Bio Luminuex Health Care Ltd

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 18 and 24 October 2017. This was an announced inspection. This service had not been inspected since its registration on 12 November 2015.

Bio Luminuex Health Care Limited is a domiciliary care service. The service provided personal care support to older people living in their own homes, and at the time of inspection 38 people were receiving support.

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.

People and their relatives told us they were satisfied with the service and found staff trustworthy and reliable. Risks to people's health and care were identified, assessed and mitigated. People's risk assessments gave sufficient information to staff on how to provide safe care. People were happy with the medicines management support and the provider maintained accurate medicines administration records. The provider followed appropriate infection control practices. There were sufficient staff numbers to meet people's needs and the provider followed safe recruitment procedures. People were happy with staff's timekeeping and punctuality. Although, staff were aware of what was abuse and signs and types of abuse, not all staff were aware of how and when to report abuse.

Staff received regular supervision, and sufficient training in most areas. People's individual health and care needs were met by staff who were aware of people's needs and abilities. The provider worked within the principles of Mental Capacity Act. People were happy with nutrition and hydration support and their cultural specific dietary requirements were met. The provider worked well with the health and care professionals to promote and maintain people's good health.

People told us they were supported by the same staff and they were treated with dignity and respect. The provider recorded people's cultural, religious and background history and supported them when requested to practice their religious beliefs. People's care plans were detailed and recorded their likes, dislikes and wishes. However, the provider did not record people's end of life care wishes. People's complaints were listened to, recorded and responded in a timely manner.

The provider carried out regular monitoring checks and audits to identify gaps and areas of improvements and developed improvement action plans to address areas of concerns. However, the provider had not acted promptly on addressing serious issues of staff's lack of understanding of reporting safeguarding concerns. During the inspection the provider had arranged safeguarding training and one to one supervision sessions to rectify the issues.

The provider formally sought feedback from people, their relatives and staff on an annual basis and

analysed people's feedback to improve the quality of the service.

We have made a recommendation about the management of people's end of life care wishes.

We found the registered provider was not meeting legal requirements and was in breach of one Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to safeguarding service users from abuse. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Not all staff were aware of how and when to report safeguarding concerns.

People told us they felt safe with staff. People's risks assessments were detailed and gave sufficient information to staff on how to provide safe care. Staff were aware of risks to people and understood how to minimise those risks. The provider managed people's medicines safely. There were enough staff numbers to meet people's needs.

Staff used personal protective equipment to prevent the spread of infection.

Is the service effective?

Good

The service was effective. People told us their health and care needs were met by staff that were trained and skilled. Staff received regular training and supervision and told us they felt supported.

People's care plans made reference to people's capacity and how to support people who were deemed to lack capacity to make decisions. Staff understood the importance of seeking people's permission before providing care. People told us staff asked their consent before supporting them.

People were happy with nutrition and hydration support. The provider supported people to access health and care services when requested.

Is the service caring?

Good

The service was caring. People told us staff were caring and kind and they were treated by staff in a respectable and dignified way.

People's cultural, religious and spiritual beliefs were recorded and supported by staff when requested. People received continuity of care and their gender preference care requests were met.

Staff received training in equality and diversity. People were encouraged to remain as independent as they wished.

Is the service responsive?

Good

The service was responsive. People and their relatives contributed towards planning and decision making around their care plans. The provider involved people and their relatives during annual care reviews.

People's care plans were comprehensive and provided information to staff on how to provide individualised care.

The provider encouraged people to raise concerns and make complaints and maintained clear records of complaints that were made and how they were resolved. People and their relatives told us they were happy with how the complaints were addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. The provider carried out regular checks and audits to ensure the safety and quality of the service but failed to act on addressing concerns regarding a lack of staff understanding in reporting abuse and poor care.

People and their relatives spoke positively about the service and found the management approachable. Staff told us they enjoyed working with the management and found them supportive.

The provider carried out regular spot checks and telephone quality monitoring checks to ensure people received care as per their care plans. The provider carried out annual surveys to gain people, their relatives and staff's feedback.

Bio Luminuex Health Care Ltd

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 was planned to check 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.

