

Luma Homecare Ltd

Luma Homecare

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

About the service

Luma Homecare limited is a domiciliary care agency and the provider was in the process of adding supported living to their service type. People received support in their own homes or supported living services.

There were four people receiving a service of which only two were in receipt of the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they did we also consider any wider social care provided.

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

The provider had some quality monitoring systems in place, however they did not always identify issues and therefore were not effective.

There was not a effective system in place for the assessment and monitoring of risks to people. Care plans did not contain all the required information needed to guide and inform staff. Risks in relation to medicine administration were not assessed. Recruitment of staff was not always robust.

There was enough staff to meet people's care and support needs. People told us they were very happy with their care and staff understood their needs. People told us they knew what to do if they were unhappy with their care and felt confident speaking to staff or the registered manager. People told us they were involved with planning their care.

Appropriate Personal Protective Equipment (PPE) was made available and worn by staff and they had received information and training so they understood the importance of this. Staff felt supported by the registered manager and provider.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. The supported living service looked like a family home and was located within easy access of local amenities which people were supported to access. Work was in progress to ensure people had personalised care plans. The provider was still working on their model of care for the supported living service so tenancy agreement and contracts for care demonstrated a clear separation between the delivery of care and the accommodation. This is so people experience the security and opportunity for choice, control and inclusion that this service type was designed to deliver.

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

Rating at last inspection

This is the first rating of this service.

Why we inspected

The provider submitted an application to registration. During the process of determining the application concerns about people's safety were highlighted. A decision was made for us to inspect and examine those risks and to carry out a full rating inspection.

We found evidence the provider needs to make improvements. The overall rating for the service is requires improvement. This is based on the findings at this inspection.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and good governance. Please see the action we told the provider to take at the end of this report.

Follow up

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?

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 ●

Luma Homecare

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector who visited the office and supported living service on 14 January 2021 and made telephone calls on 18 January 2021.

Service and service type

This service is domiciliary care agency. It provides personal care to people living in their own houses. The provider was in the process of adding service type of supported living when we inspected.

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

We gave 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. We did not ask for a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and with one relative of people who use the service about their experience of the care provided. We spoke with two care workers, the registered manager and

registered provider who is also the nominated individual. We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service. After the inspection the provider supplied us with additional information that we requested.

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. 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: Using medicines safely

- There was no risk assessment process to assess, monitor and mitigate any risks that had been identified. Care plans had limited information in place to guide staff on how to support people with specific support needs for example in relation to self-neglect and anxiety. There was no information about what action staff should take in response to supporting people with these needs.
- One person was prescribed a medicine that needed to be taken in a specific way. Staff we spoke to weren't aware of this and the risks in relation to the medicine. This meant it wasn't always clear if the person received their medicine safely.
- One person was prescribed medicine to take on an as required basis (PRN). There was no PRN protocol or risk assessment in place to guide staff on how the person would be supported to take their medicine safely and no guidance about how often the medicine could be given, or how usage would be monitored. There was no information from the prescriber about how the medicine should be taken.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the draft report and feedback from our inspection the provider improved their care plan and risk assessment process and documentation, so they are person centred and contained information about people's care needs and risks. We will monitor these improvements at our next inspection.
- Staff we spoke with had a good understanding of people's day to day care and support needs.

Systems and processes to safeguard people from the risk of abuse.

- Staff told us they had received safeguarding training. Staff confirmed their understanding of protecting people from poor care or harm and said they would report any safeguarding concerns to the registered manager. However, staff were not aware of what external agencies they could report too if needed.
- One person told us, "I feel very safe." A relative told us, "[Person's name] is very happy and I feel they are very safe with the staff."

Staffing and recruitment

- The providers recruitment practice had not always been robust. A staff member had worked in a care setting previously and prior to appointing the staff member, they had not requested information from the most recent employer to confirm satisfactory evidence of conduct and reason for the ending of employment. This had been identified by the registered manager who was in the process of obtaining this information when we inspected.

- Following receipt of the draft report the provider told us they were now in receipt of the reference.
- Other safety checks on staff including Disclosure and Barring Service (DBS) checks had been carried out. These are checks to ensure staff are suitable to work with people.
- People told us they received the support they need from staff. One person told us, " Staff are always there to help me." A relative told us, "Staff are reliable and we have had no missed calls."

Preventing and controlling infection

- Staff wore personal protective equipment (PPE) in line with government guidance. A relative told us, " Staff always wear PPE."
- Staff received training in infection control and understood the importance of a high standard of cleanliness to protect people from infection.
- We have signposted the provider to resources to develop their approach and ensuring all guidelines are consistently followed. Particularly in relation to supporting people with autism and learning disabilities.

Learning lessons when things go wrong

- There was a system in place for reporting and recording incidents and accidents. However, there had been none to report so far. We spoke with the provider about having a system in place for capturing and sharing any lessons learnt.

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 achieve good outcomes or was inconsistent.

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

- People's needs were assessed by the provider prior to them receiving care. People's needs assessments included their physical health, mental health and some social needs. However, sections of the assessments were incomplete or lacked detail. Information from local authority referrals had not been fully reflected in people's care plans.
- People told us they were happy with their care.
- Following the draft report and feedback from our inspection the provider told us they have revised the pre-assessment form to meet the needs of the service. We will monitor these improvements at our next inspection.

