

Bio Luminuex Health Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 7 October 2015 and was announced. The provider was given 48

hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the first inspection of this service since it was registered on 19 November 2013.

The service is registered to provide support to adults living in their own homes with personal care. At the time of our inspection six people were using the service.

The service had a registered manager in place. 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.

People who used the service and their relatives had positive experiences of the care and service they received.

Summary of findings

Safeguarding procedures were in place to ensure people were safe from abuse and staff had knowledge and training about how to identify abuse and keep people safe.

People received their medicines safely as the provider had good procedures to manage and administer medicines.

Risks to people were assessed and managed, including risks associated with moving and

handling, health and personal care, falls and home environment.

There were sufficient numbers of staff to meet people's needs. Staffing levels were assessed and monitored and allocated based on individual needs.

All staff were vetted prior to commencing work. Criminal record checks were made on all staff and

essential recruitment documents and records were sought and in place.

Staff were knowledgeable about their responsibilities under the Mental Capacity Act 2005 and policies and procedures were in place to support this.

Staff received core induction, mandatory training and updates to ensure they had essential knowledge and skills they needed. Staff were supported with regular one to one supervision meetings with their manager and their performance, development and support needs were appraised annually.

People were encouraged to eat well and received support where needed. Staff worked with other professionals to ensure people maintained good health and that they had access to ongoing healthcare support. The provider kept records of regular contact with professionals.

People who used the service and their relatives told us that staff were kind and caring and they were treated with dignity and respect. They said staff always visited them at the allocated times.

People were asked about their needs and care preferences, such as preferred times of care before using the service and then at regular intervals to make sure the agreed times suited their needs. Staff understood about people's needs in relation to their cultural and religious beliefs and respected these.

Care was planned and delivered according to individual assessed needs. Care plans were developed through consultation with people and their relatives and were regularly reviewed to ensure they still suited their individual needs.

Staff spoke well of the management and said they were available whenever they needed and that they received good training and support.

The provider had systems in place to monitor the quality of service. The systems and audits were sufficiently robust, identifying areas running well as well as areas requiring improvement and these were addressed. Overall people were happy with the service.

Summary of findings

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 safe. People who used the service told us they felt safe and knew what to do if they did not feel safe. Staff were trained and knew how to protect people from harm.

Risks to individuals were assessed and safely managed.

People received their medicines safely.

Staff were appropriately vetted and recruited and were sufficient in numbers to meet people's needs.

Good



Is the service effective?

The service was effective. People and their relatives had positive experiences of using the service. Staff knew and understood their individual preferences, care and support needs.

Staff received good supervision, training and support to carry out their duties and responsibilities.

People were encouraged and supported to maintain good nutrition.

Staff worked well with other professionals to ensure people had access to social and healthcare services.

Good



Is the service caring?

The service was caring. People who used the service and their relatives said staff were kind, caring and treated them with dignity and respect.

People were consulted about their individual preferences and involved in decision-making. Their views were taken into account when planning and delivering their care.

Good



Is the service responsive?

The service was responsive. The provider planned and delivered care according to people's individual needs. Care plans were person-centred.

The service was flexible to take into account individual needs and changing circumstances. Staff visited people on time.

Care took into account people's cultural, communication and language needs.

People knew how to complain and said they had no complaints or concerns.

Good



Is the service well-led?

The service was well-led. People and relatives who used the service and staff said the service was well managed.

Staff said they received good training and support.

There were quality systems in place to determine whether the care provided was appropriate, delivered in the right way and effective. They identified areas running well as well as areas requiring improvement and these were addressed.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the provider 48 hours' notice that we were undertaking this inspection. This was because the location provides a domiciliary care service and we needed to be sure that someone would be in. This announced inspection took place on the 7 October 2015.

The team consisted of two inspectors. Before the inspection we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC within the past 12 months.

To conduct this inspection we spoke with two people who used the service, four relatives and four staff including the care staff and the registered manager and also spoke with a social care professional. We looked at six care records, three staff files, records and documents relating to the management of the service. We attended a staff handover meeting and also observed the interaction between staff and people who used the service.