The inspection took place on 18 and 24 October 2017. This was an announced inspection. We gave the service 48 hours' notice of the inspection as this is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector and one 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.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. 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 contacted the local authority about their views of the quality of care delivered by the service.

During our visit to the office we spoke with the provider's nominated individual as the registered manager was on annual leave. A nominated individual is someone who has been nominated by the provider to manage the service in the absence of the registered manager, the care coordinator, the field supervisor, and five care staff. We looked at six care plans and six staff personnel files including recruitment, training and supervision records, and staff rotas. We also reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the

service.

Following our inspection visit, we spoke with two people and six relatives. We reviewed the documents that were provided by the nominated individual (on our request) after the inspection. These included two updated care plans, policies and procedures, a quality monitoring report and an improvement action plan.

Requires Improvement

Is the service safe?

Our findings

People using the service and their relatives told us the service was safe and they felt safe with staff. One person said they "trusted" staff and "I feel safe with them." A relative commented, "My wife usually sees the same face [staff] so that makes her feel safe." Another relative told us, "My husband and I trust the staff."

We looked at the provider's safeguarding policy and found it to be in date and detailed what was abuse, types and signs of abuse, how and who to report abuse to, and recordkeeping. Staff told us they received safeguarding training at the time they started working with the provider and thereafter, every year. Staff were able to explain their role in identifying abuse. Staff comments included, "People's safety is our responsibility", "Protecting clients from harm and abuse" and "Making sure client is protected against abuse." Staff also gave examples of types and signs of abuse. However, out of seven staff only two were able to explain reporting and recording procedures. We found not all staff knew the whistleblowing procedure. This meant staff did not have complete understanding of how to report abuse and poor care thereby putting people at risk of harm and abuse.

These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed this back to the management who told us they would urgently arrange safeguarding training for all staff. Following the inspection they sent us dates of urgently scheduled safeguarding training sessions that would be delivered in languages preferred by the staff including English, Gujarati, Hindi, Urdu and Tamil. The nominated individual spoke to the local authority to arrange for the office staff to attend local authority organised safeguarding training. The management told us they had arranged urgent supervision sessions to go through safeguarding procedures on a one to one basis. They had also conducted an urgent staff training session to discuss safeguarding policy and procedures. The management told us they had produced and displayed in the office a safeguarding reporting flow chart that would make it easier for staff to follow the protocols.

Two staff demonstrated good understanding of whistleblowing procedures and told us they would feel comfortable to contact the local authority or CQC if they were concerned about people's safety and the provider was not doing anything. Staff's comments included, "Straightaway inform [registered manager] and if she does not listen or act on it then go to Newham Council and CQC" and "If [registered manager] does not take concerns seriously I would blow the whistle."

The provider identified, assessed and mitigated risks involved in supporting people. We looked at people's risk assessments; they were comprehensive and regularly reviewed. Risk assessments were for areas such as personal care, hoists, moving and handling, environment, personal care, nutrition and hydration, and pressure sores. They gave detailed information on risks associated with people's care and instructions for staff on how to manage and minimise risks. The provider also assessed risks specific to people's conditions such as diabetes and accessing community. For example, one person who was supported by staff to access community venues was identified as being at risk of getting lost in the community and of accidents when

crossing roads. The instructions for staff were "One staff needs to support and supervise and prompt me to walk on the footpath and not on the road." The risk assessment and corresponding care plan for a person who had type two diabetes provided detailed information for staff on signs of low and high blood sugar levels, such as "shaky, weak and hungry" and how to support the person if they noticed any signs, for example, give them "sugary drink and then cereal bar or fruit." Staff demonstrated a good understanding of risks to people and how to provide safe care. This meant people were supported by staff in a safe manner and protected them against avoidable harm.

People and their relatives told us staff were reliable and were happy with their punctuality and timekeeping. They said the office called them if staff were stuck in traffic or running late. No one had experienced missed calls. One relative said, "They [staff] arrive on time and are reliable." Another relative commented, "They [staff] arrive on time and stay the expected time but sometimes stay longer than their allocated time." The provider covered staff emergencies or absences with their own bank staff. People, relatives, staff and the management told us there were enough staff. We looked at the staff rotas and it confirmed there were sufficient staff numbers to meet people's individual needs. Staff told us they had adequate travel time to attend people's care visits on time. The management told us they had resources so they could approve a taxi for staff that were stuck due to disruptions in public transport to ensure they still attend people's care visits on time.

