

Luu-Bridgets Healthcare Limited

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Inspection report

Island Business Centre
18-36 Wellington Street
London
SE18 6PF

Tel: 02079986840

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Luu-Bridgets Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of the inspection the provider was providing personal care to two people. This inspection took place on the 26 September 2018. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager would be available. This was our first inspection of the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff available to meet people's needs. Risks to people were assessed to ensure their needs were safely met. Peoples medicines were safely managed, and people were receiving their medicines as prescribed by health care professionals. Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections. There were system's in place for monitoring, investigating and learning from incidents and accidents.

People's care needs were assessed before they started using the service. Staff received supervision and training relevant to people's needs. People were supported to maintain a balanced diet. People had access to a GP and other health care professionals when they needed them. 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 and their relatives, where appropriate, had been consulted about their care and support needs. People told us staff were kind and caring. People received personalised care that met their needs. People's privacy and dignity was respected. People knew about the provider's complaints procedure and they were confident their complaints would be dealt with appropriately. Staff had received training on equality and diversity. Staff said they would support people according to their diverse needs. People could communicate their needs effectively and could understand information in the current written format provided to them. Information was available in different formats when it was required. No one using the service required support with end of life care, however the service had access to health care professionals for this type of support if it was required.

The provider monitored the quality of service that people received. The registered manager used feedback from people during telephone monitoring calls and spot checks to evaluate and make improvements at the service. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and

advice was available for staff when they needed it. The registered manager and staff worked closely with health and social care professionals to ensure people received good quality care.

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 safe.

The service had safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work. There was enough staff available to meet people's needs.

Risks to people were assessed to ensure their needs were safely met.

Peoples medicines were safely managed, and people were receiving their medicines as prescribed by health care professionals.

Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

There were system's in place for monitoring, investigating and learning from incidents and accidents.

Good 

Is the service effective?

The service was effective.

People's care needs were assessed before they started using the service.

Staff received supervision and training relevant to the needs of people using the service.

People were supported to maintain a balanced diet.

People had access to a GP and other health care professionals when they needed them.

Staff were aware of the importance of seeking consent from the people they supported and demonstrated an understanding of the Mental Capacity Act 2005 and how it applied to the support they gave people to make decisions.

Good 

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

People and their relatives, where appropriate, had been consulted about their care and support needs.

Staff had a clear understanding of people's care and support needs.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People and their relatives knew about the provider's complaints procedure and they were confident their complaints would be dealt with appropriately.

Staff had received training on equality and diversity. Staff said they would support people according to their diverse needs.

People could communicate their needs effectively and could understand information in the current written format provided to them. Information was available in different formats when it was required.

No one using the service required support with end of life care, however the service had access to health care professionals for this type of support if it was required.

Is the service well-led?

Good ●

The service was well-led.

The provider monitored the quality of service that people received.

The service had a registered manager in post.

Staff said they enjoyed working at the service and they received good support from the registered manager.

There was an out of hours on call system in operation that ensured management support and advice was available for staff when they needed it.

The registered manager and staff worked closely with health and social care professionals to ensure people received good quality care.

Luu-Bridgets Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 26 September 2018. One inspector carried out the inspection. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager would be available during the inspection. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke to one person using the service and a relative to gain their views about receiving care. We spoke with the registered manager and two care workers about how the service was being run and what it was like to work there. We looked at two people's care files, three staff recruitment records and records relating to the management of the service such as medicines, staff training, supervision, quality assurance audits and policies and procedures. We also received feedback from a health care professional expressing their views on the care provided at the service.

Is the service safe?

Our findings

A person using the service told us, "I feel very safe with my carers, absolutely safe." A relative said, "I feel assured that my [relative] is very safe where they live. I don't the need to worry about them at all."

The provider had procedures in place to protect people from abuse. The registered manager was the safeguarding lead for the service. A member of staff told us they would report any safeguarding concerns to the registered manager or to the local authority if they needed to. They also told us they would use the providers whistle-blowing procedure to report poor practice. Training records confirmed that all staff had received training on safeguarding adults from abuse. The registered manager told us and our records confirmed that no safeguarding concerns had been raised about the service.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of three members of staff. We saw a completed application forms that included references to the member of staff's previous health and social care work experience, their qualifications and full employment history. The files also included two employment references, proof of identification and evidence that criminal record checks had been carried out.

There were enough staff available to meet people's care and support needs. One person told us, "I get the staffing rota every month, so I know who is supporting with me. I have the same regular staff. No one ever turns up late, in fact they come early. Things couldn't be any better than they are." The registered manager showed us a rota and told us that staffing levels were arranged according to people's needs. If extra support was needed to support people to attend health care appointments, additional staff cover was arranged. A member of staff told us there was always enough staff on available to meet people's needs.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example, on smoking, the risk of fire and moving and handling. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment to minimise risk to people and staff.

