

Lucien and Marcel Home Care Ltd

Island Business Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Island Business Centre (Lucien and Marcel Home Care) is registered to provide personal care to people in their own homes in the community. 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. At the time of our inspection, two people were receiving personal care from the service.

People's experience of using this service

Risks to people were not thoroughly assessed and management plans were not always in place to address risks people were exposed to. Care plans were not always person-centred. They did not cover people's assessed needs and how to meet them. Recruitment checks were not robust to ensure staff who were employed, were suitable to work with people. People's medicines were not managed in a way that protected their safety. The quality of the service was not effectively assessed to identify gaps in the service delivered.

There were enough staff available to deliver safe support to people. Staff had received training in safeguarding adults and knew actions to take to protect people from abuse. Staff followed infection control procedures to reduce risks of infection.

Staff assessed people's needs following best practice guidance. People were supported to meet their nutritional and hydration needs. Staff supported people to access health and social care services to maintain good health. Staff liaised with other services to ensure people's care and support were effectively planned and delivered.

Staff were supported to be effective in their roles. Staff were inducted into their roles; and received regular training, and supervisions. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. 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 support this practice. People consented before care was delivered.

People were given choice and control over their care and support. Staff treated people with dignity and respect. People were supported to promote and maintain their independence.

People and their relatives knew how to complain if they were unhappy with the service. The views of people were sought about the service. The provider worked in partnership with other organisations to develop the service.

At this inspection we found breaches of regulations.

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 30 August 2019 and this is the first inspection.

Why we inspected

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

Follow up

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, 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?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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. 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 carried out by one inspector.

Service and service type

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

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 March 2022. We visited the location's office to review records.

What we did before the inspection

We reviewed information we held about the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it 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 looked at two people's care files, three staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records. We spoke with the registered manager and the office administrator.

After the inspection

We spoke to one person using the service, two relatives of people using the service and two care staff to obtain their views about the service.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 to people were not effectively managed putting them at risk of harm. One person had a medical condition which caused them to have seizures. Whilst we noted staff had received training in this area, the risk associated with this condition had not been assessed and there was no guidance for staff to follow to reduce risk of harm. This meant the person's well-being and safety was at risk.
- One person's care record indicated they were at risk of choking. However, there were no actions/steps put in place to reduce the risk of choking. There was also no guidance for staff to follow should the person choke.
- One person had a percutaneous endoscopic gastrostomy (PEG) tube. A percutaneous endoscopic gastrostomy (PEG) feeding tube is a way to give food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. The registered manager told us staff were not involved in managing this. When we spoke to the relative of this person, they told us staff administered the person's medicines and gave them their nutrition through the PEG tube. The registered manager had not assessed staff competency to ensure they could perform this task safely.
- The staff member supporting the person confirmed this. They told us they had received training in the area which records confirmed. The relative also told us they had trained and supervised the staff member to be able to undertake this task. However, we found the risk associated with this task had not been assessed and there was no guidance in place to reduce any risk or actions to follow should there be an emergency.

This meant people were not protected from avoidable harm. The above findings were a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The management and administration of medicines was unsafe. The provider's medicine procedure was not in line with current legislation and guidance. It did not address the systems for supply and ordering, storage, dispensing and preparation, disposal and recording of medicines as required.
- For another person, the registered manager told us staff did not manage their medicines. There was no care plan for managing their medicines and no MAR in place. However, the person's relative, told us staff administered medicines and staff confirmed this. There was no MAR for recording medicines administered. This meant staff were administering medicines when assessments of their competency had not been conducted to ensure, they were competent and confident to do so safely.

- Staff did not complete medicine administration records (MAR) correctly. One person's MARs only had a tick against the medicine administered instead of a staff signature as stated on the form, so it clearly indicates when people had taken their medicines reducing the risk of overdose or underdose.
- Records showed staff had attended medicine administration training. However, the registered manager had not checked or assessed their competency.

People were at risk of harm because medicines were not always managed or administered safely. This meant people were not protected from avoidable harm. The above findings were a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider did not follow safe recruitment procedures to ensure staff who provided care to people were fit and suitable to do so. Three staff files checked did not contain references in line with legislation and best practice guidance. The registered manager confirmed they did not check references at the time the members of staff were employed or after.
- Employment histories were not always checked to ascertain the reason for gaps within individual's employment history.

