

Lyfem Home Care Services UK Ltd

LYFEM HOME CARE SERVICES UK LTD

Inspection report

Romer House
132 Lewisham High Street
London
SE13 6EE

Date of inspection visit:
01 December 2021
02 December 2021
06 December 2021

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07 January 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Lyfem Home Care Services 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

Risks to people were not consistently managed. People's medicines were not always managed safely as medicine records lacked essential information to ensure staff understood how to administer medicines safely as prescribed. Staff were not taking part in the government's COVID-19 testing programme for homecare workers. The provider did not always follow safe recruitment processes.

People's health needs were not always assessed, and care plans also lacked information about people's changing health needs. The provider did not ensure consent to care was gained appropriately. Staff did not always receive enough support and training to fulfil their role. We have made a recommendation about reviewing the support and training for staff.

The service was not always well managed. There was a lack of formal audits and quality assurance checks to identify issues with the safety and quality of the service. There had been no formal observations of staff carrying out their roles. The provider had not gathered formal feedback from people who used the service or staff.

People told us the staff were kind and caring. People were involved in everyday choices. People's privacy, dignity and independence was maintained.

People told us they received care that met their needs and preferences. Care plans contained details about people's likes and dislikes about many aspects of people's day-to-day lives. However, people's end of life wishes were not considered. We have made a recommendation about incorporating end of life wishes into people's care plans.

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

Rating at last inspection

This service was registered with us on 16/07/2020 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating.

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 breaches in relation to safe care and treatment, the recruitment of staff, consent to care and good governance. Please see the action we have asked the provider to take at the end of this report.

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

Follow up

We will continue to monitor information we receive about the service until we 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

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.

The nominated individual was managing the service and was in the process of applying to be the registered manager as the registered manager had recently left. This nominated individual is legally responsible for how the service is run and for the quality and safety of the care provided.

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 1 December with a visit to the office location. We continued to analyse evidence and make calls to people until 6 December 2021.

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 three people. We looked at records of recruitment, training and supervision for seven staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There were systems and processes in place to assess risks to people's safety, but the quality of information in the records we saw was inconsistent and we saw examples where established risks had not been considered or addressed. For example, one person's care plan said they were at high risk of falls but there was no information on measures in place to mitigate this risk. Another person was being supported by staff to fill a hot water bottle daily but this risk had not been assessed and there was no guidance for staff on how to complete this task safely and reduce the risk of harm to the person.
- Some people were being supported to apply flammable emollient creams, however the provider had not identified that this increased their risk of being harmed by fire and there were no guidelines in place to ensure people and staff understood how to reduce the risks. The provider acted promptly to make improvements to the care plans and risk assessments when we shared our concerns.

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, "Oh yes I feel safe" and "The staff look after [family member's] skin well. They are quite thorough and there are no bed sores."

Using medicines safely

- Medicines were not managed safely. The provider was not following their own policy or adhering to best practice guidance on the safe management of medicines.
- Medicine administration records (MARs) lacked essential information to ensure staff knew how to administer them. The prescription label for one person's medicine stated 'One to be taken twice a day. Swallow the medicine whole. Do not chew or break. Take with or after food or a meal. The MAR did not include these directions did not say how many tablets were needed to be taken. The MARs we checked had not been audited or checked by a senior member of staff, so these issues had not been identified.
- 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 breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the shortfalls in the medicine records and lack of staff competency assessments people told us

they were satisfied with how staff supported them to take their medicines. One person told us, "They are pretty good with my tablets. No problems." The MARs we reviewed had been signed to indicate people had received their medicines at the correct time.

Preventing and controlling infection

- The provider was not 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. However, the IPC training did not include information on COVID-19.
- People, their relatives and representatives provided mixed views about how staff adhered to safe infection prevention practices. One person told us, "They always wear their masks, gloves and shoe covers." However, another person told us, "They don't wear the masks all the time."
- The nominated individual told us staff were not carrying out weekly COVID-19 tests according to current government guidelines as they were not aware that these applied to staff in this care setting. The nominated individual has now taken action to ensure staff take regular COVID-19 tests.

