

Luminary Care Limited

Luminary Care Limited

Inspection report

Pacific House Business Centre
Fletcher Way
Carlisle
CA3 0LJ

Tel: 07961721053

Website: www.luminarycare.co.uk

Date of inspection visit:

23 May 2023

05 June 2023

Date of publication:

18 July 2023

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Luminary Care Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 16 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives said the service upheld their safety and they felt safe and comfortable when staff were supporting them. There were enough staff to cover everyone's visits and to provide a contingency for any gaps. The provider made sure staff were suitable to work with people. People's needs and risks to their well-being were assessed and recorded. The quality and detail of those care records was not always sufficient. We have made a recommendation about this.

People praised the staff for their care and kindness. They said staff were friendly and helpful. People and relatives said staff were reliable and on time. There was good continuity of care so they saw the same regular care staff members. Staff knew how to support each person in the way they preferred. The service was run in the best interests of the people who used it. Staff made sure people were treated with dignity and respect, and their privacy was protected.

Staff were trained and supported to carry out their job safely and effectively. People had confidence in staff's abilities and competence. There was good communication between the management and people who used the service. The registered manager carried out spot checks and reviews to make sure people were satisfied with the care service they received.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Records about consent had not always been fully completed and the provider addressed this during the inspection.

The management team were open and approachable. Staff said they felt supported by the management team. The provider had governance system to check the quality of the service. However, some audits had not always identified the shortfalls to records found during this inspection. We have made a recommendation about this.

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 21 August 2020 but was dormant until it became operational on 1 November 2022. This is the first inspection.

Why we inspected

This was a planned inspection of a new service.

Recommendations

We have made a recommendations about risk assessment details and ensuring quality audits are sufficiently robust to identify shortfalls to records.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 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 ●

Luminary Care Limited

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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

We visited the location's office on 25 May and 5 June 2023.

What we did before the inspection

We used information gathered as part of monitoring activity which took place on 17 April 2023 to help plan

the inspection and inform our judgements. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke to 6 people who use the service and/or their relatives. We spoke with management team including the registered manager, care co-ordinator and compliance manager. We contacted 9 support workers for their views.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had a system to assess risks to the safety of people before undertaking their care. Risk assessments and care records were available to staff on an electronic record system so staff had constant access to it.
- The detail and quality of risk assessments was not sufficient. Some records did not set out enough information for staff about how to mitigate risks to people, for example where people were at risk of pressure damage. The registered manager began to address this immediately.
- People said they felt safe when being supported by care staff.

We recommend the provider ensures risk records include risk-reduction strategies and sufficient detail to guide staff in a consistent approach.

Using medicines safely

- Overall, medicines were managed in a safe way. Medicines records were completed electronically and could be viewed by the management team at any time.
- Staff had training and annual competency check in medicines administration.
- Staff had used inconsistent codes to record when people had not received medicines but this issue had not been identified during the provider's audits of medicines. We found no evidence this had any impact on people using the service. The registered manager amended the audit form immediately.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system for reporting safeguarding and understood the local authority processes for referring any concerns.
- Staff had training in safeguarding adults and children. They understood how to recognise and report potential abuse. One staff member commented, "Luminary Care does a lot in ensuring safe care of people. They ensure staff are equipped with the right skills by supporting us to do training and to observe the duty of care."
- People said staff promoted and supported their safety. Their comments included, "I feel very safe with the carers being there, they always stand by me while I get in and out of bed safely" and "I definitely feel safe all the time with them and they keep my house secure."

Staffing and recruitment

- The provider ensured there were sufficient staff to meet the needs of people who used the service. Staff covered specific areas so were able to travel between people's visits. There was sufficient contingency to

provide cover for staff absences

- The provider carried out safe recruitment of staff. Sufficient checks were carried out prior to appointments to ensure staff were suitable to work with people.

Preventing and controlling infection

- The provider had infection prevention and control systems in place.
- Staff received training in infection control practices and had access to supplies of personal protective equipment (PPE).
- The provider used spot checks to check staff members' compliance with PPE requirements.
- People spoke positively about staffs' hygiene practices. They commented, "They have very good hygiene standards and wear all the PPE" and "They keep my house clean."

Learning lessons when things go wrong

- The provider used incidents and complaints to learn lessons and improve the safety of the service.
- Any actions from incidents were used as learning points for the staff team and were added to an action plan for monitoring.

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 good, and people's feedback confirmed this.

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

- The registered manager assessed people's needs before using the service to make sure the right care could be provided.
- People said they were fully involved in discussions about their care package and agreements about how their care was provided.
- Care assessments were used to develop individual care plans for each person. However, the care plans viewed during the inspection lacked sufficient detail to guide staff in people's specific care needs and how to support them. The registered manager began to address this immediately and sent evidence to demonstrate improvements had been made.

Staff support: induction, training, skills and experience

- The provider had training systems in place to make sure staff received essential training in health and safety. All staff completed robust induction training including the Care Certificate. (The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.)
- People and relatives were complimentary about the skills of support workers. They commented, "I think they are well trained and I'm confident they know what they are doing" and "Everybody is very well trained on the equipment I use".
- Staff said they were well-supported by the provider and registered manager. They received supervision to support them in their role.

