BNP Care Ltd

La Luz Residential Home

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

Summary of findings

Overall summary

About the service
La Luz Residential Home is a service providing personal care without nursing for up to 16 people across two floors. The service provides support to older people, some of whom were living with dementia. At the time of our inspection, there were 14 people using the service.

People's experience of using this service and what we found
People and their relatives told us staff were kind and caring towards them and that they felt safe living at the service. There were sufficient staff to support people with their needs. Staff were aware of risks related to people's care and how to support people whilst respecting their wishes. People's medicines were stored and administered safely. Staff knew how to whistle blow and raise concerns should they need to.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Care records were person-centred and included information on risks associated with people's care. Risk assessments were completed which provided staff with instructions on how to reduce risks.

Safety checks of the premises and fire safety checks were undertaken and there were plans in place in the event of an emergency evacuation. Staff had completed individual personal emergency evacuation plans for people.

People told us they had access to healthcare professionals and care records we reviewed confirmed this. Staff had received regular training and supervisions in order to perform their roles effectively. Staff were supported in their progression and supervisions gave them the opportunity to request support from their line manager.

People were provided with a range of activities which included group activities and one-to-one activities. Staff had considered the risk of social isolation and people confirmed that there were regular welfare checks with their agreement.

There were systems in place to monitor the quality of the care provided. People and their relatives told us they knew how to complain and that the registered manager would listen to their concerns. They told us that they were given the opportunity to feed back on the service.

People, their relatives and staff told us that there was a positive atmosphere at the service which actively engaged them. They told us that the service was managed effectively and spoke positively of the registered manager.

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

Rating at last inspection
This service was registered with the Care Quality Commission on 15 September 2020 and this is the first full inspection. We previously inspected the service using our targeted infection prevention and control inspection approach (published 12 March 2021), but we did not provide a rating as we did not inspect all areas of the service. The last rating for the service under the previous provider was good, published on 29 May 2019.

Why we inspected
This inspection was prompted by a review of the information we held about this service and based on the date it first registered with the Care Quality Commission.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

La Luz Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
La Luz Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. La Luz Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager who is also the nominated individual, care workers, the activities coordinator and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between staff and people who used the service. We reviewed four people's care records, 11 people's medication administration records (MARs) and four staff files.

After the inspection
We spoke with two relatives about their experience of the care provided. We received feedback from a healthcare professional who had engaged with the service. We reviewed care records, quality assurance documentation, policies and training records.

Good

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

● People and their relatives told us they felt safe living in the service and with staff. One person told us, "Why would I feel unsafe?" Another person said, "It's a safe place." A relative told us, "I don't have any concerns. [Person is] safe, [Person is] looked after medically and physically." Another relative said, "I feel [person is] safe."

● Staff understood what constituted abuse and the steps they would take if they suspected abuse. One member of staff told us, "If something happens in the home and nobody's taking action, then we have to inform CQC." Another member of staff told us, "[Abuse could be] pushing or pulling, restricting their independence. [I would] definitely report it to the manager. I would go to local authority or Care Quality Commission."

● Staff had undertaken training for safeguarding and whistleblowing. One member of staff told us, "We had safeguarding training. It's online and we had face to face training as well." Another member of staff told us, "I've done safeguarding training."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● People were involved in managing risks to themselves and in taking decisions about how to keep safe. Staff had discussed risks and the least restrictive ways possible to manage risks by involving people, their relatives and relevant healthcare professionals and authorities. One person told us in relation to going into the garden independently, "I know the risks. They have spoken to me about it."

● Staff knew how to keep people safe from harm and knew their needs and preferences well. One member of staff told us in relation to managing pressure areas to people's skin, "We do two-hourly repositioning. We record it in the [electronic care system]. We've got a cream to apply. We use a slide sheet. Doctor recommended that."

● Records showed that people's risks had been assessed and there were clear instructions for staff to follow. For example, risk assessments included information on people's preferences and how staff could appropriately support the individual whilst ensuring their wishes were respected.

● The provider had an emergency evacuation plan and people had individual personal emergency evacuation plans (PEEPs) in place. Fire exits were free from obstruction and clearly marked. Regular fire drills and checks had taken place to ensure equipment was functional in the event of an emergency. We saw that mobility and fire equipment had been inspected by the relevant professionals to ensure it was safe to use.