The failure to manage infection control risks and adhere to current guidance was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us the registered manager often spoke with them about their IPC responsibilities and they had enough PPE to carry out their role.

Staffing and recruitment

- The provider did not follow safe recruitment processes and did not always adhere to their own policy when recruiting staff. The provider's policy set out all the checks that were needed before new staff started work. These included people's right to work in the UK, a full employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- The provider was not following this policy as they did not obtain a full employment history from staff during the recruitment process. One person's recruitment file also did not contain satisfactory evidence of conduct in a previous health and social care role.
- People's right to work in the UK was not always checked. We identified two recruitment files which showed the provider had failed to thoroughly check the staff members' eligibility to continue to work in the UK. We raised this with the provider, and they have now made the necessary checks.

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

- People told us they received their care visits on time. We received comments such as, "They do come on time" and "No problems with timekeeping, I'm sure about that."

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. One member of staff told us, "I would report it to the social worker or CQC if I thought something was not right."
- 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. Examples of steps taken included supporting people to seek medical attention to investigate injuries.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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.

- The service was not adhering to MCA guidelines. We saw two examples where family members and/or representatives had signed on behalf of the person receiving care, without evidence they had the appropriate authorisation to consent on their relative's behalf. The nominated individual told us this was because the people lacked capacity to consent to their care. However, capacity assessments had not been carried out to evidence this.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- The provider was using an assessment tool which looked at all aspects of people's health and social care needs and personal preferences. However, assessments were not always carried out to a high standard and essential information about people's health needs was not always recorded. For example one person required staff to support them with catheter care but this information was not contained in the assessment or care plan so there was a risk staff would not understand how to support this procedure, identify concerns and know what action to take if there were any issues.
- The service did not always respond to people's changing needs as care plans were not always updated when people's health needs changed. One person's deteriorating mobility meant they spent most of their time in bed and were at greater risk of developing pressures sores. However, their care plan had not been reviewed or updated with the changes to their health. We raised this with the nominated individual, and

they have taken action and conducted reassessments to ensure care plans contain accurate, up-to-date information about people's health and social care needs.

- People's ability to manage their oral care was assessed and guidelines were in place to ensure staff supported people appropriately with this.
- Staff took the necessary action where there were acute concerns about people's health. One family member told us, "They tell me if there are any concerns so we can follow it up with the GP or district nurse."

Staff support: induction, training, skills, and experience

- Staff did not always receive the right support and training to fulfil their roles effectively. The training matrix showed the provider was not ensuring staff received training in Dementia care as stipulated in their Dementia Policy. There was a lack of ongoing staff support as the provider had not conducted any staff supervisions or appraisals.

We recommend the provider reviews the provision of training and supervision to ensure staff receive training and support to meet the needs of people receiving care.

- Staff told us they felt the induction and ongoing training they received enabled them to fulfil their roles effectively. We received comments such as, "We get plenty of training" and "I think the training is very good here."

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

- Assessments and care plans contained suitable information about people's nutritional needs including preferred foods and/or special diets.
- People told us they were happy with the way they were supported to prepare food and drinks. We received comments such as, "I ask the care staff to make sure [family member] drinks plenty of water and they do" and "They help me make breakfast and dinner. They know what I like."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other health and social care professionals to ensure people's care needs were fully met. We saw examples where staff had contacted social workers and other health and social care professionals where there were concerns.
- We received positive feedback from professionals who worked with the service to plan and commission care. We received comments such as, "This is a new agency, but we have no concerns with them" and "They communicate well and are prompt to address issues or concerns."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners.

Ensuring people are well treated and supported; equality and diversity

- People received a kind and caring service. People and their relatives spoke positively about the care and support. We received comments such as, "They are very good. I can't fault them" and "As far as I can see they treat [family member] very well."
- We received positive feedback from a professional who worked with the service about the caring attitude of the staff. They told us, "There have been examples where staff have gone above and beyond and provided care to the spouse of a client in an emergency. This was done in the staff member's own time. They didn't need to do that, but it shows they really care."
- People were supported by regular care workers who knew them well. People told us, "Oh yes, I get regular carers which is good" and "It gives me peace of mind to know [family member] is getting consistent care from someone that knows them well. I really hope that doesn't change."
- Staff had training in equality and diversity and told us how they adapted the care and support to meet people's diversity needs.

