

Luma Care Limited

# Luma Care Limited

## Inspection report

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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

Luma Care Limited is a care home in Salisbury. The service is registered to provide accommodation and personal care for up to three people.

The inspection took place on 1 and 2 September 2016 and was unannounced. The service was last inspected in November 2013 when it was compliant with the regulations at that time.

There was a registered manager for the service. 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.

There was enough staff to support people with their needs. The numbers of staff were increased when needed. This was at times such as when people were taking part in planned therapeutic activities in the community.

Staff provided a caring and effective service. People told us they were treated with care and kindness by the staff who assisted them. The staff supported people with social activities, household tasks and activities of daily living. Staff knew people well and provided them with a service that met their needs.

People felt safe with the staff that supported them. Staff were able to tell us what to do if they were concerned about someone. Staff were knowledgeable about the subject of abuse. They had attended training to help them understand what abuse was and how to report concerns if they had them.

People felt they were being properly supported with their needs. They understood the aims of the service. People said they were there to increase confidence and to build up their independence. They also said they were felt they were achieving these aims. People were supported by staff that had a good understanding of their needs and the care they required. The staff were trained and knew how to provide them with effective support.

People's right to privacy was maintained. Health and safety room checks were completed in agreement with people in advance.

There were systems in place to ensure that people's rights were protected if they did not have mental capacity to make informed decisions. There was guidance and training for staff about the Mental Capacity Act 2005. This helped protect the rights of people who lived at the home.

People knew how to make their views known. There were a number of systems in place to receive and address complaints and concerns. The provider actively sought the views of people who used the service. This was done in a way that made it easy for people to make their views known to them.

Care records showed how people wanted support with their range of care needs. Staff helped people to make choices in their daily life and encouraged them to be independent.

The provider's visions and values included encouraging independence and providing person centred care. These were understood and by staff and by people who used the service. The staff were able to demonstrate they followed these values when they assisted people with their needs.

Audits to check and monitor the care and service were completed on a regular basis. People were asked for their views of the service and actively encouraged to give their opinions as part of this process.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Staff knew how to keep people safe and how to recognise and report abuse.

People felt safe with the staff that assisted them with their range of care and support needs.

There was enough staff to meet the needs of people using the service.

The provider had a recruitment system in place that helped protect people from the risks from unsuitable staff being employed.

### Is the service effective?

Good ●

The service was effective

People were supported to have enough to eat and drink.

People were assisted by staff who understood their needs and how to meet them.

People were assisted to see the specialist health care professionals who supported them with their health care needs.

The staff understood about the Mental Capacity Act 2005 and how to protect the rights of the people they supported

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and were encouraged and supported to gain independence.

People felt supported by the staff team and the registered manager and people said the staff were caring in their approach.

People were involved in how their care was planned. The staff

were knowledgeable and knew how to support people in the ways they preferred.

### Is the service responsive?

Good ●

The services was responsive

The management were constantly looking at ways to make the service more responsive. For example, they had introduced a new find new way to assist people to make complaints.

People felt the service offered them the chance to gain independence and try out a range of new therapeutic activities to build up their confidence.

People's needs were planned flexibly and support was being provided with their full and active involvement.

People made a wide variety of choices in their day-to-day lives. They were being well supported to take part in a varied range of social and therapeutic activities.

### Is the service well-led?

Good ●

The service was well led

People and staff knew the aims of the service were to provide person centred care that focused on them as a unique individual.

The quality of the support and the service was checked to ensure it was of a good enough standard. People were asked for their views as part of this process.

The staff felt they were supported by the registered manager. The staff said they could speak to them about anything and they were a very supportive and kind person

# Luma Care 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 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.

We reviewed notifications of incidents that the provider had sent us. Notifications are information about specific important events the service is legally required to send to us.

We visited the service on 1 and 2 September 2016. Our visit was unannounced and one inspector carried out the inspection.

We spoke with three people who lived at Luma Care Limited and one visitor. We observed care and support and looked at the care records for one person. We also viewed a number of different records about how the service was being managed and run. We spoke with the registered manager, the deputy manager and four support workers.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe at the service and with the staff. One person said, "The staff treat us OK there is nothing bad going on here." Another person commented, "They can be firm but it is only for my own good and they never over step the mark."

