

Luna Healthcare Ltd

# Luna Healthcare

## Inspection report

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Tel: 07393933860

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Luna Healthcare is a domiciliary care agency providing personal care to two people aged 65 and over at the time of the inspection.

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.

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

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to good governance and fit and proper persons employed.

The providers systems were not robust, and people's identified risks were not always managed well, such as the care of people's skin. Records did not always provide guidance to ensure people received safe and consistent, person-centred care from all staff. Systems were not always in place to ensure that people received their medicines in a safe way.

The provider did not have a quality assurance framework to assess the standards of care in the service. The informal processes in place had not identified the improvements required found at this inspection.

People said they felt safe with their care and support and with the staff. .

Staff said they felt supported by the provider and were aware of their responsibilities to share any concerns about the care they provided.

People received person-centred care from their regular care staff.

People and relatives spoken to were complimentary about the care provided by staff. People trusted the workers who supported them. People said staff were kind, caring and went above and beyond for them and their families.

People had the opportunity to give their views about the care, but there were no records to evidence this. There was consultation with staff which had lead to an improvement in people's care records. This made it easier for new carers to understand peoples needs quickly.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 24 July 2018 and this was the first inspection.

### Why we inspected

This was a planned inspection as the service was previously unrated.

We have found evidence the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

### 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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management oversight of care and the checks carried out before people start work at the service during this inspection.

Please see the action we have told the provider to take at the end of this report.

### 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. 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.

<b>Is the service safe?</b> The Service was not always safe.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was not always effective.	<b>Requires Improvement</b> ●
<b>Is the service caring?</b> The service was not always caring	<b>Requires Improvement</b> ●
<b>Is the service responsive?</b> The service was not always responsive	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service was no always well led.	<b>Requires Improvement</b> ●

# Luna Healthcare

## 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 two Inspectors.

#### Service and service type

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

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. The registered manager and provider roles are carried out by the same person.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was 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.

Inspection activity started on 12 May 2021 and ended on 14 May 2021. We visited the office location on 12 May 2021.

#### What we did before the inspection

We reviewed the information we had received about the service since registration. We sought feedback from the local authorities that work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

During the inspection

We spoke to the relatives of two people who use the service about their experience of the care provided. It was not possible to speak to people who use the service directly due to the difficulty using the telephone and restrictions on visiting people in their home due to COVID. We spoke with four members of staff.

We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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.

### Staffing and recruitment

- The provider could not demonstrate that they had ensured care staff had been recruited safely.
- Adequate checks had not been made to ensure staff were suitable to work with vulnerable people, such as criminal record check and references.
- Of the three staff files checked two did not contain evidence of adequate checks being completed before those staff members supported people. One staff member only had personal references, and another had no references. This was discussed with the registered manager who acknowledged the difficulty around seeking references for these staff but agreed that the checks made had not been sufficient. This will be addressed in future recruitment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to these concerns, confirming that they are not currently recruiting but would ensure appropriate checks are completed for all future employees.

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

- The providers safeguarding policy was not available at the time of the inspection, however it has since been provided to us. This provided clear directions to staff how to raise safeguarding concerns and how to support people who tell staff about an abusive situation.
- Staff told us they had completed safeguarding training and knew how to respond to concerning incidents to keep people safe. One staff member told us they would report incidents such as people's dignity not being protected.

### Assessing risk, safety monitoring and management

- People's information about identifying and management of risks were not always in place. Staff were able to tell us about people's risks.
- One person was at risk of their skin being damaged. There was no risk assessment in place to advise staff how to minimize the risk. This was highlighted to the registered manager during inspection who immediately put the appropriate documents in place.
- Staff understood people's risks. One staff member told us that before they help a new person, they read all of their care plans and risk assessments.

### Using medicines safely

- People were not always receiving their medicines safely as prescribed. One staff member told us they had previously administered medicines without the appropriate medication training. This was raised with the registered manager who told us staff had received training but the evidence of this had not been retained.
- Medication administration records showed errors in recording and records for the application of prescribed creams had not been completed. The registered manager was unable to demonstrate these records had been checked or evidence any errors had been addressed. The registered manager told us they had completed a medication audit after this issue and identified it as a recording error and addressed it with the staff directly.
- Despite our findings relatives of people who used the service told us they received their medication at the correct time.
- Since the inspection the registered manager has been signposted to the Social Care Institute for Excellence to improve their knowledge in this area and put checks in place.