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

- People and their representatives were involved in the planning of their care. We received comments such as, "They asked me what I wanted" and "They do everything I need them to do."
- There was a written record of people's likes, dislikes, personal interests and hobbies to give staff a broad understanding of the person. Staff told us how they respected people's choices. One staff said, "I always ask how people want me to do things and get them to choose what to do. I never assume as people can be different on different days so it's important to keep offering choices."

Respecting and promoting people's privacy, dignity, and independence

- We identified some examples of undignified language used in care plans to describe elements of personal care support. The provider rectified this when they reviewed and updated the care plans.
- People were treated as individuals and with dignity and respect. We received comments from people such as, "They are all very polite and respectful."
- Care staff spoke about people in a dignified way and explained how they promoted people's independence. One staff told us, "I always make sure to protect people's dignity when supporting them and I make sure they do as much as they can for themselves" and "It is important to let people keep whatever independence they have for as long as possible."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs and personal preferences were met.

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

- Care plans contained information about people's likes, dislikes and care and support preferences. People told us they were consulted about their care plan and staff delivered care that met their needs. We received comments such as, "They do what I want them to do" and "They know [family member's] needs so well. It is really a personalised approach."
- Assessments and care plans contained information about people's cultural, religious and social needs and relationships. People could also choose which staff supported them.

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.

- Care plans contained information about people's communication needs with details of what communication aids people used and factors that might affect people's ability to communicate well. Relatives were positive about how staff communicated with their family member. One relative told us, "[Family member] responds to familiar voices due to their impaired vision. The carer knows this and communicates so well."

Improving care quality in response to complaints or concerns

- The service had a complaints policy which stipulated how they should respond and inform people what action they would take to investigate concerns raised. People told us they had not had any cause to complain but they knew who to talk to if they were unhappy about any aspect of their service. We received comments such as, "I would tell the manager if there was anything wrong" and "No complaints yet."

End of life care and support

- The service was not providing end of life care and support at the time of our inspection. Assessments and care plans did not contain any information on people's end of life preferences.

We recommend the provider reviews their assessment and care planning processes to help people consider their end of life preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

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

- The provider did not have 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, recruitment files and the lack of adherence to COVID-19 guidelines had not been identified by the provider.
- The provider also had not conducted any observations of staff carrying out their role to assess their performance.

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.

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

- The service did not engage with people effectively as there was no record of feedback from people about the quality of care they received. The manager told us feedback was gained in an informal way.
- There was also a lack of engagement with staff. There were no systems in place to gather their feedback and staff meetings and supervisions had not yet taken place. The nominated individual told us they would be having their first staff meeting soon.

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

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

- Staff understood their roles and responsibilities and knew when they would need to seek guidance and support from a more senior member of staff. One staff told us, "If I am unsure about anything, I can phone the office and speak with [the nominated individual] or a supervisor." and "[The nominated individual] is

supportive and he is very responsible and he acts quickly if we raise concerns."

- Staff were positive about the culture of the service. We received comments such as, "We work together as a team" and "I have worked for other agencies and I think this is the best."
- People receiving care and their relatives were satisfied with the care they received and the management of the service. We received comments such as, "I don't have anything negative to say. I would recommend them" and "No problems so far. I am happy with everything."

Continuous learning and improving care

- There were plans in place to improve the service, but these had not been put in place yet, so we were unable to assess their effectiveness. Future plans included the introduction of an electronic call monitoring system which would monitor staff attendance and record completion of care tasks in real time.

Working in partnership with others

- The service worked with multi-disciplinary professionals, social workers and local authority commissioners. Professionals we spoke with told us they were happy with how the service communicated with them and kept them updated. We received comments such as, "I have confidence in the service because they are prompt to address things, they take quick action if anything happens. The service communicates with us well and let us know when things happen."

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>The arrangements in place to mitigate the risk of infections such as COVID-19 were not robust.</p> <p>Regulation 12(1)(2)(a)(b)(g)(h)</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>

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 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) (a) (b) (e)</p>

The enforcement action we took:

Warning Notice