Is the service safe?

Our findings

People who used the service told us they felt safe and said the registered manager had explained to them what to do if they did not feel safe. One person told us, “I feel extremely safe and have no concerns.” Another person said, “[The manager] has made it very clear that if there are any concerns we can contact him at any time and has given us an office number and out of hours number.” We saw that each person had been given a service users’ guide with information about who they could contact if they had any safety concerns.

Training records showed that staff had been trained about safeguarding adults from abuse. Staff were knowledgeable about safeguarding issues and were taught many of the subjects they needed to look after people safely, such as moving and handling. The provider had policies and procedures to report safeguarding issues and also used the local social services adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. There had been no concerns about the safety of people who used the service.

We saw that risk assessments had been developed with the people using the service and included the safety of the environment, keeping people’s property secure by the use of a key safe and any health related issues. For example, an assessment for a wheelchair used by one person took into account the wheelchair parts to ensure they were in good condition and provided guidance to staff on how best to manage risks associated when taking the person out. The risk assessments for people’s homes were also for the safety of staff. There were policies and procedures in place for all areas of health and safety, for example, food safety and the prevention and control of infection and relevant training in these areas was provided to staff.

There were sufficient staff employed by the agency to meet people’s needs. At the time of inspection there were three staff employed to support six people who used the service. There were no concerns raised around unreliability or staff not showing up. We were told that management cover was available at times of emergency 24 hours a day. People told us that during times when their regular staff had been away, their calls were always covered.

We looked at all the staff records and found recruitment was robust. The staff files contained a criminal records check called a disclosure and barring service check, examining if prospective staff had at any time been regarded as unsuitable to work with adults who use care services. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. This helped to ensure that staff were suitable to work with the people who used the service.

There were policies and procedures for the administration of medicines for staff to follow good practice. The registered manager said the service mainly prompted people to take their medicines or their families assisted, although one person’s medicine was administered as part of their care package. Staff who supported this person with their medicine had received medicines administration training as did most other staff. People’s care records showed that they had signed their agreement for staff to administer their medicines. When staff prompted or administered medicines, this was recorded on a medicines administration record (MAR). We saw that there were no gaps or omissions which meant people were taking their medicines as prescribed. One person told us, “Staff are very aware of the medication I’m on and always ask how I am.”

Is the service effective?

Our findings

People using the service and their relatives told us they had positive experiences of using the service. They said staff knew and understood their individual preferences, care and support needs. For example comments included, “All staff are aware of my needs as I’ve worked with the same staff since starting with them” and “The staff have always been able to do everything that I have ever needed them to do and I don’t know what I’d do without them. They go above and beyond the call of duty.”

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and staff. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. A system was in place to assess people’s mental capacity for specific decisions. No one who used the service had required a mental capacity assessment.

People’s needs were assessed, recorded and communicated to staff effectively. The staff followed

specific instructions to meet individual needs. Staff had a good understanding of how to meet the needs of people they were supporting, for example, people with complex needs and people who used specific equipment to meet their needs.

New staff were given an induction prior to starting to work with people who used the service. They were shadowed until it was thought they were competent in their work. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own.

Staff had appropriate training and experience to support people with their individual needs. All staff had completed a national vocational qualification in health and social care. A staff member told us, “We have staff training every two months and this is sometimes watching videos or doing role plays with my manager. In the last year I have done training in health and safety, first aid, moving and handling, mental health, safeguarding, infection control

and hoist training.” Another staff member said, “The training that I found really useful was the pressure sores. I have a [person] who suffers from this and after doing the training, I was able to identify what they looked like and the action that needed to be taken. It was very useful.” Records showed that staff completed a range of other training including equality and diversity, safe moving and handling of people and safe handling of medicines.

Staff were supported with regular supervision and annual appraisals, which gave them the opportunity to discuss their work and any training and support needs. Staff said they found this helpful.