### Preventing and controlling infection

- The provider managed the control and prevention of infection. Staff had been trained and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene.
- People's relatives told us staff always wore the right personal protective equipment (PPE) and washed their hands regularly while they are in their home.
- Staff told us they had completed training in the correct use of PPE and enough PPE was available to them.

### Learning lessons when things go wrong

- The provider did not have an effective system in place for identifying accidents and incidents.
- The provider had created an incident and accident folder, however no incidents had been recorded. We are not aware of any incidents or accidents that should have been recorded.
- Relatives of people using the service reported there had not been any incidents and were happy with the response from the registered manager if they raised anything with them.



# 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 did not always achieve good outcomes or was inconsistent.

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

- Care assessments had not considered the full range of people's diverse needs. For example people's oral health care needs had not been assessed or recorded.
- People told us they had been fully involved in writing their care plans and we saw their routines and preferences were recorded.

Staff support: induction, training, skills and experience

- Whilst the provider understood staff and volunteers needing training and development to be effective in their roles- we found staff training was not always up to date or in line with best practice.
- The provider had failed to maintain and retain accurate records of the training staff had completed. They were also unable to demonstrate staff had been trained before they had started supporting people.
- Staff felt the registered manager was supportive and confirmed they had regular supervision to guide them in their work which they felt was helpful.

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

- There were no processes in place to guide staff on how to share information with other organisations. This was being done by peoples relatives.
- We signposted the registered manager to the Social Care Institute of Excellence for guidance on developing their existing processes.

Supporting people to live healthier lives, access healthcare services and support

- The service monitored people's health, care and support needs, but there was no process in place to tell staff how to escalate issues found.
- Appropriate referrals were made to some professionals such as district nurses but there were no procedures in place to support this process. The registered manager has been signposted to the Social Care Institute of Excellence to improve their knowledge in this area and put procedures in place.
- Relatives told us they were making referrals to health professionals when needed and they were happy with this arrangement.
- Staff understood how to identify concerns with people's health by looking for changes in peoples normal demeanour.

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.

- Staff involved people in decisions about their care to ensure their human and legal rights were upheld.
- Staff we spoke to understood the need to seek consent from people before providing care. They understood how to support someone who may be refusing the help being offered.
- Care plans had considered people's ability to agree to their support and relatives confirmed care staff talked to them and asking for their consent before providing care.

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

- People had choice and support to access enough food and drink.
- People's relatives told us staff always offered a choice of foods and drinks to their family member.
- Staff had a good knowledge of people's preferences and were able to tell us how they involved people in choosing their meals and drinks

# 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 requires improvement. This meant people were not always 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

- People told us care staff always treated them with kindness. However we found that systems that supported them to do this were not in place such as training for staff to support people safely and effectively. Records suggested one person had not received their medication as prescribed despite staff intentions to be caring.
- A relative told us "I think the staff are great, they're very efficient and very friendly". However checks had not been completed by the provider to ensure staff were of suitable character to provide care and support to people which meant that this could have placed them at risk of harm.

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

- The provider had ensured staff and volunteers had the time, information and support they needed to provide compassionate and person-centred care. Staff told us about taking time to talk to people and offer them choices for example of what to eat or wear. Staff had a good understanding of people's needs and told us about their individual preferences.
- People's relatives told us they were involved in the plan of support with the family member.
- People had limited opportunities to share their views with the registered manager as contact with people was always made by telephone however the people receiving care were unable to use the telephone.
- There was no evidence that people's views were recorded or used to improve the service.
- Care plans contained a daily routine describing how the person likes to be supported.
- Care plans were regularly reviewed with people and their families.

Respecting and promoting people's privacy, dignity and independence

- Care plans included reminders to support the person receiving care to carry out the care tasks they were able to themselves, but not what these were.
- People were treated with dignity and respect and without discrimination. For example staff were able to describe how they maintained people's dignity while receiving personal care.
- People did not have end of life care plans in place, meaning their dignity and wishes at the end of their lives may not be taken into account.
- Staff were discreet and protected people's confidentiality. Staff told us that they do not share information about people outside of their homes. People's relatives felt the carers were good at maintaining confidentiality.