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

- The provider assessed each person to check if they needed support with any dietary needs and preferences.
- People were supported with meal preparation if this formed part of their individual care assessment.

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

- The staff worked in collaboration with other health and social care agencies, where appropriate, to support people's well-being.
- Relatives said they were kept informed by staff about people's health and well-being. They said staff were competent to support people with their individual health needs. For example, one relative commented, "They know all about the impact of strokes on my family member."

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

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

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

- The provider followed the principles of MCA. People were involved in decisions about their care where they had capacity to do so.
- The provider verified and kept a record if relatives had Lasting Power of Attorney (LPA) status. This made it clear who would have the legal right to make decisions in the future on behalf of people.
- The provider had consent forms for confirming people agreed to the care tasks, for instance managing their medicines. The consent forms had not always been signed by people. The registered manager addressed this immediately.

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 said they were treated with care and respect. One person told us, "[Staff] are kind, caring and very thoughtful and show a lot of empathy."
- Relatives spoke positively about the supportive attitude of staff. Their comments included, "[Staff] are very kind and competent" and "They do their job with great care."
- Staff said their colleagues were considerate towards people. They commented, "My colleagues are kind and caring to people, even going the extra mile at times" and "My colleagues have compassion and show that they care."

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

- People, or their relevant representatives, were fully involved in making decisions about their care service. They told us, "I definitely feel I have full control over how I want my care conducted" and "I have total control on how I want the care to be for my family member."
- People and relatives said staff encouraged them to be involved. They told us, "I feel I can have my say in the way I want my support to be" and "Staff always tell my family member what needs to be done so [person] knows what's happening."

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with respect. One person commented, "They never rush me or rush to get away". Another person said staff had "had lots of time and patience".
- People said staff upheld their privacy. A relative commented, "They (staff) are very professional and treat my family member with dignity by drawing the curtains when dressing 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 ensure people have choice and control and to meet their needs and preferences

- People received a personalised service which met their individual needs.
- People and relatives commented positively on the continuity of care and said this meant staff understood how to support them. One person commented, "I think they are very caring and know me well."
- The management team and staff were knowledgeable about each person and how they wanted to be supported; however at the time of the inspection care records were not sufficiently detailed. This would not enable a new member of staff to understand the person's specific needs, abilities and preferences. The registered manager began to address this immediately and provided evidence to show care plans had been improved.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were respected.
- At the time of this inspection, people had been provided with a written information guide about the service. The registered manager stated information could be provided in alternative formats, such as large print or audio, where needed.

Improving care quality in response to complaints or concerns

- The provider had a written procedure for managing complaints. People had information about how to make complaint in their service user guide.
- People were encouraged to give their comments and suggestions during spot checks and quality visits by the registered manager. People and relatives described the registered manager as "approachable" and said they felt comfortable about expressing their views.
- The registered manager kept a record of any complaints and how these had been addressed. Complaints outcomes were shared with staff and used as lessons learnt to improve the service.

End of life care and support

- The service could provide care to people who were at the end stages of their life.
- The provider had arranged training for all staff members in palliative care which would be delivered by hospice health professionals.

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 quality had been inconsistent.

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

- The provider had quality assurance systems in place. However, these had not always identified or addressed the issues we found with the quality of some records. During the inspection, the registered manager immediately amended some quality audit tools to address the shortfalls we found.
- At the time of the inspection, the provider's website contained misleading and incorrect information about the service. This was addressed immediately.
- A monitoring review prior to the inspection identified the registered manager had not been fully aware of her statutory obligations regarding notifications of events. The registered manager had subsequently re-read the guidance and submitted notifications where appropriate.
- The registered manager was also the sole provider. The registered manager expressed the service was still new and she was still learning but was committed to improvement.
- A compliance manager was employed by the service to support quality improvement. The provider had an action plan which identified areas for improvement and timescales for completion.

We recommend the provider continues to develop and review its system of quality audits to ensure these are sufficiently robust.

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

- The provider and staff team promoted a positive, personalised culture.
- People commented they were empowered to make their own decisions about their care service.
- People and relatives described good outcomes they had experienced because of the 'consistency', 'kindness' and 'reliability' of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 engaged with people and their representatives. They sought their views during reviews, surveys and regular spot checks.
- People and relatives said communication with the management team was very good. They commented, "[Registered manager] is easily contactable", "The manager does keep in touch with you and never distances themselves" and "She is always at the end of the phone. She ring's me to see if I'm ok."
- Staff said communication with the management team was good and they felt appreciated. They told us, "I

do feel valued by the management team. They appreciate all the hard work and time I put into work" and "The manager does one-to-one meetings with staff members and we have staff meetings .Our management team are good listeners and respond quickly."

- The registered manager understood their responsibility to be open and transparent if anything went wrong.

Working in partnership with others

- The registered manager stated the service worked alongside local health care professionals when people required this support.
- The registered manager intended to carry out a survey of other care professionals at the end of the first year of operations to check whether their partnership-working could be improved.