Staff were trained in food safety and nutrition. People lived in their own homes and could choose what to eat and staff had minimal involvement around meal preparation. The registered manager told us staff would contact health professionals if there were concerns about a person’s nutrition. They said that staff encouraged people to have fresh foods and advised people about safe food hygiene where appropriate. Some staff prepared meals or snacks but generally people managed independently or were supported by family members with their meals. Staff had compiled pictures of one person’s favoured cultural meals, due to their communication difficulties, and involved relatives in the consultation too to ensure the person had the meals of their choice.

People were supported to maintain good health and to have access to social and healthcare services. People had their own GP and the registered manager said if needed people would be supported to attend appointments at hospitals or clinics.

Records showed that staff, including the registered manager, advocated for people, such as making contact with doctors if staff had concerns about people’s health. After seeing a therapist, staff continued to support a person, who had suffered ill-health, with their rehabilitation and recovery plan to help improve their writing, speech and perform exercises. One person told us, “I had been trying to get in touch with somebody from social services but with no luck and was getting very stressed. [The manager] helps me to chase them up on my behalf and they get in touch.”

Is the service caring?

Our findings

People who used the service and their relatives said that staff were kind and caring. One person told us, “They are really thoughtful and caring.” Other similar comments included, “They know if I’m not well or am grumpy due to my pain and are always so caring.” A relative said, “They are really friendly and chatty. My [relative] gets on well with them and they make him feel very comfortable.” Another described a member of staff as, “Very friendly, very nice and caring. She [staff] understands her environment and is very sympathetic to our situation.”

People said they were involved in decisions about their care, such as their preferred times of care before using the service and then at regular intervals to make sure the agreed times suited their needs. One person said, “I got as much choice as I needed. I was able to choose support times around my needs and appointments. They put my needs before theirs.” They said the manager explained all the services on offer during their assessment visit and how the service could support them.

A relative told us they always had the same staff who understood the person’s complex needs. They said home could be a very stressful place and the support which was consistent and reliable helped with this and was appreciated by them.

There were policies and procedures for treating people with privacy and dignity and staff were aware of how to treat people with dignity and respect. For example one staff member said, “I always make sure my clients are involved. I take their opinions and preferences into account and I always ask them first what it is they want. I don’t do anything they don’t want me to do.” People said that staff were encouraging and reassuring as well as patient and aware of their limitations. One individual said they found this awareness and level of care reassuring.

Care plans contained details about a person’s individual needs such as their family history and background. This gave staff an insight into what people liked and disliked. Staff said they respected cultural and faith needs where these were identified and this was confirmed by people we spoke with.

Is the service responsive?

Our findings

People and their relatives spoke positively about how well the service met their needs. The provider planned and delivered care according to individual needs. Prior to using the service, in addition to assessments supplied by referring community teams, each person had a needs assessment completed by the registered manager. The assessment covered all aspects of a person's care and had been developed to help form the person's plan of care.

Care plans were person-centred and included, 'Who and what is important in my life' as developed with people to ensure their wishes were taken into account in relation to their care. A basic care plan was combined with a more detailed support plan which identified how needs should be met. Care plans clearly included areas of support provided by family members to ensure a comprehensive picture of how the person's support needs were being met overall.

People had signed their plans to show they agreed with them. These were reviewed every three months then annually with the person's social worker to ensure that people's changing needs were met. People told us they were always involved and had input into their reviews and the said the registered manager always listened to what they had to say. A social care professional we spoke with confirmed they had attended a review meeting and reviewed a person's support plan. They said the registered manager had contributed appropriately, that they had no concerns about the service and the person's family were very positive about the support being provided.

We saw that files contained sufficient information for staff to deliver effective care, including what actions they needed to take to meet people's individual needs. The registered manager told us that the most up to date information about people's care and needs could be found in the latest review meeting notes, which we saw was kept alongside people's care plans. However, care plans had not been updated to reflect any changes which could cause confusion for care staff about a person's current needs. We spoke to the registered manager about this who said he would address this and ensure that care plans included any changes recorded in the review notes to ensure that staff were clear about how to meet people's individual needs.

