

Light Bulb Bespoke Care, Family Support & Consulting Services Ltd

LightBulb Bespoke Care

Inspection report

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Tel: 07837870921

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15 December 2020

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

LightBulb Bespoke Care is a domiciliary care agency that, at the time of the inspection, was supporting 12 people living in their own homes within the local community; everyone who used the service received assistance with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Whilst people were happy with the service they received, the provider did not have effective and consistent quality monitoring and governance systems in place. This meant there was a risk that a decline in the service would not be promptly identified and addressed, potentially negatively impacting on the people who used the service. We have made a recommendation about the governance systems.

We could not be assured people received their medicines as prescribed as medicines management did not follow good practice guidance. Records were not consistently accurate and the monitoring system in place had failed to identify this. We have made a recommendation about the management of medicines.

People told us they felt safe using the service and that staff demonstrated the appropriate skills. They told us staff turned up on time and stayed the allotted time. One relative we spoke with said, "[Family member] feels safe. I think it's getting regular staff – they are so nice. The same ones come in the morning and afternoon and [family member] is comfortable with them. [Family member] has never felt unsafe or uncomfortable with them."

Staff told us they felt supported and that the registered manager and provider was responsive and listened to them. However, staff recruitment, induction, training and support was inconsistent, and a more robust system needs to be adopted to ensure staff deliver a consistently high-quality service.

The people we spoke with told us they would recommend the service due to the quality of the care they received and good communication with the service. We asked one person who used the service why they would recommend it and they told us, "I think because of the staff they have got, they have picked excellent carers." A relative we spoke with said, "They listen to what our concerns are. They have adapted well to the changes we wanted. They worked very quickly to make this happen. They are quite adaptable."

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

Rating at last inspection

This service was registered with us on 02 May 2019 and this is the first inspection.

Why we inspected

We undertook this targeted inspection to check specific concerns we had about safeguarding, medicines,

staffing and governance.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. As this was the service's first inspection since registration, it remains unrated.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full 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. We will 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?

We have not awarded a rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

We have not awarded a rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

We have not awarded a rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

LightBulb Bespoke Care

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check specific concerns we had about safeguarding, medicines, staffing and governance.

Inspection team

The inspection team consisted of three inspectors, one leading the inspection remotely with two inspectors visiting the service's office. An Expert by Experience sought feedback from the people who used the service, and their relatives, via telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 that was also the nominated individual of the provider company. This means this person is solely 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 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 15 December 2020 and ended on 21 December 2020. We visited the office location on 15 December 2020.

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. 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 with one person who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager who is also the provider, the care coordinator and five support workers.

We reviewed a range of records. This included accidents and incidents and medication administration charts. 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.

After the inspection

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

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. A rating has not been awarded as this was a targeted inspection meaning we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had regarding safeguarding, staffing and recruitment and medicines management. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

- We could not be assured that people had consistently received their medicines as prescribed. This was because the medicines administration record (MAR) charts we viewed contained gaps.
- The provider had not supplied training to all staff in medicines administration and relied on training provided by previous employers. However, the medicines trainer for the provider had assessed the competency of these staff and no concerns had been identified. Discussions we had with staff confirmed they understood their responsibilities regarding medicines administration.
- The provider audited MAR charts however these checks were not completed in a timely manner and had failed to identify issues such as gaps with lack of explanations for administration omissions. This meant issues and concerns had not been identified and the opportunity to take action to address had been missed; this put people at risk.
- The provider had failed to adhere to best practice guidance such as NICE's 'Managing medicines for adults receiving social care in the community' and the local authority's policy entitled 'Overarching medicines management policy for domiciliary care'. This included failure to identify associated risks and to maintain accurate records.

We recommend the provider considers current good practice guidance in medicines management and takes action to update their practice accordingly.

Staffing and recruitment

- Of the three staff personnel records we viewed, two demonstrated safe recruitment practices were in place. For the third, we saw that employment gaps had not been investigated. Providers should seek full employment histories to assure themselves they are employing only fit and proper staff.
- Although people did not receive a rota to tell them which staff would be assisting them at what time, they told us they saw the same small group of staff who attended at consistent times as agreed. People told us that they were always introduced to new staff before they assisted them. This was confirmed by the staff we spoke with.
- Most people we spoke with told us staff stayed for the allocated time and arrived on time; they told us missed or late calls were rare. Where concerns were raised by one person, this was raised with the service who acted to address these.