The registered manager showed us their system for monitoring, investigating and learning from incidents and accidents. They told us that incidents and accidents were monitored for each person to identify any trends. Where trends were identified we saw that the person's care needs were reviewed and the support they required from staff was adjusted to reduce the likelihood of the same issue recurring.

People were supported, where required, to take their medicines. At the time of the inspection one person required support from staff to take their medicines. This was recorded in the person's care plan. A medicine administration record (MAR) was being completed by staff when the person had taken their medicines. We saw audited MARs held at the office. These confirmed that the person was being supported to take their medicines as prescribed by health care professionals. Records seen confirmed that all staff had received training on the safe administration of medicines. Where staff administered medicines to people the

registered manager had assessed their competence in administering medicines. This ensured that staff had the necessary skills to safely administer medicines.

The provider had an infection control procedure in place that had been reviewed in January 2018. The registered manager told us that personal protective equipment (PPE) was available for staff. We saw stocks of gloves, aprons and shoe covers and the staff we spoke with confirmed they had access to PPE when they were needed. Training records confirmed that all staff had completed training on infection control and food hygiene.

Is the service effective?

Our findings

A person using the service told us, "I have known my carers a long time. I know them like the back of my hand. They know everything about me and they know exactly what I need. They are very well trained." A relative said, "Only trained staff support my [relative]. They are trained specifically to meet my [relatives] needs so they all know what they are doing."

We saw records confirming that people's care and support needs were assessed before they started using the service. The assessments covered areas such as their personal care needs, moving and handling, mobility and medicines. They also included information from family members, social workers and health care professionals.

Staff received supervision and training relevant to people's needs. A member of staff told us they had completed an induction when they started work and they were up to date with training the provider considered to be mandatory. They also told us, and records confirmed, they were receiving regular supervision from the registered manager. The registered manager told us that staff new to care were required to complete the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of health and social care workers. Records showed that all staff had completed an induction when they started work and training that the provider considered mandatory. This training included moving and handling, food hygiene, safeguarding adults, basic life support, health and safety, infection control, fluid and nutrition, medicines and equality and diversity. The registered manager told us that a training session had been arranged for all staff to receive training on the Mental Capacity Act 2005 (MCA) the week after this inspection.

Staff were aware of the importance of seeking consent from people when supporting them to meet their needs. A member of staff told us, "The person I support has full capacity to make their own decisions about what they want to do. I would never force them to do anything if they didn't want to do it."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that the people they supported had the capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to

make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

People were supported to maintain a balanced diet. Where people required support with eating and drinking and cooking meals this was recorded in their care plans. One person told us, "The staff ask me what I want and they cook very good food. I can't complain at all." A member of staff said, "[The person I support] likes the odd take away, especially Chinese food. We prepare cooked meals every day according to what they want to eat. I try to encourage them to eat healthy options such as fruit and vegetables and not to drink too many fizzy drinks."

People had access to a GP and other health care professionals when they needed them. Staff monitored people's health and wellbeing. When there were concerns people were referred to appropriate healthcare professionals. For example, where a person required support with eating and drinking this was recorded in their care plan and they had been referred to the speech and language therapy team (SALT). We saw advice from the SALT in their care plan advising staff on how to safely support the person with eating and drinking. Records of health care appointments and visits were kept in people's files explaining the reason for the appointment and details of any treatment required and advice received.

Is the service caring?

Our findings

A person using the service told us, "I think the carers that support me are exquisite. They are very professional, and I get on well with them. They are kind and caring and they treat me very well. They know what I need better than I do myself. I am very blessed to have them here looking after me." A relative said, "The carers are impeccable, they are definitely caring people and they understand my [relative's] needs. My [relative] enjoys good food and they really get along with the staff."

People and their relatives were consulted about their care and support needs. One person told us, "The carers asked me what my needs were and it's all written up in a care plan. We work together with social services to get things done. For example, we are trying to get my wheelchair sorted out." A relative told us, "I am very involved when it comes to planning for my [relative's] care needs. I met with the registered manager and my [relative] at the hospital to make plans for when they started to look after my [relative]. They always ask for mine and my [relative's] views and the care plans are agreed by everyone. The registered manager can and does call me at any time of the day to tell me if anything has changed or to ask for my opinion on what they or my [relative] wants to do."

People's privacy and dignity was respected. We observed that staff treated people in a respectful and dignified manner. One person told us, "My privacy is respected. If I want to stay in my room or have a sleep in the lounge, then I am not disturbed by staff. When the staff help me with personal care I do as much as I can for myself and they help me with the rest." A relative commented, "I think my [relatives] dignity is respected. I visit as often as I can and when I do I see that their home is well kept and clean and my [relative] is well dressed and looked after." A member of staff told us, "When I support people with personal care I always make sure the doors are closed and the curtains are drawn. I try to get people to do things for themselves as far as they can. I always make sure information about the person was not left lying around and that it is kept locked away and confidential."