There was risk that staff may be employed to work with people who were not suitable and fit to do so. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records of Disclosure Barring Service (DBS) were kept in staff files, and also individuals right to work within the UK and proof of address and ID.
- There were staff available to support people and meet their needs. One person commented, "My carer comes and helps me with what I need. They come three days a week and they come on time." One relative told us, "The care staff we have are very reliable and punctual. I can count on them and they have never let me down. It helps to know they will come at the time agreed. They are also flexible and adjust their time if we need it." Another relative mentioned, "The time suit my loved one and the staff give them the care they need and spend time with them."
- Staff told us there were enough of them to meet people's needs safely. One staff member commented, "I have my rota and I work with it. The rota is planned to make sure the person's needs are covered."
- The registered manager told us they had staff available who covered in emergency situations. The registered manager and office staff also provided hands-on support to people if needed.

Preventing and controlling infection

- There were systems to reduce the risk of infection. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
- Staff told us they were provided with personal protective equipment and they used these as needed.

Learning lessons when things go wrong

- There were systems in place for managing incidents and accidents. Staff knew to report and record any incidents and the registered manager told us they would investigate and address each incident if any occurred. At the time of our inspection, there were no incidents recorded.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff. One person commented, "I do feel safe with

them. I don't have a problem with them." A relative said, "[Care staff] is good. I trust them and we are safe. I don't worry when loved one is with them." Another relative mentioned, "The staff are nice people and I believe my loved one is safe."

- Staff were trained in safeguarding adults. They understood the types of abuse, signs to look for and how to report any concerns. They knew how to escalate concerns externally if required.
- The registered manager understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.

Is the service effective?

Our findings

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

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

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

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

- People's needs were assessed before they started using the service so their care and support, and choices could be established. The registered manager met with people and their relatives to discuss their care needs and how they preferred to be supported.
- The assessment covered various areas such as physical health, mental health, nutrition, socialising, accessing community facilities and personal care.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people effectively. One person mentioned, "All the carers are very good. They take care of me and do what I want." One relative said, "We can rely on our care worker. They are very good and competent."
- Record showed new staff members completed an induction when they started. Staff told us, and records showed staff received training relevant to their roles and which provided them with the skills and experience to support people effectively. Staff had also received training specific to people's needs.
- Staff received regular supervision and spot checks to improve their performance. One staff member said, "The registered manager is very supportive. If I have any question, she always answers me and helps."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People consented to their care and support before it was delivered. We saw people and their relative had been involved in the discussion about their care and had agreed to the plan before staff started working with them. One person told us, "It is what I asked for that I'm getting. We agreed the times of visits and what to do." One relative said, "Yes, we agreed the care and what we wanted."
- Support plans documented people's capacity to make decisions and who supported them with specific

decision making. The registered manager understood their roles and responsibilities under MCA. They knew to involve other professionals where appropriate.

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

- People were supported to have a healthy balanced diet and to maintain their nutrition and hydration needs.
- Care plans included support people required with eating and drinking, and to meet their nutritional needs. Where people required a specific diet, it was noted so staff knew how to support them appropriately and safely. Staff supported people to do food shopping and to prepare their meals if required. Staff told us they raised any concerns about people's nutrition with people, their relatives and GPs if required.

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 a range of health and social care services as needed. Records showed a range of health and social care professionals were involved to maintain people's health and well-being. Staff worked with an occupational therapist (OT) to provide equipment for one person. They provided training to staff on how to use the equipment safely.
- Staff liaised and shared information appropriately to ensure people's needs were met effectively when they used other services. Staff told us they liaised with other services such as day centres where people attended and shared relevant information appropriately.

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; equality and diversity

- Staff were caring towards people. One person commented, "The carers are good to me and they are kind." One relative told us, "The staff are wonderful. They are the type of people you expect to be doing care job. They are caring and go above and beyond for my loved one. They use their initiative and treat them like a human being." Another relative mentioned, "The care worker is understanding, flexible and kind. Nothing is too much to ask them to do and they show they care."
- Staff understood and promoted equality and diversity amongst people. Staff were matched to people based on their needs and specific requirements in relation to gender and culture to help build relationships and promote dignity. One relative told us how it had helped maintained their loved one's dignity by allocating the same gender staff to work with them. They said they were, happy' the service took this requirement into consideration. Another relative told us, staff spend time chatting with their loved one which they enjoyed. They also told us how staff took initial? to wash their loved one's hair when they realised, they needed it.

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

- People and their relatives were involved in planning and making decisions about their care and support. One relative told us, "Staff listen to what I say. They always ask for my opinion about my loved one's care. They follow the instructions I give. We work together."
- Care records showed that people and their relatives had an input in their care planning and their views were considered. Relatives we spoke with confirmed staff kept them informed and discussed their loved one's care with them appropriately. One relative told us, "We are getting what we agreed. It suits the needs of my loved one."
- Staff told us if they had concerns about people, they informed the person's relative and the registered manager so the best decision could be made.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted their independence. Staff demonstrated they understood the principles dignity, privacy and independence. They gave us examples of how they promoted these while working with people.
- Relatives confirmed that staff treated their loved ones with dignity and respect. One relative told us, "Yes, staff respect loved one's dignity and loved one is comfortable with the staff working with them."