● The registered manager had completed accident and incident reports, shared these with the local authority and sought advice from healthcare professionals appropriately. For example, where a person had fallen, the provider informed the local authority and the GP to refer the individual to a falls clinic.

● The registered manager had regularly monitored accidents and incidents to identify trends and reduce the

risk of them happening again. The analysis showed that the provider was looking at ways to reduce accidents and incidents happening in the service.

Staffing and recruitment

● People and their relatives told us there were sufficient staff to meet their needs. One person told us, "There's always someone. I don't have to wait for help." Another person said, "To be fair, they do come when I call them." A relative told us, "I think there is enough staff. There's usually two [staff] in the [lounge] with mum."

● We observed staff attended to people in a timely manner and there were regular checks in place for people who liked to remain in their rooms. People's needs were assessed and the provider adjusted staffing levels to meet people's needs using a dependency tool.

● The provider followed safe recruitment practices. The provider had completed relevant checks prior to a prospective employee starting. This included requesting and receiving references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● People's medicines were received, stored and administered safely. People's medicines were recorded in Medication Administration Records which included a recent photograph of the person, allergies, medical history, contact details of healthcare professionals involved and preferences on how they wished to take their medicines.

● There was guidance for 'as required' medicines available for staff. This included the maximum dose, the minimum time between doses, the reason it was prescribed and how the person presented when they required the medicine.

● Documentation we reviewed showed that staff had undertaken training and competency checks to ensure they had the skills required to administer medicines safely. One member of staff told us, "We do medication training every year."

● There were instructions in place for medicines that were required to be applied to the skin. The instructions provided staff with the information required to apply these in line with the prescriber's and manufacturer's instructions.

● There were systems in place for medicines that required to be administered covertly. The registered manager was aware of their legal obligations in relation to ensuring relevant healthcare professionals, relatives and the local authority were involved in the decision-making process.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● People were able to see their family and friends at a time that suited them and staff supported people

where they needed this. A relative told us, "You just ring the doorbell. You can visit anytime." Another relative said, "I can go whenever I like."

Good

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 of 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

- The provider had undertaken assessments to ensure they were able to meet people's care and social needs prior to admission to the service. One person said, "They did an assessment. I know social services were involved." One relative told us, "Yes, they did an assessment. They did it in the hospital."
- Pre-admission assessments included information on the individual's mobility needs, medical history, nutritional needs, communication needs, social needs and details of people involved in the individual's care. Pre-admission assessments were undertaken as a combination of in-person and over the telephone where this was not possible due to COVID-19 precautions.
- Care provided was in line with national guidelines and the service's policies and procedures reflected this. For example, staff had followed national guidelines in supporting people at risk of losing weight and falling.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were competent and had the skills required to perform their roles. One person told us in relation to staff skills, "I trust them. They know what to do." A relative told us, "I'll be totally honest, I am 100% relieved to be honest. The staff are great."

- Training records showed staff had undertaken inductions and various training in relation to moving and handling, dementia awareness and emergency first aid at work. One member of staff told us in relation to their induction, "We've done moving and handling training, face to face and online as well."
- The service had a training matrix in place to ensure staff had completed training and regular refreshers. Where staff were due to complete a refresher, this was highlighted and discussed in supervisions with timelines by when staff should complete any outstanding training.
- We reviewed records which showed staff had received supervisions and included observation supervisions, future training needs, reviews of performance and any support required from management. One member of staff told us, "In the supervision, [registered manager] asked me if I want to do NVQ (vocational qualification)."

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

- People told us they were able to choose what they wished to eat and that the food provided was of an acceptable standard. One person said, "The food is definitely adequate." Another person told us, "The food's wonderful." A relative told us, "The food [chef] prepares for them is lovely."
- We observed staff supporting people to eat and drink in a kind and respectful manner. People were offered a choice of meals and snacks and were able to request an alternative if they preferred. Training records showed staff had undertaken training in relation to supporting people to eat and drink.

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

● People told us they were able to access healthcare professionals when they wished to and when they needed it. One person said, "They introduced me to the doctor." A relative told us, "They involved the nutritionist and the doctor."

● Care records showed that staff shared information with healthcare professionals when this was appropriate. For example, where a person required input from physiotherapists or the community nursing team, we saw in care records that staff had sought advice and implemented the advice provided. A healthcare professional told us, "What I like is that [registered manager] is very open and very transparent. [Registered manager] listens and actions on advice given."