It was evident through speaking with staff that they understood people's care and support needs in detail. For example, when we visited one person at their home a member of staff explained how the person preferred to be supported with personal care tasks, how they supported the person to transfer around their home and about the meals the person liked to eat.

People were provided with appropriate information about the service in the form of a 'Service Users Guide'. This included the complaints procedure and the services they provided. The guide ensured people were aware of the standard of care they should expect. A relative told us, "The 'Service Users Guide' held information I found useful when my [relative] started using the service but I have such a good relationship with the registered manager and staff now I can just ask them about anything."

Is the service responsive?

Our findings

A person using the service and their relative told us the service was meeting their care and support needs. The person said, "The staff know what my needs are, and they are meeting my needs every day. I am very grateful for the care they give me." A relative said, "The service is ideal for my [relative], their needs are being met. It's a good service."

People received personalised care that met their needs. People's care files included referral information from the local authority that commissioned services from the provider. The referrals included a breakdown of people's care and support needs. Care files also held assessments carried out by the provider which considered the person's personal care needs, eating and drinking, moving and handling, mobility and support with medicines. Care plans were developed outlining how people's needs were to be met and included information and guidance for staff about how people should be supported. Care records showed that people, their relatives, social workers and health care professionals had been consulted about their needs. We saw that care plans were kept up to date to make sure they met people's changing needs. We also saw daily records of the care and support that staff had delivered to people.

Care plans detailed people's preferences and wishes with regards to their diverse needs. The registered manager and staff were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion and sexual orientation. Staff had received training on equality and diversity and understood how to support people with their diverse needs. The registered manager and staff told us they encouraged people to express themselves and they would be happy to support people to do whatever they wanted to do.

The registered manager told us that the people currently using the service were able to communicate their needs effectively and could understand information in the current written format provided to them, for example the complaints procedure and the service users guide. This was confirmed with the person we spoke with. The registered manager said that if any person planning to use the service was not able to understand this information they would provide it in different formats for example large print or in different written languages. They told us they were in the process of reviewing the provider's access to information policy.

People said they knew about the provider's complaints procedure. One person told us, "I am not shy about coming forward, I complain when I need to, and they sort things out." A relative said, "I can talk to the registered manager anytime I want to. I have never needed to complain but I know about the complaints procedure." The registered manager showed us a complaints log. The log showed that when concerns had been raised these were investigated and responded to and where necessary meetings were held with the complainant to resolve their concerns.

The registered manager told us that no one currently using the service required support with end of life care, however they would liaise with the person, their relatives, social services and health care professionals to provide people with care and support if this was required.

Is the service well-led?

Our findings

A person using the service and their relative told us the service was well run. The person said, "I think everything is well organised. I have very good contact with the manager. If I text them they respond right away, or they come to see me. The registered manager makes a great effort on my behalf." A relative told us, "I have a very good relationship with the registered manager and staff. I am very happy with the service. In my eyes it is very well run."

The service had a registered manager in post. They were knowledgeable about their responsibilities about the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. Staff said they enjoyed working at the service and they received good support from the registered manager.

There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. One member of staff told us, "I enjoy working for the service. The registered manager listens and is always very helpful. There is good teamwork and all of the staff work towards the same goals." They told us there were regular team meetings where they discussed the needs of people using the service and team working. Another member of staff said, "The team meetings are very important. We put our ideas on the table. If something has gone wrong, we consider how we can make sure the same thing doesn't happen again. We talk about how we can improve things. The registered manager will arrange further meetings when we need to discuss any new issues or developments at the service."

The provider recognised the importance of regularly monitoring the quality of the service people received. We saw records from checks and audits that were carried out. These included spot checks, checks on care plans, risk assessments, staff training, supervision and accidents and incidents and complaints. The registered manager completed monthly medicines' audits and balance checks. We saw records from unannounced spot checks that the registered manager had carried out on care staff to make sure they were supporting people in line with their care plans. They also monitored the service people received through regular telephone monitoring calls. We saw a log of these calls and observed the registered manager contacting people and staff throughout the course of our inspection to make sure people received care they were supposed to.

The registered manager told us they planned to carry out a satisfaction survey with people using the service, relatives, staff and health care professionals in November 2018. They planned to use feedback from the surveys along with telephone monitoring calls and spot checks to evaluate and make improvements at the service.

The registered manager told us they had regular contact with people's care managers and health care professionals and they welcomed their views on service delivery. We saw evidence during the inspection confirming that the registered manager and staff worked closely with health care professionals and social workers. A health care professional told us the service taken on a care package for their client in December 2017 which it was managing extremely well. They commented, "With regards to my client, the care provided

by this company cannot be faulted."