- People told us they did not feel rushed by the staff who supported them and that enough time was given to provide the care and support they needed. One person who used the service told us, "I've not felt rushed." A relative we spoke with said, "I don't think [family member] feels rushed. Staff do everything that is needed."

Learning lessons when things go wrong

- We saw examples of where the service had taken action when things had gone wrong and learned lessons to prevent reoccurrence. However, ineffective governance systems meant not all opportunities to learn lessons and improve the service had been captured.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service and their relatives had no concerns about their family member's safety regarding abuse.
- One person who used the service told us they had never felt unsafe and said of the staff, "I am perfectly safe with them. It's a lovely group of girls, they are so friendly and helpful." A relative said, "Staff take the time [with family member], are patient. [Family member] has dementia. [Staff] talk to them which makes them feel good about themselves."
- The provider had not trained all staff in safeguarding however the staff we spoke with had a good understanding of the types of abuse, possible symptoms and how to report concerns both within their organisation and externally. They told us they had confidence that the service would take appropriate action to help keep people safe should they raise concerns.
- We saw examples of where the service had reported potential abuse; this had been completed promptly and appropriately.

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 how the provider inducted, trained and supported its staff.

This is the first inspection for this newly registered service. A rating has not been awarded as this was a targeted inspection meaning we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about staff support. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- People told us they had confidence in the staff and their abilities. One person who used the service told us that when staff assisted them with personal care, "They don't embarrass me."
- Whilst staff we spoke with were experienced care workers who were able to explain their role and responsibilities, not all had received training from the provider who had relied on training delivered by the staff's previous employers. The provider could therefore not be assured of the quality and contents of the training staff had received.
- The training the provider had delivered to staff was online only and the staff we spoke with had mixed views on this. One staff member said about the training, "I wouldn't say it has much of an impact and not that beneficial if someone had no experience in care."
- All staff had received an induction when they first started in role which included job shadowing a more experienced staff member who could observe their practice. This included getting to know the people they would be supporting and their needs.
- Not all staff had received formal supervision. However, all the staff we spoke with told us they felt supported by the management team who they said were responsive. One staff member said of the registered manager and provider, "They're good. If you have an issue, they will sort it out; issues are resolved quickly."

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. A rating has not been awarded as this was a targeted inspection meaning we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had regarding governance and quality monitoring. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Lack of consistent and effective monitoring systems meant there was a risk issues would not be identified and rectified resulting in a decline in the quality of the service.
- For example, whilst people had not been harmed, medicines audits had failed to identify errors and not all accidents and incidents had been monitored and assessed by the registered manager.
- The provider had relied too heavily on their staff's previous care experience and training rather than take responsibility for this themselves. Staff demonstrated appropriate skills through discussion, and people told us they had the required abilities. However, the provider left themselves open to the risk of employing people who were unable to demonstrate the appropriate skills and abilities.
- Whilst all safeguarding incidents had been reported to the local authority as required, we did find one incident that had not been reported to the Care Quality Commission (CQC) as required by law. We found that the system for managing reportable incidents was chaotic and without a consistent procedure. This ran the risk of reportable incidents being missed and failing to give CQC the opportunity to perform their regulatory role.

This is a breach to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The people we spoke with told us the service was good at communicating with them and that they had opportunities to provide feedback. Although this wasn't always on a formal basis via surveys, people told us they had regular visits from the service to review their care.
- People spoke of a responsive service who listened, took action as required and apologised when things went wrong. One relative we spoke with said, "I think the most important thing for me is if I raise a concern they apologise and put something in place to sort it out. Immediately they put things in place." Another relative told us. "They are doing everything we would expect. We are generally very happy with them."
- Staff agreed that they felt listened to and supported. One staff member said, "You can hear [registered manager and provider] has a genuine interest in wondering how I am" whilst another told us, "Yes

[management] are supportive, they are good at listening and if you were to want to talk to them about anything you won't be disregarded, they take it all into account."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have effective systems or processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of those people that used the service.</p> <p>Regulation 17 (1)(2)(a)(b) and (c)</p>