

Lucien and Marcel Home Care Ltd

Island Business Centre

Inspection report

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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 caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service: Island Business Centre is a domiciliary care agency and provides personal care and support to people living in their own homes. The service had provided care and support for two people since May 2019. At the time of this inspection, there was one person receiving care and support from the service.

We were unable to fully assess the provider to determine whether the service was safe, effective, caring, responsive and well-led because people's experience of the service was too limited to enable the provider to answer a number of the key lines of enquiry (KLOEs) that we assess services against. We have therefore not been able to award an overall rating for the service.

People's experience of using this service:

Risk assessments were in place to prevent or reduce the risk of people being harmed. However, one person's care plan included risk management guidance which was not covered in their risk assessments.

Relatives spoke positively about the service people received. They told us their needs were being met.

Processes were in place and appropriate infection control practices were followed.

Assessments were carried out to ensure people's needs could be met.

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

People were supported to maintain good health.

People's privacy, dignity and independence was promoted.

Care and support was personalised to people's individual needs.

A registered manager was in place and feedback from relatives was obtained to monitor the quality of service being provided.

Rating at last inspection

This is our first inspection of the service since registering with us on 4 July 2018.

Why we inspected

This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of the care people received

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for Safe.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for effective.

Details are in our effective findings below

Inspected but not rated

Is the service caring?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for caring.

Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for responsive.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for well led.

Details are in our well-Led findings below.

Inspected but not rated

Island Business Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

Island Business Centre is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in. Inspection site visit activity started and ended on 30 August 2019. We visited the office location to see the registered manager, review care records and policies and procedures.

What we did before the inspection

We reviewed information we held about the service and the provider which included statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. 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.

During the inspection

We spoke with one relative and reviewed one person's care plan and risk assessments. We also spoke with the registered manager and reviewed other records relating to the management of the service including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

We did not have sufficient evidence to demonstrate the effectiveness of the systems in place and to award a rating.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments were in place for various areas of people's care such as falls, moving and handling and the environment. Risk assessments contained guidance to prevent and reduce the risk of people being harmed and keep people safe.
- However, one person's care plan identified risks in relation to their skin care, epilepsy and the support they needed when out in the community. This did not have an impact with the support the person was receiving as there was some guidance in the care plan detailing how to manage these risks and support the person safely, the registered manager was aware of the person's needs and how to mitigate any risks. The registered manager told us she would ensure risk assessments were promptly put in place.
- Relatives told us people were supported in a safe way. A relative told us, "[Person] needs to be positioned carefully. I have no concerns about their safety and am confident with [registered manager's] ability in doing this. [Person] needs to be kept clean so they do not get any soreness and [registered manager] makes sure of that."

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding and whistleblowing policies and procedures in place that provided guidance on managing abuse and reporting allegations to relevant authorities. There have been no safeguarding incidents since the service was registered.
- The registered manager was aware of the different types of abuse and knew to report any allegations to the local authority and CQC.

Staffing and recruitment

- The registered manager was the only person delivering the care at the time of this inspection. They told us they were able to recruit staff as soon as they had more people using the service.
- Recruitment procedures were in place and the registered manager knew the requirements of employing new staff. The registered manager told us they would ensure appropriate pre-employment checks including completing an application form, criminal records checks, references and the right to work in the UK would be acquired before staff could start working at the service.
- The registered manager told us they planned to implement an electronic call monitoring system once the service had expanded, to monitor staffing levels and ensure there were sufficient numbers of staff deployed to meet people's needs.

Using medicines safely

- People's care plans contained information identifying how their medicines were managed. At the time of our inspection nobody required support from the service to manage their medicines safely.

- The service had medicines policies and procedures in place which provided guidance on the safe management of medicines.

Preventing and controlling infection

- The service had an infection control policy in place. The registered manager was aware of safe infection control practices. They had access to gloves, aprons and other protective clothing which they wore when supporting people to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents. There had been no accidents and incidents since the service was registered.
- The service had accident and incident forms in place. The registered manager told us they would follow their procedures where required and review any incidents to help identifying learning and to minimise the risk of reoccurrence and improving the service.

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

We did not have sufficient evidence to demonstrate the effectiveness of the systems in place and to award a rating.