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 meet people's needs, preferences, interests and give them choice and control.

- People's care plans were not personalised to their needs One person's care plan did not have information relating to their medical health need. There was no information about symptoms or signs they may experience to indicate a potential medical emergency.
- The care plan did not include actions staff should take in the event of an emergency. Staff working with the person, were able to tell us what they would do if the person became unwell because the person's relative had shared this information with them. However, the provider failed to ensure there was a care plan in place that provided guidance for staff.
- One person was receiving their nutrition and medicines through a PEG tube. There was no care plan or guidance in place covering the process to follow on how to manage this effectively and in a way that promoted the person's well-being. For example, the procedures to follow to operate and care for the PEG site. The only information found on the person's care assessment report stated, "administered medications and prepare jevity Plus at 700mls for the night at 75mls per hour (night feed)."

This meant people did not always received care tailored to their individual needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to maintain their personal care needs and engage in social activities they enjoyed.

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 included their communication needs and how best to achieve effective communication.
- The registered manager told us they would make information available in other formats if required to meet people's needs.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complain if they were unhappy with the service. One person commented, "I will speak to the registered manager." One relative told us, "I will first

complain to the registered manager. If it concerns the registered manager, I will take the complaint to the local commissioner."

- The registered manager was knowledgeable about the provider's complaint procedure. There had not been any complaints made about the service.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The registered manager told us they would work in partnership with relatives and other professionals and services if anyone they support required end of life care and support.

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.

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

- People's care was not always planned in a way that ensured positive outcomes. We found care plans were not tailored and specific to people's needs. Care plans did not match the care delivered to people. Staff were delivering some aspects of care tasks which the registered manager told us they were not involved in.
- The registered manager had told us staff were not involved in managing one's person's PEG feed. However, staff were administering medicines and feed through the PEG. There was no care plan or risk assessment in place for these tasks.
- Staff competency to administer medicines had not been assessed. There were no risk assessments done for these duties. The registered manager lacked oversight of the service delivered, thereby putting people at risk of unsafe care.
- The quality of the service was not effectively checked to identify gaps in the standard of service delivered. Medicine Administration Records were not correctly completed in line with the provider's policy and in line with recommended guidance.
- The quality of documentation and policies for managing the service did not meet current legislation and guidance. For example, the medicine management policy and procedure did not cover all aspects of medicine management. The complaint procedure did not provide information on the stages of the complaint procedure and contacts of independent reviewing authorities people can escalate their concerns to if they wish. Whilst people and their relative knew to escalate their concerns to social services because they currently had experience of the system, some others may not know how to escalate their concerns of unhappy with the service's handling of their complaint.
- The provider did not follow safe recruitment procedures in employing staff to ensure they were suitable to work with people.

The provider and registered manager had failed to operate systems to assess, monitor and improve the quality of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they were happy with the service they received. One person said, "The carer I have is very good. I'm happy with them." A relative said, "The service meets [loved one's] needs. The

provider is brilliant at the way they look after loved one. Nothing is too much for them. They listen and accommodate our requests."

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

- People and their relatives were engaged about the service. They told us the registered manager visited them to ask for their feedback about the service. They told us the registered manager listens and acts on their suggestions for improvement.
- Staff told us the registered manager regularly communicated with them to share information and to provide support. One staff member said, "The registered manager is supportive. She calls me to check if everything is going on well. Sometimes she invites me to the office for a chat. I like working with her."
- Despite this positive comment, we were concerned that communication with staff and people may not always be effective as staff had been carrying out some care and support tasks which the registered manager had told us they were not doing.

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

- The registered manager understood their responsibility to be open and transparent. They knew about their responsibility to investigate incidents, concerns or when things go wrong and to share information appropriately and to report concerns to relevant agencies as required. At the time of our inspection, there had been no incidents reported but there were systems in place.
- The registered manager understood their roles and responsibilities to comply with the conditions of their registration. For example, notifications were submitted as required to the Care Quality Commission.

Working in partnership with others;

- The service worked closely with the local authority commissioning team to develop the service. They also worked closely with people, their relatives, other health care professionals and day centres to meet people's needs.

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 and tailored to people's individual needs
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed and measures put in place to reduce harm. Medicines were not managed in a safe way
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality of the service was not effectively assessed and monitored for improvement.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment checks were not robust to ensure staff employed were suitable to work with people.