Staff completed a daily record of their visits, reporting any changes to people's care or their wellbeing. It was not always clear from the records if staff had completed actions exactly as stated in people's care plans. Whilst the records were detailed in some areas, they were sometimes non-specific in others. The registered manager accepted that this was an area that could be improved. However, there was no indication in any feedback from people using the service or their relatives that their needs were not met. We received only complimentary feedback about the quality of care people received.

Care was provided flexibly to suit people's needs and changing circumstances. People told us staff altered their normal times of visits if they needed them to. One person said, "The flexibility works around my schedule and they are always adaptive to it." People could choose the activities they wished to do and the provider helped by finding staff who could assist with these.

People using the service and their relatives told us that staff usually arrived on time for their visits. People signed staff timesheets to confirm staff start and finish times, enabling the registered manager to check that care was provided at scheduled times. The office was manned during the day and 'on call' support in the evenings was available.

The service tried to match staff with people from the same background to help meet individuals' cultural and communication needs. One person described the service as being very "accommodating" as they provided staff who could speak the same language as them, which they said was most helpful.

People knew how to make a complaint as the complaints policy was explained to them prior to them using the service and the policy and procedure given to them. None of the people we spoke with had any complaints and records showed that the registered manager had taken appropriate action to resolve any complaints that had been made. People using the service and their relatives made comments such as, "I know that I could call [the manager] at any time and he would get back to me straight away to resolve any issue I had. I have so much trust in him and he has never let me down. He puts his client's needs before anything else." People told us they had all the relevant information and numbers they needed if they needed to contact the agency.

Is the service well-led?

Our findings

The service had a registered manager. People who used the service and their relatives service spoke positively about the management of the agency. Comments included, “It is a very well organised service and we have always had regular communication with them. Everything was explained to us in the beginning before we started and we knew what to expect. It was very detailed and we have lots of contact.” And, “I couldn’t be happier with the service I receive from them. I’ve had so many bad experiences in the past but this company is different and I wouldn’t change them for the world.”

The registered manager made contact with people at least every month or more often for feedback. Records confirmed this and included what action was taken where necessary to follow up on any identified issues. For example, after consulting with one person the registered manager reminded a staff member to note the person’s appointment dates and adjust their provision of care. “I am happy, It’s going good so far” was a typical written comment from people who used the service. One person told us the registered manager called them every week and during management home visits they were asked for their views about the care and support they received.

The registered manager was committed to the ongoing improvement and development of the service. We saw that the registered manager had made improvements to the service following feedback from a relative about the lack of detail in the visit logs kept in their family member’s home. The registered manager spoke to staff about this to ensure that more detailed records were kept.

The provider liaised with other organisations, such as social services, where appropriate to ensure people’s needs

were met. One person told us they appreciated the support they were given when the registered manager chased up communication with a social care professional, after which the care professional got in contact as they wished.

Staff said they felt supported in their work and that the management was very good. One staff member said, “[The manager] is always available for us and I know I can call him if I have any problems. He is very supportive during meetings and training. He visits and checks our daily logs and sees how we are doing.” Staff meetings were held regularly and staff told us they were able to contribute to the agenda and raise concerns, discuss care and other issues.

There were quality systems in place to determine whether the care provided was appropriate, delivered in the right way and effective. The registered manager showed us that they checked the quality of service in line with CQC guidance to providers. He said they had hired a consultant to review and quality check their work every three months. In addition they were about to employ a person to check the quality monitoring of the service internally, so this could be done by someone who was not directly managing the service.

The registered manager undertook audits to check that systems were working satisfactorily, such as checking care plan accuracy, incidents, daily diaries and checking the times and punctuality of staff visits. They also conducted spot checks to ensure staff were carrying out their roles to a satisfactory level. They recorded comments and actions, such as advising staff to use professional not casual language when writing care logs and descriptions of their interactions with people.

Relevant policies and procedures were in place and these were updated. Staff were required to get to know about essential policies which were included in the staff handbook and advised in one to one and team meetings which policies to look at.