

Bio Luminuex Health Care Ltd

Bio Luminuex Health Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide any personal care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group. The support the provider currently provided to people with a learning disability or an autistic person was beyond the scope of our regulation.

About the service

Bio Luminuex Health Care is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 12 people receiving personal care from Bio Luminuex Health Care.

Not everyone who used the service received 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

Right Support: Bio Luminuex Health Care provides care at home to people. Care plans lacked detail about people's needs and preferences so we could not be confident people were always receiving the support they wanted. Consent was not recorded appropriately despite the provider's audit identifying this corrective action had not been taken.

People were not always supported to have maximum choice and control of their lives; the policies and systems in the service did not consistently support this practice. Information about the risks people faced when receiving care was not detailed enough to ensure people received safe support.. Staff had received the training they needed to perform their roles.

Right Care: Care was not planned in a person centred way. Records of care were not always clear and the registered manager recognised improvements were needed in how staff made records. People's families provided feedback and contributed to reviews of their care. Relatives told us they were happy with the care their family members received.

Right Culture: The registered manager demonstrated they had positive values. Staff and families spoke highly of the registered manager and said they found them approachable. The quality assurance and governance processes in place needed to be strengthened as they had not addressed issues we found with the quality of care plans, risk assessments and recruitment systems.

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 12 April 2021 this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, person centred care and good governance at this inspection. We have also made recommendations about strengthening recruitment and recording people's consent.

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

Follow up

We will request an action plan from 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Bio Luminuex Health Care

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

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 were two registered managers in post. We only met one of them and they facilitated the inspection. They confirmed the other registered manager remained involved with the day to day management of the service.

Notice of inspection

We gave the service a short notice period 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.

What we did before the inspection

We reviewed the information we held about this service including information they had submitted to us as part of our monitoring activities. We sought feedback from commissioning authorities. 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 information gathered as part of monitoring activity that took place in March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

During the inspection we met the area and digital manager, and one of the registered managers. We spoke with three relatives of people who received care. We were unable to communicate directly with people who used the service but family members agreed to interpret for us and provided feedback about their and their loved ones' experience of care. We spoke with three care workers. We reviewed care files for three people including care plans, risk assessments and records of care. We reviewed four staff files including recruitment and training records. We also reviewed various audits, policies and records relevant to the management 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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks faced by people had been identified but the measures in place to ensure people's safety were not clearly described.
- People were at risk of harm due to the nature of their needs, for example, because they needed support to mobilise safely using equipment. However, the risk assessments in place did not inform staff how to support people safely. Care plans simply stated the number of staff required and that people required "assistance" or "support." The nature of the assistance and support was not described.
- Other risks had not been appropriately assessed. For example, the risks associated with people's skin and continence needs had not been assessed.
- Measures in place to mitigate the risks of falls were not sufficient. Staff were instructed to assist and supervise people, but the nature of this assistance and supervision was not described.
- The area manager had completed an audit in April 2022 which stated that risk assessments were, "very lengthy and not to the point." However, effective action had not been put in place to improve the quality and detail of risk assessments.

The issues with the lack of risk assessment are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguarding people from the risk of abuse.
- The registered manager told us they had not had any incidents that were considered allegations of abuse or safeguarding concerns.
- The provider sent us a copy of their safeguarding policy which included details of how to raise safeguarding concerns with the appropriate authorities.
- Staff told us they would inform the office if they had concerns that people were being abused. Safeguarding was discussed at staff meetings and supervisions.

Staffing and recruitment

- There were enough staff employed to meet people's needs. However, recruitment was not conducted in line with best practice guidance. People and relatives gave us mixed feedback about their experiences of staff deployment.

- The provider did not always ensure they had sought a full employment history from new staff, or collected references from staff members most recent employers. The area manager told us they had identified the gaps in recruitment records in April 2022. However, the audit submitted showed the area manager had said recruitment was completed to the required standard.
- After the inspection the registered manager sent us records to show they had sought employment references where we had identified they were missing in one file.

We recommend the provider seeks and follows best practice guidance on ensuring robust recruitment is undertaken.

- The provider had carried out appropriate checks on staff identity and right to work in the UK. They had undertaken checks to ensure staff were suitable to work in a care setting.
- People and their relatives told us staff were usually on time and records confirmed this. However, some relatives told us they were not informed by the office if their regular care worker was unable to attend.
- Staff told us they were given enough travel time and did not have to rush their visits.

Using medicines safely

- The provider told us they did not support people with medicines. Relatives confirmed staff did not support their family members with medicines.
- We asked the provider to send us a copy of their medicines policy. This described how to administer medicines safely where it was assessed as part of a person's care needs.
- Staff had received training in administering medicines, though as the provider told us no one was receiving support with medicines they had been unable to assess staff competency.

Preventing and controlling infection

- There were appropriate measures in place to ensure people were protected from the risks of infection.
- Staff were given appropriate personal protective equipment (PPE) to wear. Relatives confirmed staff wore appropriate PPE when supporting their loved ones.
- Staff were undertaking COVID-19 testing in line with the government requirements at the time of the inspection.

Learning lessons when things go wrong

- The registered manager told us there had been no incidents or accidents since the service had started operating.
- There were systems in place to review incidents and accidents to identify any causes or learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always

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

- People's needs had been assessed, but care plans lacked information about their needs and preferences.
- Care plans consisted of a list of tasks that required completion. It was not recorded how people wished to receive their care, and what choices they wished to make about their care.
- Care plans contained conflicting information about people's needs. For example, one person's care plan stated they did not have any mental health needs, but later stated, "I cannot cooperate with the carer at all times due to my mental health conditions."
- A relative told us when new or different care workers attended their loved one became frustrated as they had to explain what to do each time.
- People's cultural needs were considered as part of their needs assessment. The provider told us they provided culturally appropriate care by matching people with care workers who spoke the same language. However, a relative told us they had requested this and been assured it would be supplied but their relative had never had a care worker who spoke the same language as them.