● The registered manager had worked with other agencies, such as the local authority, to ensure changes to people's health were shared appropriately. The local authority told us that management had made relevant referrals to them when this was appropriate.

Adapting service, design, decoration to meet people's needs

● The service was set across two floors and was decorated appropriately to meet people's needs. People had access to the garden via a stair lift and staff supported them to access the outside areas should they wish to. A relative told us, "I think it is suitable for mum. It's clean, it's comfortable and it doesn't smell."

● People's rooms had been personalised with their own items and people were able to bring their own furniture should they wish to. One person told us, "I've got everything here I want." A relative said, "Where mum is, it suits her."

● The floors were accessible via a stairlift and equipment required for people was checked and inspected regularly. Since the provider took over the service, they have been making improvements to the premises and there were plans in place for future refurbishments.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People who used the service and their relatives told us staff sought consent before commencing support and were respectful of people's choices. One person told us, "I get up by myself. They leave me be. I want to be left alone." A relative said, "They are so respectful towards [person]."

● Staff interacted with people in a kind and respectful manner. For example, when a person appeared to be becoming distressed, staff sat with the individual and distracted them in a kind and caring manner whilst respecting their choice. A member of staff told us, "Some of the residents can't make the decisions. We help

them to get the right care and be in the right place."

● Records showed that staff had undertaken best interests decisions with the involvement of relatives and healthcare professionals where a capacity assessment indicated that a person lacked the capacity for a specific decision. A relative told us in relation to best interest decisions, "I'm so happy with what they do for her. They do involve me with everything."

● Where a person lacked the capacity and a best interests decision was made, staff had submitted a DoLS application to the local authority which indicated who had been involved in the decision-making process.

Good

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 of 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 and their relatives told us staff were kind and caring towards them. One person told us, "Everybody's kind, that's why I'm so happy here." Another person told us, "They are very polite."
A relative told us, "I went in one day, one of the [carers] had sewn in all her skirts and taken in the waists. It's above and beyond. It's quite touching. It was a lovely thing for them to do."

● We observed staff interacting in a kind and respectful way with people. Staff communicated at eye level with people and asked people if they needed anything. Staff spent time with people on a one to one basis to reassure them and people appeared to be comforted by this.

● Staff had undertaken training for equality and diversity and staff we spoke with confirmed this. One member of staff told us, "We did the equality training. It was online."

● People had access to local places of worship and the provider worked with them to allow people to join services. For example, a local church sent weekly hymn sheets which staff supported those people wishing to in reading and singing along. The registered manager told us they were able to support people from various religious and cultural backgrounds to be able to partake in their places of worship should they wish to.

● People and their relatives told us they felt involved in their care. One person told us, "Of course, they ask me." A relative told us, "[Person] wasn't very well a couple of weeks ago. They kept me informed by telephone. It's in the care plans."

● Care records showed who was involved in an individual's care and when they would like to be contacted. For example, where relatives had said that they did not mind being disturbed during the night, this was recorded in the event of an emergency.

Respecting and promoting people's privacy, dignity and independence

● People and their relatives told us they felt staff promoted their independence and respected their right to privacy. One person told us, "They wait before coming in. I like my independence." A relative told us, "I understand that they encourage [person] to be independent. It just depends on whether or not [person] is in the mood."

● We observed staff ensuring people's privacy and dignity was respected. For example, before entering a room, staff knocked and waited for permission to enter and they shut the door before starting personal care.

Good

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 of 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 and their relatives told us staff knew their needs and preferences well and provided people with the appropriate support. One person told us, "They know exactly what I like." A relative told us, "They do know mum very well and how to encourage her to eat."

● People's care records were detailed, person-centred and gave staff the instructions needed to appropriately support the individual. These included care plans for personal care, sleeping, maintaining a safe environment, emotional support, mobility and continence needs. Information gathered from pre-admission assessments was used in people's care plans when they moved in.

● Staff told us they had sufficient time to read care plans and undertook daily handovers to report on changes to people's needs and important events happening during that day. One member of staff told us, "Every morning we do the handover. We sit down for half an hour and we discuss what happened the previous night. We go through each resident one by one."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● The registered manager told us they were able to provide policies and other documentation in an accessible format such as in large print should people require this. At the time of the inspection, people did not require different formats of information.

