

Lourdes Health Care Group Ltd

# Lourdes Health Care Group

## Inspection report

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Date of inspection visit:  
23 May 2022

Date of publication:  
29 July 2022

## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Lourdes Health Care Group is a domiciliary care agency registered to provide personal care and other support to people in their own homes. At the time of this inspection, one person was receiving assistance with their personal care. The Care Quality Commission (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

Systems were in place to protect people from abuse. These included safeguarding policies and training for staff. Personalised risk assessments helped keep people safe and supported their independence.

Appropriate infection control practices were in place. Staff participated in the regular COVID-19 testing programme.

The provider ensured that there were enough suitably skilled staff to provide people with the care and support they needed and wanted. People received care from regular care staff who were punctual. The registered manager ensured changes in staffing were communicated to people. Appropriate recruitment processes helped ensure only suitable staff were employed to provide care and support to people using the service.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were quality assurance systems in place that monitored the service provided to people. These included obtaining feedback from people about the quality of the service they received and 'spot checks' of staff practice. Improvements to the service were made when needed.

The person using the service was unable to speak with us due to their needs. However, a relative spoke positively about the care and support provided by the care agency. Staff told us they received the support and training they required for their roles.

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 June 2020 and this is the first inspection.

### Why we inspected

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Lourdes Health Care Group

## 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 and practical supports 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.

#### Notice of inspection

We gave the service two working days' 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 23 May and ended on 27 May 2022. We visited the office location on 23 May. We reviewed documents and contacted staff and people on 27 May 2022.

#### What we did before the inspection

Before the inspection we looked at information we held about the service. This information included feedback we had received about the service and any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. 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 this

information to plan our inspection.

During the inspection

We spoke with the registered manager. Following the visit to the office, we contacted one care worker. Since the person using the service was unable to communicate with us, we spoke with a relative.

We reviewed a range of records which related to people's individual care and the running of the service. These records included one person's people's care file, three staff records, policies and procedures and a range of records relating to the management and quality monitoring of 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place. This outlined its responsibilities in helping to keep people safe from the risk of abuse or avoidable harm.
- Staff had received training about safeguarding adults. They were knowledgeable about types of abuse and knew that they needed to report all allegations and suspicions of abuse without delay.
- There had been no safeguarding concerns since the service was registered with us. The registered manager understood their responsibilities in relation to safeguarding people. They knew they needed to make appropriate referrals to the local safeguarding team when there were concerns about people's safety or abuse was suspected.

Assessing risk, safety monitoring and management

- People had personalised up to date risk assessments. These included risks associated with their personal safety, mobility, and home environment. Risk assessments contained guidance for staff on safely managing people's identified risks while ensuring their preferences were respected.
- The registered manager and a senior worker operated maintained an 'on call service'. This meant people, relatives and staff could contact them at any time if they had questions or concerns.
- Staff received information about what to do in the event of an emergency. Information about health professionals and key contacts as included in people's care records.

Staffing and recruitment

- Staff had been safely recruited. All staff had pre-employment checks to check their suitability before they started working with people. These included criminal records checks, and references from previous employers.
- The registered manager had systems in place to make sure that there were enough staff to meet people's needs and keep them safe. There had been no 'missed' calls.
- The service's staffing rotas and people's care records showed people received regular support from named staff. The registered manager told us that this enabled the development of positive relationships with people. They told us that, when a staff member was absent from work, they would always endeavour to ensure their rota was covered by a staff member who was familiar with the person being supported.
- Care and support calls were being monitored manually at the time of this inspection. The registered manager told us that, as the service grows, they would invest in an electronic call monitoring system.

Using medicines safely

- At the time of this inspection staff were not involved in the administration of people's medicines.

- Staff had received medicines training. The registered manager told us staff competency in safe medicines administration would be assessed during spot checks of care and support.
- The provider's medicines policy and procedures contained detailed information about the support the service could provide and how this should be provided. These followed current best practice guidance on safe administration of medicines.