The staff explained to us how they assisted people to remain safe and what they did if they felt someone was at risk of abuse. Staff told us that they would promptly report any concerns. They said they would go to the registered manager if they felt that someone was not being treated properly. The staff told us they felt confident to report poor practice or any concerns.

The registered manager told us, and this was confirmed by people who used the service, that they were always accessible to people. People using the service were given staff work mobile telephone numbers and could contact them when needed.

Staff were able to tell us how they assisted people to reduce risks whilst they promoted their independence. They told us some examples of how they supported people, these included when people felt vulnerable to go to the community. These also included support with shopping and their finances if this was what the person wanted.

Staff and the people we met said that some people were at risk from other people in the community. Some other people were on occasions at risk of harming themselves. The staff were observed providing one to one support to people. This was to help them go out into the community and feel safe.

The care records we viewed set out how people were assessed for risks to their health and wellbeing. These included people who were at risk of self-neglect. The risk assessments were updated on a regular basis and reviewed and changed when required. The staff knew what had been written in the risk assessments. We saw that they followed them when they supported people to leave the service.

Each person's care records included a section about abuse. This section of their care records covered what the person understood about abuse and what to do to keep them safe. Risk assessments had also been written. These included what could happen and what should be done to keep people safe. This showed that staff had the guidance they needed to support people to stay safe.

One person told us that staff helped them with their medicines. Staff told us they felt knowledgeable to support people with their medicines. Medicines were kept in individual secure cupboards in people's rooms. Medicine charts were accurate and up to date. The charts also confirmed when people were given their medicines or the reasons why they had not had them. People kept their medicines securely and regular checks of the supplies were carried out. Staff went on regular training so that they understood how to support people with their medicines safely.

When accidents and incidents occurred that involved people at the service these were recorded by staff. The registered manager checked and analysed these occurrences. When actions were needed, these were implemented and any further follow up actions taken. For example, one person felt vulnerable when they encountered other people in the community. Actions taken to try to help them feel safe had been clearly put in place. This helped protect people and keep them safe. This also helped to lower the risks of further occurrences.

The people we spoke with told us they felt there was enough staff to support them. The staff also told us there was enough staff on duty to provide safe care. The registered manager told us that they tried to use the same staff who worked for the provider if cover was needed. This was to ensure people were supported by staff who they knew. The registered manager also said that the numbers of staff needed to meet the care needs of people were increased whenever it was required. They told us how staffing numbers were increased if a person was unwell or people had appointments to attend such as hospital visits or therapeutic activities to take part in. The registered managers showed us documentation that confirmed that staff numbers were set based on people's needs and the type of support they needed with their care and daily life.

The staff rota confirmed that there was always a member of staff available to support people, and that someone 'slept-in' on the premises at night. People using the service said that they would feel comfortable asking for help at night if they needed to. This showed that people had access to support at all times.

The provider ensured that checks were undertaken on the suitability of all potential new staff before they were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed on all staff to ensure only suitable employees were taken on to work with people who were vulnerable.



# Is the service effective?

## Our findings

Every person we met spoke positively about how they were encouraged and supported with their care needs. Examples of what people said about the staff and the support provided included, "They have challenged me but in a way that is a good thing or else I would never have got better." Another comment was "The staff are role models for us and they arrive at work on time." Another person said, "They know what they are doing and they sit with you and make you feel calmer you can talk through stuff with them I have found that very helpful."

People who used the service told us that they had a 'key worker' and they knew who their keyworker was. Staff explained that key workers had particular responsibility for supporting people with the achievement of their 'goals'. Records showed that staff reviewed peoples' progress with them and highlighted their achievements on a daily basis. This showed that staff proactively supported people to achieve what was mattered to them in their lives.

The staff were knowledgeable about people's different needs and how to support them. They said they had got to know people very well. They said they had built up trust with people and read the care records on a daily basis to help them keep up to date about people. This was to help them know how to provide people with effective care and assistance. For example, staff told us about one person who required staff support due to their lack of confidence to go out on their own.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

Staff understood about the Mental Capacity Act 2005. . Staff had attended training and read the provider's policies available to staff. People were enabled and had the capacity to give their consent and this was reflected in care records. There was evidence that some people chose not to attend medical and dental appointments. Records showed that staff had continued to talk through the benefits of attending the appointments and any risks associated with their decision. This showed staff provided information so that people were able to make informed decisions.