The above issues are a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act (2008) Regulated Activities (Regulations) 2014.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider had assessed people's capacity to consent to their care. Care files showed everyone had capacity to consent to their care.
- However, despite people having capacity to consent to their care, family members had signed consent forms. Reviews and feedback were also sought from family members rather than from the people themselves.
- The registered manager said relatives had signed due to people being physically unable to sign for themselves. The area manager had identified this as an issue during their audit in April 2022, but the issues persisted 3 months later.

We recommend the provider seeks and follows best practice guidance from a reputable source about ensuring consent is recorded appropriately.

Staff support: induction, training, skills and experience

- Staff had received the training and support they needed to perform their roles.
- Staff received a comprehensive induction and regular supervision from the registered manager.
- Records showed staff had received training in areas relevant to their role. This included training in supporting autistic people and people with a learning disability.

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

- The provider told us people's families were responsible for providing people with their food and drink. However, some relatives told us care workers prepared meals on a regular basis.
- In the care files we reviewed the level of detail was insufficient to inform us whether people needed support with meal preparation.
- Records of care did not describe supporting people with eating and drinking. However, staff told us they prepared meals for people if they were asked to.

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 they had limited involvement in supporting people to engage with health and other services. This was because everyone they supported lived with their families who led on these areas of care.
- Information about people's healthcare needs was not always clear within their care files. For example, one person's referral information contained a list of medicines which indicated they had a certain health condition. However, no health conditions were included in the person's care plan.
- Staff told us they would inform the office if they were concerned that someone's health condition had changed. Relatives told us they took responsibility for supporting people with health appointments.

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 were treated with respect by staff and the provider considered people's diverse characteristics when planning their care.
- Relatives told us staff treated their family members well and were kind and compassionate when supporting them.
- Care files showed that people's cultural background was taken into account during the needs assessment process.

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

- The provider sought feedback from people's families about their experience of care.
- The provider regularly reviewed people's care and sought telephone feedback about people's experience. Family members were positive about people's experience when asked by the provider.
- Family members gave us mixed feedback about their level of involvement in decision making. While some told us they were fully involved and feedback was sought regularly, others told us they were not asked to give feedback.

Respecting and promoting people's privacy, dignity and independence

- As care plans lacked detail it was not always clear how the provider ensured people's privacy, dignity and independence was promoted.
- Relatives told us that care workers respected people's wishes.
- The registered manager told us most people they supported were very independent and staff encouraged people to maintain their skills.

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

- Family members told us people received the support they needed but this was not always clearly recorded by staff.
- Records of care were not always well maintained so it was not always clear that people had received their care as they needed.
- We provided feedback to the registered manager about the language used in some of the care records as it was not person-centred and did not always demonstrate people were respected by staff. The registered manager told us they hoped the move to digital records would improve the quality of record keeping.
- Records showed people's care was reviewed regularly to ensure they were getting the support they needed.
- Staff were familiar with people's needs and told us how they supported people in a way that met their needs.

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 provider had a policy in place which described how they would meet the AIS.
- The provider told us no one they supported required information in alternative formats. Although most of the people they supported spoke English as an additional language the provider told us they did not require information about their care in alternative formats.

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 lived with their families who took responsibility for ensuring people maintained their relationships and interests.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which outlined how they would improve services in response to complaints or concerns.

- Family members told us they were confident the provider would respond positively if they raised concerns or complaints.

End of life care and support

- At the time of the inspection the provider was not supporting anyone with end of life care and support.
- The provider's needs assessment contained a section where this could be explored with people and their relatives if they wished.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance processes in place were not robust and had not addressed issues with the quality and safety of the service identified during the inspection.
- The area manager had completed audits but these had not identified the issues we found with recruitment. The area manager's audit had identified issues with the levels of personalisation and quality of risk assessments. However, the actions to address these issues had not been effective as the issues persisted over three months after the audit identified them.
- The registered manager also completed some quality assurance checks but these did not evaluate the quality of records and so had not identified or addressed the issues found during the inspection.

The above issues are a breach of 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 systems for engaging people, the public and staff in the development of the service were not well developed.
- The provider told us they invited people to coffee mornings to seek their feedback and involve them in the running of the service. None of the families we spoke to recalled being invited.
- Staff attended regular staff meetings. Staff performance was recognised through a staff awards programme.

Continuous learning and improving care

- The registered manager showed they were open to learning and improving the service, though the provider needed to strengthen the systems in place to drive improvements.
- The action plan in place for the service was vague and did not include concrete actions or measures that could be used to demonstrate improvement.
- The area manager told us they were looking to develop improved systems for quality assurance within the service.
- After the inspection the provider achieved independent accreditation for their management systems.

Working in partnership with others

- As family members led on most liaison with other services the provider had not had the opportunity to develop relationships which would lead to stronger partnership working. The registered manager told us there was work to do to improve how they worked in partnership with other organisations.
- The area manager was involved with the local registered managers network.

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

- The registered manager promoted a person centred culture.
- Staff and relatives told us they found the registered manager open and approachable.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour.
- Although there had been no incidents, accidents or allegations of abuse since the service had been operating the registered manager knew what actions they should take and how they should communicate with people if anything went wrong.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care was not planned in a person centred way. Regulation 9(1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not been properly assessed or mitigated. Regulation 12(1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not operated effectively to improve the quality and safety of the service. Regulation 17(1)