#### Preventing and controlling infection

- Staff had received training in infection prevention and control. A staff member told us this training included guidance on safe practice in relation to Covid-19 and other transmittable infections.
- Staff were provided with the personal protective equipment (PPE) they required to minimise the risk of infection. The provider maintained a stock of PPE at the office. This was collected by, or delivered to, staff when required.
- The provider's policy and procedures in relation to infection prevention and control and Covid-19 were up-to-date and reflected current government guidance.
- The records of spot checks of staff practise in people's homes, showed there had been checks of staff use of PPE, including whether they were wearing it correctly.

#### Learning lessons when things go wrong

- There had been no incidents nor accidents since the service registered with the CQC.
- The registered manager understood all incidents and accidents needed to be investigated and reviewed, with actions put in place to reduce the risk of incidents reoccurring.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before their care visits commenced and a personalised care plan was put in place. A relative told us they had been involved in the initial assessment of care and support.
- Personalised care plans and risk assessments developed from the initial assessment included guidance for staff on meeting the persons' needs and preferences. People's dietary, cultural, religious, sensory and health needs were included in the assessment. This ensured care staff had the information and guidance they required to provide each person with effective and responsive care and support.
- People's assessments and care plans were regularly reviewed. The registered manager told us these would be immediately updated should there be a change in people's needs or circumstances.

Staff support: induction, training, skills and experience

- New staff received an induction. This included core training, understanding the provider's policies and procedures and other information about the service. A staff member told us they had received their induction before commencing work at the service. They said, "It was thorough and informative."
- Staff spoke in positive way about the training they received, which provided them with the information and guidance they needed to provide people with personalised, safe care.
- Staff received ongoing support and supervision in their role. The registered manager met with care staff to review their work and to identify training needs. The registered manager also carried out 'spot check' observations of staff practice whilst they were carrying out care tasks in people's homes. A staff member said, "I get full support from management."

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

- People's care plans contained information about their dietary needs and preferences, including religious and cultural needs, and needs associated with their individual health conditions, such as diabetes
- At the time of our inspection, staff were not supporting anyone with eating or drinking. However, they had received training in nutrition and hydration, and were aware of the importance of ensuring people's dietary choices, preferences and needs were supported.

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

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

- The registered manager told us that, at present, staff were not involved in engaging with healthcare and other professionals on people's behalf as this was done by family members. However, people's care plans included information about their health needs and professionals involved in their health care and other support. The registered manager said staff would always work with people to engage with other

professionals and attend appointments should this be required.

- Staff knew that if they had concerns about a person's care or well-being, they would report it to management staff who, where appropriate, would communicate with people's relatives and healthcare or other professionals involved in people's care.

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.

- At the time of the inspection people who used the service had capacity to make their own choices and decisions. The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.
- Staff had completed training on the MCA. They understood the importance of ensuring consent to care, and of ensuring people's personal choices were paramount to the support they provided.

# 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 in their care.

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

- People's care plans included information about how they wished to be supported. Guidance was provided for staff on meeting people's equality and diversity needs, such as cultural and religious needs and specific disability-related needs.
- The registered manager understood the importance of providing a consistent and reliable service. They arranged people's care visits at the times they wished and were flexible in changing the time of visits if this was required, for example, when people needed to attend healthcare appointments.
- The registered manager ensured that when staff changes needed to be made, for example, due to annual leave or other absence, people were informed about these as far in advance as possible.
- The provider's values, policies and procedures promoted an inclusive culture across that respected people's rights, dignity, equality and diversity. The provider's assessment processes considered people's individual wishes and preferences, including cultural and religious needs. People's care plans reflected this information. Staff had a good understanding of the importance of respecting people's differences and providing care and support with dignity.

