 'Requires Improvement' (published 15 June 2018) and there were two

breaches of the regulations, relating to complaints and good governance .

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made in relation to the regulations identified at the last inspection, but the provider was in breach of another regulation and there remained some improvements needed. The service therefore remains rated 'Requires improvement' for the second time.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

LifeCome Care, Bromley

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 carried out by a single inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 the information from these sources to plan our inspection

During the inspection

We visited the office on 11 June 2019. We spoke with the registered manager, a care manager and an office administrator. Following the office visit we spoke with one person using the service, a relative and one care worker by phone. We reviewed two people's care and support plans and four staff recruitment and training

records. We also reviewed records used to manage the service, for example, complaints, meeting minutes and audits. We contacted the local authority to ascertain their views about the service.

After the inspection

We asked for some information to be sent to us, this included meeting minutes and continued to seek clarification in relation to some of the evidence gathered.

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 'Good'. At this inspection this key question has now deteriorated to '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.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks in relation to one person's health condition were not always fully identified or managed. One person had a specific health plan to help staff manage their health condition. However, this plan did not identify the full details of how to respond in an emergency and this posed possible risks to the person's safety. The use of an emergency medicine was not included in the health plan or in their medicines risk assessment, or, list of medicines in their care plan. This meant staff may not be aware that they needed this medicine or how to administer it when needed. Risks in relation to this person's care had therefore not been fully assessed.
- We discussed our concerns with the registered manager. We were not assured that the role and responsibilities of the service in meeting these health needs were fully understood. So, we also discussed this with the local authority who commissioned the service to ensure any risks were safely managed.
- For another person their medicines risk assessment and care plan did not record the arrangements for their 'as required medicines' or assess any possible risks. There was a general guideline but no individual 'as required' protocol to guide staff on administration in line with medicines guidance. Following the inspection, the registered manager sent us a protocol for this medicine that provided clear guidance for staff about the administration arrangements and detailed who was responsible for the remaining medicines administration times each day.

Risks to people were not always fully assessed or actions identified to reduce possible risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager acted to address these issues following the inspection by reviewing the care plans and risk assessments

- Staff received training on the safe administration of medicines and this was refreshed. However, staff competencies to administer medicines were not routinely carried out to reassure the provider of their competence and in line with the provider's policy. The registered manager completed these assessments following the inspection.
- MAR charts were completed where staff supported people with their medicines. Any risks in relation to allergies to medicines were recorded. MAR charts were returned to the office to be checked for any errors on a monthly basis.
- Other risks to people were assessed such as risks to skin integrity or environmental risks. Staff had appropriate guidance to reduce the likelihood of the risk occurring.

Staffing and recruitment

- Recruitment checks were carried out before applicants started to work at the service, to ensure people were supported by suitable staff.
- There were enough staff to meet people's needs. People told us that staff were always reliable and stayed the full length of their call. One person said, "It works well for me they always come on time."
- People were supported by a team of familiar care staff. The registered manager told us holidays and sickness were managed within these small teams to ensure consistency.

Learning lessons when things go wrong

- There was a process to identify learning to improve the service. Accidents and incidents were reported and recorded so that the registered manager could monitor and track appropriate action was taken and identify areas of learning.
- There had not been any recent reports of any accidents or incidents this year, but we saw where someone had slipped in the bath, in the previous year action had been taken to reduce the risk of reoccurrence with the ordering of appropriate equipment.
- Any learning was communicated to staff in meetings or by email.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. People and their relatives all told us they felt safe from harm, or neglect. One person said, "I feel safe. Staff are kind."
- Staff received regular training on adult safeguarding and understood the importance of reporting and recording accidents and incidents and the process to follow. They knew where they could report concerns to under whistleblowing procedures.
- The registered manager and staff understood what might need to be considered under safeguarding procedures and how and where to report any concerns. There had been no recent safeguarding concerns raised about the service. We tracked a safeguarding issue from the previous year and saw that appropriate action had been taken.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had completed infection control training and understood the importance of effective hand washing, using personal protective equipment (PPE) such as and disposing of waste appropriately, to protect people and themselves from infection risks.

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 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles through a range of suitable training. Staff told us they received a range of regular training and regular supervision to support them in their roles. Records confirmed staff took part in a range of relevant training including specific training in relation to people's health needs such as epilepsy training. A staff member said, "You get plenty of training and support."
- New staff received an induction and period of shadowing experienced staff in line with the Care Certificate. This is the standard set for training for staff new to health and social care.
- Staff said they were well supported through regular supervision and annual appraisals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they started to use the service to ensure these could be met.
- The registered manager told us they gathered information from people, their family members and health professionals where needed; to ensure they had a full picture of people's needs to help draw up a personalised plan of their care.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed, where this was part of their care plan. Care plans included information about people's food preferences and possible risks. For example, for one person who had previously had significant weight loss this was recorded with guidance for staff to monitor and encourage them to eat. Staff told us they would provide people with a choice of food or drinks where this was part of their support plan.
- People's cultural needs in respect of their dietary requirements were recorded so that staff were aware of their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. People's health needs were recorded in their care plans and if support was required from staff in relation to this need. Relatives coordinated people's health care appointments and health care needs. Staff were available to support people to access healthcare appointments if needed.
- Care staff worked with other external professionals to ensure people received effective care, such as the GP or ambulance service in an emergency. Staff told us they would notify the office if people's needs