# 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 requires improvement. This meant people's needs were not always met.

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

- Care planning had not always considered people's goals, skills and abilities.
- Protected characteristics such as people's religious needs were considered during care planning

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.

- The service had not fully implemented the Accessible Information Standard.
- People had limited opportunities to share their views with the registered manager. Contact and information sharing with people and their relatives was always done via telephone. However some people were unable to use the telephone.
- Information about changes within the service were being communicated to people and staff by telephone, which may not meet the communication needs of all individuals.
- The registered manager has been signposted to the Social Care Institute for Excellence to improve their knowledge in this area and make improvements to the service.

Improving care quality in response to complaints or concerns

- People knew how to give feedback on their experiences of care and support. However, the processes in place for this were informal, feedback given was not recorded and did not demonstrate how feedback was used to improve the service.
- People's relatives felt listened to and supported by staff and the registered manager. One relative told us about the staff giving up their own time to arrange a bedroom the way the person wanted it after a new item of furniture had been purchased.

End of life care and support

- The service did not fully assess people's end of life care needs. Where people had a RESPECT form in place this was recorded but there was no care plan in place to consider what people would want to happen if they were suddenly taken ill or died.
- The registered manager has been signposted to the Social Care Institute for Excellence for guidance on developing end of life care plans.

# 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. 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

- Governance and performance management systems were not always reliable and effective and had failed to identify the issues we found. For example, skin integrity risk assessments were not in place. Systems were not regularly reviewed. People's risks were not always identified and well managed. Medicines were not always administered appropriately and we could not evidence staff had been trained before supporting people.
- There was no formal governance process in place. The registered manager told us they were completing audits but they did not record them so we were unable to see what they had identified for improvement and the actions taken to do this.
- The registered manager told us that they had personal mentors outside of the service whom they accessed for support and guidance as needed.
- The registered manager had a limited understanding of their regulatory responsibilities and what systems should be in place to monitor the quality of the service. No statutory notifications had been received from the service however the registered manager was aware of the notifications they should send us.
- The recruitment processes in place were not safe to ensure people were protected when receiving care and support.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to these concerns at the time of the inspection and informed us of their intention to make improvements.

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

- There was a limited approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders to achieve good outcomes.
- People's relatives felt the service was well led. However, the service did not have well developed statements of its vision and values. When this was discussed with the registered manager they shared their vision and values but they did not explain how this would be achieved.

- The leadership of the service required improvement. For example, effective action had not been taken when medication administration records had not been completed correctly by staff. However relatives and staff told us that the registered manager was friendly and approachable.
- The registered manager did not demonstrate a good understanding of their legal responsibilities. The service had been made dormant, meaning they were not supporting people, following their registration. However when this commenced the registered manager failed to inform CQC in a timely way. This means they would not have had full oversight by CQC during that period, potentially putting people at risk.
- There was no formal process to feedback information such as changes in people's needs to staff. Informal telephone calls had been made however there were no records of the conversations.
- Equality and diversity were not consistently promoted. The registered manager was not update with current guidelines and terminology.

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 registered manager understood their responsibilities around the duty of candour. However, there were no policies or procedures in place in relation to this. They have been signposted to the Social Care Institute of Excellence to improve their knowledge and put appropriate processes in place

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

- There was a process of regular telephone calls to staff and people using the service. Their feedback was not recorded and there was no evidence the registered manager had identified themes or improvements to care.
- A satisfaction survey had been completed with staff and this had led to improvements in client profiles in people's care plans.
- Staff told us they attended regular staff meetings where they were able to share their views or concerns with the service. There were no records of these meetings or how these meetings were being used to achieve good outcomes for people to evidence changes or improvements being made.
- Staff supervision records were not kept and so continuous learning could not be evidenced.

Working in partnership with others

- The service was not always working effectively with outside organisations. Relatives supported care staff to liaise with external partners when needed.
- Staff told us they would liaise with health and social care professionals if required.

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 17 HSCA RA Regulations 2014 Good governance  The provider has not ensured an effective system to demonstrate people were receiving good quality care.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Staff were not recruited safely.