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

- A relative told us they and the person receiving care were fully involved in decisions about their care and support.
- Care staff spoke about involving people in making choices, and respecting these.
- The registered manager maintained contact with people through telephone calls and visits. This gave people opportunities to discuss and provide feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- A relative said, "[staff] respects my relative's dignity and privacy at all times when they are there. She is very professional in her work."
- People's care plans included guidance for staff on supporting people with dignity and respect. This included information on people's preferred name and how to provide support that was respectful of their religious and cultural needs.
- 'Spot checks' of staff carrying out personal care in people's homes included a review of whether staff provided care in a dignified and respectful manner.
- A staff member said, "It's important people are happy and comfortable and supported with dignity and respect."
- The provider ensured people's personal information was stored securely. Staff understood why people's

confidentiality must be respected. They knew they must not talk about people and their care unless they had consented, such as with those involved in the person's care.

# 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 were met through good organisation and delivery.

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

- People's care plans and assessment information showed that the provider involved people and their relatives (when applicable) in planning people's care. People's personal care routines were clearly specified in their care plans. This helped staff deliver care in a way which people were familiar and comfortable with.
- People's care plans included a detailed summary about the person's life, which included information about their childhood, family and hobbies and interests. This helped staff to know and understand the person more fully and helped them to provide good personalised care.
- Staff we spoke with were knowledgeable about people's individual needs and preferences. They told us they got to know about the care people needed by reading people's care plans and speaking with people and their relatives.
- Arrangements were in place to make sure staff were informed about any changes in people's needs. People's care plans were regularly reviewed with their involvement and when applicable, their relatives.

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.

- At the time of this inspection no one using the service had their care publicly funded. However, the registered manager was aware of the importance of information being accessible to people. People's individual communication needs were detailed in their care plans, so that staff knew how to best communicate with each person.
- The registered manager told us the service would provide information in alternative languages and easy read formats should this be required in the future.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. A relative said, "I know how to complain but have not needed to do so."
- There had not been any complaints about the service. The registered manager told us that they would ensure that every complaint would be responded to effectively by following the complaints procedure, and any lessons learnt would be shared with staff.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others needed to be recorded and reported to the registered manager.

#### End of life care and support

- At the time of the inspection there was no one receiving end of life care. There had been one person who had received end of life care and support. The registered manager had ensured that staff had received the training and support they needed to provide the person with personalised end of life care.
- The registered manager informed us that when providing people with end of life care they would always ensure they liaised closely with people's relatives, healthcare professionals and others to ensure each person received the care they needed and wanted at the end of their life.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A relative told us the registered manager was approachable and caring. They said they were listened to and had been provided with the information they required to understand their relative's care package.
- Staff told us they enjoyed their role in providing people with personalised care and support. They spoke highly of the support they received from the registered manager. They confirmed they were received the information and guidance they needed to provide people with effective, safe care that met people's individual needs.

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 the need to report incidents to the local authority and CQC where appropriate. They described the importance of being open and honest when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager and care staff were clear about their roles and responsibilities.
- There were systems in place to assess, monitor and check the quality of the service provided to people. Regular spot checks of staff carrying out their care duties in people's homes were carried out by the registered manager. This helped monitor the performance and competency of staff and the quality of the service people received.
- Checks of care plans, care records, staff training, and other areas of the service were also carried out. Because the service is new, these were limited, but included information about how the registered manager addressed concerns or shortfalls. The registered manager showed us procedures in relation to the development of quality assurance monitoring as the service grows. They had recently recruited a new staff member who would be responsible for quality assurance monitoring.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- Care staff told us they felt confident to seek support, advice and guidance from the registered manager at any time. A staff member told us, "[registered manager] is an excellent manager."

- The registered manager promoted open communication with relatives, people using the service, and healthcare and social care professionals.
- The registered manager gained feedback about the service through regular visits and telephone calls to people.

Continuous learning and improving care.

- The registered manager was responsive to our feedback during this inspection. For example, they ensured all records were maintained centrally to enable other staff to access them in their absence.