Staff support: induction, training, skills and experience

- The service had training provisions in place to provide new staff with an induction and ongoing training. The registered manager told us they had a training provider who would provide new staff with classroom based moving and handling and medicines training. All other mandatory training would be provided by an online care skills agency.
- The registered manager told us staff would also be supported by regular supervision and appraisal. Supervision and appraisal documentation was in place to be used once staff were employed by the service.

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

- The registered manager assessed people's needs before they started receiving support to ensure the service's suitability.
- The registered manager involved people and relatives when assessing people's needs. They developed a personalised management plan which detailed the expected and agreed outcomes for the person's care. This was used to develop people's care plans and risk assessments.

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

- Staff obtained consent from people when offering them support. Where a person lacked the capacity to make specific decisions, records showed decisions were made on their behalf, in their best interests, involving relatives and any relevant healthcare professionals. Relatives confirmed they had been involved in the decision making process.

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

- People's care plans detailed any support they required to eat and drink. At the time of our inspection nobody required support from the service to maintain a balanced diet as they were being supported by family relatives.

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

- People were supported to access healthcare services. People's care plans included information on their medical conditions and details of any healthcare professionals involved in their care. Care plans also included information on how people's health conditions impacted on their daily lives and how staff could help support to manage them.

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

We did not have sufficient evidence to demonstrate the effectiveness of the systems in place and to award a rating.

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

- Relatives spoke positively about the care and support people received.
- The registered manager told us the service would support people's diverse needs, including providing support in line with people's spiritual beliefs or culture. They told us they would include guidance on the support people required in their care plans. However, at the time of our inspection nobody using the service required support in these areas.

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

- Records showed people and relatives had been consulted and their views considered in the planning and delivery of their care. A relative told us, "Yes I am involved. [Registered manager] is co-operative. If there is anything that changes, they do let me know."
- The registered manager told us they planned to have regular reviews of people's care
- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's privacy and dignity was respected. One relative said, "Doors are not left open; the curtains are always drawn. There are always two towels to cover and maintain [person's] dignity and keep them warm."
- People were supported to maintain their independence and encouraged to do as much as they could for themselves. Care plans clearly set out what people could do for themselves and areas where they needed to be supported. A relative told us, "[Person] is encouraged to be independent where they can. For example, when dressing them, [person] lifts their hand to get dressed. [Person] is happy with that and they will try to encourage [person] to lift their other hand."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

We did not have sufficient evidence to demonstrate the effectiveness of the systems in place and to award a rating.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person centred and provided guidance on how their needs should be met in areas such as moving and handling, medical history, mobility, skin care and epilepsy. However, one person's care plan contained limited information on the support they needed with personal care, in line with their assessed needs. The registered manager was the only person delivering the care and support to the person and knew their needs well. The registered manager told us they would ensure this detail was added to the care plan following our inspection.
- Relatives spoke positively about the service people received which was in accordance to their needs and preferences. A relative told us, "I am happy with the care with provided. [Registered manager] is on time and understands what [person's] needs are."

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.

- People's care plans contained information which showed how they communicated and how staff should communicate with them. The registered manager told us documentation would be tailored to people's individual needs if required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. The complaints policy was included in the service user guide which was provided to people when they started to use the service.
- The service had not received any formal complaints. The registered manager told us they would follow their complaints policy to ensure any concerns were promptly acted upon and resolved.

End of life care and support

- No one using the service currently received end of life care. The registered manager told us, where required, they would work with people, their relatives and any healthcare professionals to ensure people's end of life wishes were considered and met.

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

We did not have sufficient evidence to demonstrate the effectiveness of the systems in place and to award a rating.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on their duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a clear statement of purpose and business plan in place which set out the provider's aims, objectives and values.
- There was a registered manager in post who knew of their responsibilities with regard to the Health and Social Care Act 2008 and under the duty of candour. The registered manager had many years of experience in health and social care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider obtained feedback from people and relatives about the service via telephone questionnaires. This feedback showed people had a positive view of the service they received. Comments included, 'Personal care is wonderful' and showed that people received their service on time and found it to be reliable.
- The service had not yet carried out any audits; however, the registered manager told us the electronic planning system would be used to ensure the service was regularly monitored.

Working in partnership with others

- The registered manager told us she was currently liaising with local authorities and would continue to do so and was open to their feedback. They also planned to build good links with other key organisations.