● We reviewed care records which included information on people's communication needs and the steps staff should take to communicate with the person. For example, there was information on how a person may express themselves verbally and the steps staff could take to best support them.

● People told us staff supported them to communicate effectively and that they could ask staff for support if they needed this. One person told us, "They do try to speak clearly."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People and their relatives told us they were happy with the number and types of activities on offer and that they were able to suggest ideas based on their preferences. One person told us, "They always ask if I want to take part." A relative said, "Every time there is something, like Valentines, or the Jubilee. There's

something. They really do try and make the effort. They engage them." Another relative commented, "I get videos [sent] if they have a dance on a Friday night."

● We observed activities staff engaging with people throughout the inspection. People appeared to enjoy the activities on offer and people's choices were respected if they did not wish to attend.

● Where people wished to remain in their rooms, they were offered alternative activities on a one-to-one basis to reduce the risk of social isolation. A person told us, "I just want my radio in my room."

Improving care quality in response to complaints or concerns

● The registered manager took people's complaints and concerns seriously and used the information to make improvements to the service. The registered manager involved external consultants where complaints were complex and needed to be completed in an objective manner. One relative said, "When I complained, this has now stopped so I'm happy." Another relative told us, "I've never ever complained. I would message [registered manager] and complain."

● The provider had a complaints policy and procedure in place and the registered manager responded to complaints made to the service with a timeframe by which they would intend to complete the investigation.

End of life care and support

● We reviewed care plans relating to people's needs and preferences for their end of life care. Care plans included information on people's wishes should their health deteriorate and where they wished to be supported. Where decisions could be more complex, care plans also included information on people making the decisions in relation to end of life care and support.

● Care plans included information on a person's cardiopulmonary resuscitation (CPR) wishes and where there was an order in place not to administer CPR if a person's heart stopped.

● Relatives told us they were involved in people's end of life care planning. One relative told us, "We've discussed it but we're not quite ready yet."

Good

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 of 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

● People and their relatives were complimentary about the leadership and the culture in the service. One person told us, "Everybody is truly lovely." A relative told us, "To me they are my [parent's] guardian angels." Another relative said, "All the staff there are so lovely. She seems happy, that's the main thing."

● Staff were complimentary about the leadership and culture in the service. One member of staff told us, "It's a very nice atmosphere. It's teamwork." Another member of staff told us, "It's a happy atmosphere – residents, staff and relatives."

● We observed the registered manager was visible and approachable throughout the inspection and knew people's needs and preferences well. A relative told us, "Yes, they are definitely 100% approachable." Another relative commented, "[Registered manager] seems to know [person] well and does listen."

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

● Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had notified CQC where this was appropriate and there was a culture of transparency. We saw in records that the local authority and other relevant agencies had been informed of incidents.

● Relatives told us they had been informed of significant incidents and changes in line with agreed communication plans. One relative told us, "They always keep me informed." Another relative told us, "They let me know if they need to call the GP."

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

● There was a clear structure of governance in place for staff to follow and staff knew what their responsibilities were. One member of staff told us, "The manager is very good. [They are] supporting us in everything. Learn every day new things." Another member of staff said, "I know I can go to [registered manager]."

● The registered manager had undertaken audits of medication, infection prevention and control and health and safety. Where these had identified issues, there were plans in place to address this. For example, where environmental issues were noted, the provider put a plan in place to rectify these.

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

characteristics; Working in partnership with others

● People and their relatives told us they felt engaged in the running of the service and that their comments would be considered. The provider had sought feedback from people who used the service and visitors which was analysed, and meetings were held for people to express their views. One relative told us, "They're so approachable, I'm sure they would listen if I had an idea but we are happy." Another relative told us, "[Person who used the service] got involved in the [staff] training."

● Staff told us they felt engaged in the running of the service and felt valued. One member of staff told us, "[Registered manager] always comes and asks for example when we did the flooring, [they] asked what colour or material do you think is good? Do you have any ideas? [They] will always consider our ideas."

● Care records evidenced that healthcare professionals and the local authority had been involved in people's care to achieve good outcomes for people. Healthcare professionals we spoke with confirmed this. One healthcare professional told us, "[Registered manager has] got the management skills and the leadership skills and always attends the forums. The residents and the staff seem very happy."