We looked at staff personnel files and found copies of staff application forms, interview notes, identity documents, right to work checks, reference checks and Disclosure and Barring criminal checks. Any gaps in employment were recorded. This meant the provider followed safe recruitment procedures to ensure staff were suitable to work with people using the service.

People were supported with medicines management including prompting and administration. All staff were provided with medicines administration training and were able to explain how they safely administered them "I only provide medicines from blister packs" and "I give [person using the service] medicines and watch her swallow it before I sign the chart." We looked at the medicines administration charts and found they were appropriately completed and easy to follow. People and their relatives told us they received medicines on time and were happy with the support.

The provider supplied staff with gloves and aprons to prevent the spread of infection and staff confirmed this. People and relatives told us staff wore gloves whilst providing care.

Good

Is the service effective?

Our findings

People and their relatives told us staff were well trained and met their needs. One relative commented, "Staff are excellent, they are professional and help him with all his care needs." Another relative said, "Staff are well trained and know how to support my mother. They support her with her needs."

New staff received detailed induction training followed by shadowing where new staff observed experienced staff on how to provide individualised support and care. We looked at induction and shadowing records and they confirmed staff were given detailed induction training. Staff training records confirmed staff received mandatory and annual refresher training in areas such as whistle blowing, moving and handling, health and safety, first aid, medicines administration, infection control, Mental Capacity Act, person centred care and report writing. Staff were also provided with additional training relevant to people's specific health conditions and needs such as diabetes, dementia, autism awareness, stroke awareness and managing challenging behaviour. The staff training matrix demonstrated training staff had already attended and future training dates. Staff told us they found training helpful and effective "Training is regularly available and good, last one I attended was on moving and handling and health and safety" and "We are given enough training, last one was a month ago on moving and handling." This showed staff were appropriately trained before they started supporting people.

Staff told us they felt well supported and received regular supervision "I feel supported" and "Supervision with [registered manager] every two months." We looked at staff supervision and annual appraisal records and they confirmed staff received supervision every two months and yearly appraisal.

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

Staff demonstrated good understanding of people's right to make decisions and the importance of seeking people's permission before providing care "Always assume they have capacity" and "I always give choices and ask what she [person] would like to eat or like to wear." The provider assessed people's capacity when they were deemed to lack capacity. We saw care plans made reference to people's ability to make decisions and instructions for staff on how to support people to make decisions. People and their relatives told us staff always asked before supporting them. One relative said, "They [staff] always ask her [person] how she would like to be supported, what she would like to eat, they are good." Another relative commented, "They always ask permission and tell us what they are about to do."

Most people's nutrition and hydration needs were met by their relatives. Those who required support with food and drinks told us they were happy with the support. They told us staff warmed up food and prepared breakfast as per their wishes. One relative said, "They help mum with her meals." Staff were able to describe people's food likes and dislikes "She likes to have a cup of tea with one sugar and two slices of toast for

breakfast."

People were mainly supported by their families in accessing health and care services. However, we found where requested the service worked well with health and care professionals and liaised with the family in providing them with information on health and care services to support and promote people's good health. For example, one relative told us the service had supported them in making a referral to the occupational therapist and requesting a shower chair for their family member. The relative further said when the occupational therapist had visited to assess their mother's needs they had complemented staff on how well they worked with their mother and met her individual needs. We saw records of hospital admissions, discharge letters, referrals and correspondence with health and care professionals such as GPs and an occupational therapist.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "Staff are good and like a family, very helpful and kind." Relatives comments included, "The staff are exceptionally caring", "My mother shares an excellent relationship with the staff…she looks forward to carers' visits" and "They are very friendly and caring." Staff spoke about people in a caring and compassionate way. They were able to tell us about people's likes, dislikes and their background history which demonstrated staff knew the people they supported. People and their relatives told us their gender preference requests were met and we saw this being recorded in people's care plans.