changed and if they required the input of a health professional.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff sought their consent before they supported them with their care needs. One person said, "They always ask me before they do anything."
- Staff and the registered manager understood their responsibilities under MCA. The registered manager was aware of the need for best interest meetings where people were unable to make decisions about specific areas of their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good.' This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection we found people's preferences for a male or female care worker were not always respected. There was some mixed feedback about the support staff gave. At this inspection we saw people's preferences were recorded and respected and we had positive feedback about the care and support provided.
- People told us they felt well supported and care for by staff. One person said, "The staff are good, they do things well." A relative commented, "They are lovely the way they work with [my family member]."
- People's protected characteristics were identified in their care plans and their needs supported appropriately. One person was supported by staff from the same cultural background. A relative remarked, "This makes it work well as we share the same background and culture." Staff we spoke with were knowledgeable about respecting and supporting people's diverse needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in their care. People and their relatives told us their views were listened to and they were involved in making decisions about their care and support.
- Office staff made regular telephone calls to people or relatives to check they were happy with the service.
- People and their relatives were given a service guide when they joined the service to give the information about the way the service operated.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect. One person commented, "They do respect your privacy and talk to you nicely."
- Staff were aware of the need to keep people's information confidential and of how to protect people's dignity when they offered personal care.
- Care plans identified which aspects of their care that people could manage for themselves as well as areas they needed support with. People said they were supported to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection in March 2018 we had found a breach of regulation as people told us they had raised complaints and had not had a response from the service. Verbal complaints were not always recorded. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 16.

- We reviewed the complaints log and saw there had not been any recent complaints. However, following the last inspection verbal complaints were now recorded and we could see how these had been responded to. Both verbal and written complaints had been managed appropriately and in line with the provider's policy.
- People and their relatives told us they had not needed to raise a complaint but knew what to do should there be anything they were unhappy with. The complaints process was explained in the service user guide people received when they started to use the service, so it was available to refer to.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives confirmed an individual plan for their care and support was drawn up when they started to use the service. Care plans reflected people's needs, preferences and wishes about their support and gave guidance to staff on how to meet their needs. Support plans were reviewed to ensure they reflected any changing needs.
- Care plans and some information about people's life history and interests to help staff understand people and build relationships more easily.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and identified in their care plan. The registered manager was aware of their responsibilities under the accessible information standard. They told us that they could

arrange for people to have information in different formats where this was needed to support them understand information about the service.

End of life care and support

- The service was not currently supporting anyone with end of life care. The registered manager told us that where people and their relatives wished to discuss this their wishes were explored. They would develop a care and support plan in discussion with them, their family and other health professionals, and in consideration of any cultural or spiritual needs, to ensure they were well supported.

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'. At this inspection this key question has remained the same, '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 in March 2018 we had found a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the quality assurance systems were not always effective in identifying or addressing problems with the quality and safety of the service.

At this inspection we found improvements had been made to the areas identified at the last inspection and the provider was no longer in breach of this regulation, but there were other areas of quality monitoring that required improvement. The registered manager responded to the issues identified during and after the inspection, but these had not been identified by their own systems or quality assurance processes.

- Known risks to people's health were not fully identified assessed or adequate guidance given to staff.
- MAR charts were regularly checked but the registered manger had not identified the issues we found in respect of medicines management.
- The provider's staff application form did not require applicants to provide their full employment history as required under the regulations. There was a risk that people's full employment history may not be disclosed. Most staff were longstanding staff who were recruited prior to this regulation coming into force. The registered manager had asked them to provide their full employment history in February 2019. However, we found a staff file had an identified gap in their employment history. This was addressed following the inspection, but it had not been picked up by the quality monitoring system.
- The registered manager and provider had not identified the need for medicines competency assessments as outlined in their medicines policies and procedures. Completed competency checks were sent to us following the inspection.
- There were some systems to monitor the quality of the service. Regular spot checks and quality monitoring calls were carried out to ensure staff were following the service guidelines and policies. Accidents and incidents were tracked and monitored to identify any learning.

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

- Staff demonstrated a commitment to provide person centred care and support. The registered manager told us they were inclusive and open to suggestions for improvements. People and their relatives were

positive about the support they received and the way in which staff supported them. One person said, "The staff help, it makes a difference to me."

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 service had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They understood the different kinds of statutory notifications they were required to send the CQC by law. They were aware of the legal requirement to display their CQC rating.
- The registered manager understood their duty of candour requirements and acted accordingly. They told us they were available for people and staff to raise any issues or make suggestions to help improve the service.
- There was an organisational structure and staff understood their roles and responsibilities within this. Regular staff meetings were held to ensure staff were up to date with any changes.
- Staff spoke positively about the registered manager. One staff member said, "The registered manager is approachable and supportive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had processes to engage and involve people using the service and staff. There were regular quality telephone calls made to people or their relatives to ensure any issues were promptly identified and to gather any feedback for consideration to make improvements. No issues had arisen from these phone calls.
- The registered manager told us they had sent an annual survey out, but none had been returned. They told us as they were a small service and in regular contact with people and relatives as well as through spot checks and reviews they were confident any issues would be identified quickly.
- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals where this was appropriate. For example, service commissioners or GPs. Staff told us they felt fully involved in the service and their views were listened to.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure care was provided in a safe way by assessing and mitigating risks.</p> <p>Regulation 12(1)(2)(a)(b)</p>