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

- Where people had risks in relation to eating and drinking there was a lack of information in people's care plans to guide staff about this. However, when we spoke with staff they knew about these risks.
- Some people received support from staff to prepare and cook meals. One person told us staff supported them to plan, shop and prepare meals. A relative told us staff helped prepare culturally appropriate meals for their family member and they were very pleased with this support from staff.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

- At the time of our inspection no one was being deprived of their liberty.
- Staff were trained in the MCA and DoLS. Staff understood the importance of gaining people's consent

before providing them with care and support, in order to comply with the MCA.

Staff support: induction, training, skills and experience

- Staff were supported to do training to help them with their skills and knowledge. This had been on line learning because of COVID-19. Staff completed the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviour expected of specific job roles in health and social care sectors.
- A training matrix was in place that gave the registered manager oversight of the training completed by staff and when training would expire.
- Staff told us they had supervision meetings with the registered manager and spot checks were carried out to monitor their performance and to provide feedback.
- People spoke positively about the staff that supported them. One person told us, " The staff are very kind."

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

- Health action plans were in the process of being developed for people, where appropriate. A health action plan state what is needed for a person to remain healthy, including the support which a person may require.
- Staff told us because of COVID- 19, it had been more difficult to access healthcare professionals. For example, dentist treatment was for emergency treatment only so they had not been able to support people for a routine check-up.
- Staff told us it was a very small staff team and they worked closely together and any relevant information about changes in people's care and support was shared through handovers and a communication book.
- Staff were able to tell us what action they would take if people became unwell.

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 told us staff were caring and kind. One person told us, "The staff are very caring I feel like they are family."
- The registered manager and provider worked as part of the care team, and knew people's day to day needs and had developed good relationships with people.
- The service was proactive in ensuring equality and diversity were respected.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect.
- Promoting people's independence was recognised by the staff and management as an important aspect of care. One person told us, "If I need help with anything they [staff] are there to help me." A relative told us, "The staff work with [person's name] they are very independent and the staff are very good and let [person's name] do as much as they can for themselves and help only when they need it."

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

- People told us they were involved with making decisions about their care. One person told us, "The staff do talk to me about my care and what I want to do. I am very happy living here."
- Staff spoke about the people they cared for in a kind and sensitive manner.

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 interests and give them choice and control

- Care plans lack some personalised information and detail. This was acknowledged by the registered manager and provider. They told us they were working on improving people's care records.
- One person told us staff asked them about their care and support, they said, "They [staff] let me do things in my own time, they don't rush me." A relative told us, "We have been pleased with everything so far. They [staff] are really flexible and work around me and we can change the time of the care call if we need to."

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.

- The registered manager was not fully aware of AIS. However, they were able to tell us how they were meeting people's communication needs. Staff were fluent in languages spoken by people other than English to ensure support was person centred. They had also introduced some easy read documentation and following our inspection that told us they were exploring producing care plan documentation into the preferred language of the person.

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 told us they were supported to do things they enjoy doing. One person told us, "I like going out for a walk and going to the shops."
- The registered manager explained due to the restrictions in place with COVID-19 there had been some limitations in how they had supported new people to the supported living service to follow their interests. They told us they will be supporting people on an individual basis when the pandemic restrictions are lifted.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints.
- At the time of our inspection the service had not received any complaints
- People told us they knew what to do if they were unhappy about something. One person told us, "I can talk to any of the staff if I am not happy about anything."

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

- Systems for monitoring the service were in place but were not always effective.
- Systems had failed to identify care plans were not consistently in place to provide staff with guidance about how to meet people's needs.
- Systems had failed to identify a risk assessment process to assess, monitor and mitigate risk to people was not in place.
- Systems in place to ensure medicines were administered safely and in line with guidance were not always effective.
- Systems failed to identify the registered providers own recruitment policy was not effective and when an issue was identified it was not followed up on in a timely way

Systems were either not in place or not robust enough to demonstrate the provider had maintained effective management oversight of the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following receipt of the draft report the provider told us they had revised their recruitment policy so it is clearer about what information should be sought prior to a staff member starting their employment with Luma Homecare. This should ensure safer recruitment practice which we will monitor at our next inspection.

Continuous learning and improving care

- The provider had recently notified us of their intention to add supported living to their service type and revise their business plan. Supported living service type should give people more control over who they live with, where they live, and who provides their care and support. We advised the provider to familiarize themselves with relevant guidance including Right Support, Right Care, Right Culture, The Real tenancy Test and Reach Standards and to update their statement of purpose. This work was ongoing at the time of writing this report.
- The provider told us following the inspection and the changes to their business plan they had recognised the need to improve their knowledge and understanding in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and told us they would be commencing further training and personal development.
- Following receipt of the draft report the provider told us they had bought more software to improve the

oversight of recruitment and staff training.

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 provider and registered manager told us they understood their responsibility to be open and honest when things go wrong. There had been no complaints or concerns made directly to the service when we inspected. We found the registered manager and provider were open and transparent during the inspection process and demonstrated a willingness to address the concerns identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person- centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us their views about the service were asked for. One person told us, "I am happy with everything." A relative told us, "They [registered manager] have asked us how things are and I filled in a survey, we are happy with how things are going."
- A staff member told us communication within the service is good. They told us, "We are a small team and communication is good, we have a communication book and you can ring the registered manager or owner if you need too about anything."
- Staff told us they felt involved in the running of the service and are asked to give their views.

Working in partnership with others

- The service worked in partnership with other professionals and agencies, such as social workers and the local authority.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place did not ensure risks were assessed, monitored and mitigated.

The enforcement action we took:

NOP

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place did not ensure effective oversight of the service.

The enforcement action we took:

NOP