People and their relatives told us staff listened to their needs patiently and supported them in a sensitive way. The provider matched people to staff with similar cultural and language backgrounds. This enabled staff to understand people's preferences and needs better. We looked at staff rotas that showed the same staff were allocated to people week after week. The management told us they worked on a rolling staff rota to ensure people received continuity of care. People and their relatives told us they had same staff support them and knew other staff that covered their regular staff whilst they were on leave. One relative said, "We have had same staff for the last two years." Another relative commented they have had the same staff since they started using the service. Staff told us they worked with the same people and that enabled them to establish positive caring relationships.

The provider engaged with people and their relatives at least quarterly to seek their views about their care and treatment including their end of life care wishes, although they were not recording these. They assigned staff to visit people who spoke similar languages so that they were able to understand information easily and were able to make informed choices. People and their relatives told us they were involved in planning and decision making around their care and support. We saw records of care review meetings. The provider carried out formal care review meetings once a year and as when people's needs changed.

People were asked about their background history, cultural, spiritual and religious needs during the initial assessment and this was recorded in their care plans. Some people had requested support with meeting their cultural and religious needs. For example, one person was supported by staff to visit the temple once a week. We spoke to the staff member that supported this person and they told us "[Person] enjoys visiting temple and looks forward to it." We looked at the care plan for this person and this was recorded in their care plan. Some people preferred culturally specific food and this was recorded in their care plan. People and relatives told us their culturally specific needs were met.

The provider trained all their staff in equality, diversity and dignity in care. We looked at staff training records and they confirmed staff were trained in equality, diversity and dignity in care and received annual refresher training in those areas. Staff were able to explain the importance of treating people equally and respecting their beliefs and choices. They gave examples of how they provided care in a dignified way, "Always close the bathroom door when assisting with personal care", "Explain to her what we are doing" and "I go with their pace and do not rush them." People were supported to remain as independent as they could. One staff member said, "I encourage him [person] to make decisions and encourage him to lead the way enabling

him to be independent." One relative said staff assisted and encouraged their "mother in choosing what she wants to wear."

People and their relatives told us staff treated them with dignity and their privacy respected. Relatives' comments included, "Staff speak to her [person] politely, with respect" and "Staff treat my husband with dignity and respect our privacy."

Good

Is the service responsive?

Our findings

People and their relatives told us staff understood their likes and dislikes and responded to their changing needs. One person told us they would call the office when they needed to change the care visit timings and the service would happily do so. A relative told us about their family member who was quite independent and would occasionally forget to be home a certain time when staff would visit them. The provider took this into consideration and would phone in advance to make sure the person was home to receive care. Another relative said staff knew their family member's likes and dislikes and "certainly knew what they were doing."

The management met with people and their relatives before they began to use the service to identify their needs, likes, dislikes, wishes and preferences and the information was then used to produce care plans. People and their relatives told us they were involved in planning their care and care plans. People's care plans were comprehensive and detailed people's likes, dislikes, preferences, wishes and background history. They included information around people's health and care needs such as medical history, moving and handling, personal care, and nutrition and hydration. In addition to this the care plans also recorded people's aspirations, things important to them, what they would like to achieve in life, social aspects and their family history. For example, under communication in one person's care plan it stated "carer needs to effectively communicate in Gujarati, Hindi or Urdu…carer can talk to me about anything as this gives me a chance of interaction and socialising." Under their 'general mental health' section it stated, "Generally my mental health is good, carer need to reassure me and calm me down if I am upset or stressed."

The nominated individual told us they reviewed people's care quarterly and their care plans once a year or as and when people's needs changed. We looked at people's care plans and found they had all been reviewed and were in date. However, we found the care plan for one person, whose care visits had increased following their hospital admission in July 2017 had not been reviewed and updated since February 2017. The person's needs were still the same but the care visits had increased from three visits to four visits a day. This person's care plan had the new care package details from the local authority and the changes were detailed on the care review form but the care plan had not been updated. We spoke to this person's relative who told us staff had never missed any care visits and were providing caring and individualised care. We spoke with one of the staff supporting this person and they were able to describe the person's needs, likes and dislikes. We were assured that the person's needs were met despite the care plan not being updated. We fed this back to the management and they reviewed and updated the care plan at once and sent us a copy of the updated care plan.

Staff told us this information enabled them to know and understand people's needs, likes and dislikes before they started to support people. Staff told us, if they noticed any changes in people's needs or likes and dislikes, they would inform the management who would visit people and reassess their needs.

The provider encouraged people and their relatives to raise their concerns and make complaints. Most relatives told us they did not have any complaints about the service "We have no complaints but if had any would call the office" and "I have no complaints." One relative told us they had complained once about a staff member arriving late at the care visit and the registered manager had resolved the matter promptly and

since then they had never experienced a similar issue. We looked at complaints records, they were clear, detailed how and when they were resolved and the lessons learnt. The provider responded to people's complaints in a timely manner and kept clear records of them.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us they were satisfied with the service and it was well-led. One person said, "This is an excellent service." Relatives' comments included, "The agency is well run" and "The manager is very good and always returns our calls."

Not all staff were aware of safeguarding reporting procedures. We looked at the management meeting notes for June 2017 and found that the provider had discussed safeguarding policy and procedures and staff's understanding of safeguarding reporting procedures. The notes confirmed staff were regularly reminded to record any concerns in specific forms and not in people's daily care logs at their homes. However, these measures had not been effective as during the inspection five staff told us they would record concerns in people's daily care logs kept at their homes. We looked at people's care plans and although they were comprehensive and easy to follow, people's end of life care wishes were not being recorded.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to documenting people's end of life care wishes and preferences.

The service had a registered manager in post. Staff told us the management was very supportive and they found the registered manager approachable. They further said they found the job rewarding and enjoyed working for the provider. One staff member said, "I enjoy working here, good team work and we are well supported. I believe our staff are of good quality and provide caring service." Another staff member commented, "This is a very nice service, [registered manager] is good and approachable and feel supported." Another staff member told us, "[Registered manager] is very nice and supportive. If I have any problems I go to [registered manager] and she helps me as soon as she can." All staff told us the office staff were very helpful and they could call or visit the office if they needed any help or were not sure of something.

The management conducted monthly staff meetings and they were well attended. We reviewed the last four months' staff meeting minutes that showed over 20 care staff had attended the meeting and various aspects of care delivery including training, safeguarding, dignity in care, supervision, policies and procedures and care needs were discussed. Staff told us they attended staff meetings whenever they could and found them helpful. They further said that when they were not able to attend the meetings they would visit the office to read the minutes and ask any questions so as to be on top of things.

The provider had systems and processes in place to assess, monitor and evaluate health and safety and quality of care delivery. With people's prior permission, office staff conducted unannounced bi-monthly spot checks where they observed care staff to check if staff were delivering care as per the care plan and treated people with dignity. We looked at records of spot checks conducted since April 2017 and they were appropriately completed and did not highlight any concerns. We looked at the service's monthly telephone monitoring records where office staff called people and their relatives to ensure they were happy with the service and to ask if they had any concerns. People and their relatives confirmed they received regular calls from the office. We looked at people's daily care logs and found they were regularly completed and most of

them provided detailed information on how people were supported. People's daily care logs were monthly audited by the care coordinator and any issues were followed up. We saw the management had picked up that when staff changed incontinence pads they recorded this as 'nappy changed'. The management told us they were organising a daily care logs writing workshop to remind staff to use appropriate and dignified terms to describe people's care support.

The provider sought peoples, their relatives and staff's feedback formally via annual surveys. The findings were analysed and an improvement action plan was developed as a result. We looked at the recent annual survey analysis and report which showed that overall, people, their relatives and staff were happy with the support. We also looked at the improvement action plan and actions achieved. For example, one of the action points was to make the service user guide more accessible. The action was completed; we looked at the updated service user guide with pictures and easy read information and people and their relatives told us they were provided with a copy of the updated service user guide.

The provider worked closely with the local authority's quality monitoring team in improving the quality and safety of the service. We looked at the last quality monitoring report and the improvement action plan which demonstrated the provider had identified areas of improvement, set deadlines to achieve them and recorded the actions achieved.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not developed effective systems and processes to prevent abuse of people using the service. Regulation 13(1)(2)