People were being well supported to meet their physical health care needs. The registered manager told us whilst people used the service they were registered with a GP surgery nearby. We read information showing staff checked people's health and wellbeing and encouraged them to see their doctor if required.

People were offered sufficient food and drink to stay healthy. People were mainly self-catering. Staff gave them some skills support individually and in groups to prepare and cook communal meals. People's diets

and fluid intake were monitored if required and their needs addressed when required. Staff understood people's nutritional requirements and how to support them. They told us about how they worked closely with people to offer guidance about eating a suitable and varied diet.

Care records clearly showed how staff should support people at meal times. Dietary information was kept in care records to assist staff to help people with their nutritional needs. Risk assessments were written in relation to how much people were eating and drinking. This information was used to help protect people who were encouraged in the most suitable way to eat and drink enough to stay healthy.

People were supported with their care by a team of staff that had been suitably trained and were experienced to meet their needs. Staff told us they had been on training courses relevant to the needs of the people they supported. Courses included understanding health needs, infection control, and food hygiene, safe moving and handling and health and safety.

Staff told us that they had been provided with a comprehensive induction when they began employment. They said this had provided them with information about the service and people's needs. The staff induction programme included areas such as how to support people with complex health needs and safeguarding adults. Completed records showed that the registered manager had ensured staff had received a good range of training before they began work with people at the service. This meant people were supported with their needs by well trained staff.

Staff told us they were being properly supervised in their work. The registered manager told us that members of the team also had an annual appraisal of their work and overall performance. The staff and records that we saw confirmed that they met with their supervisor regularly to talk about work matters and review their performance. Training needs and performance related issues were also discussed at each meeting. All the staff said that the managers of the home were supportive and provided supervision informally every single day. For example, if staff wanted to talk with them about a person at the home and what sort of approach to take when supporting them that day.

# Is the service caring?

## Our findings

People were very positive in their views of staff and their caring attitude towards them. Examples of feedback included, "The staff are very kind" and "They can be firm with us but they are never unkind and I know I need that." Another person said, "Yes I think they are ", when we asked if they thought that staff were kind and caring.

People told us how they were encouraged to express their views. They also told us they were actively involved in planning decisions about their care and what type of support they felt they needed. People said they were very familiar with their care records and said they were involved in writing them. They then signed the records to confirm they accurately represented their views about their care and support

We saw the staff engage with people and interact with them in a very kind and caring way. Staff used a kind and friendly approach with everyone. We saw numerous warm and friendly interactions between people and the staff. Staff talked with people sensitively about how they were feeling and how they wanted to spend their day.

People's privacy and was respected by the staff at the service. People told us that staff checked their rooms by prior arrangement with them. This was to ensure rooms were safe and being properly maintained .This was made clear to people in the service user guide about the home.

Independence was promoted in a number of ways while people lived at the service. Menu planning and cooking was encouraged for each person. People were encouraged to look after their own finances. If it was what they wanted, they were also supported to look for suitable employment or vocational work. One person told us about a job they had, and how staff supported them to get to work on time. Care records showed that staff encouraged people to be as independent as possible in these different areas of their daily lives.

The staff told us they were taught about the idea of person-centred care when they completed their induction programme. Person centred care means that people should always be respected as a unique individual. Staff told us the importance of person centred care was regularly raised at team meetings and supervision meetings. Care plans were person centred and individualised to meet peoples' needs. For example, one person chose not to socialise that often with other people at the home and this was respected by the staff.

Information about independent advocacy services was available for people to if needed. These organisations offer independent support to people to make sure their views are properly represented. The diversity of people was respected by staff. We saw that care records included information about people's faith and cultural background as well as if they had spiritual beliefs.

Information was available about faiths and what they meant to people. People who had a particular faith were able to practise this either at the service or in the community.

## Is the service responsive?

### Our findings

We saw in the care records and people told us, how exceptional planning and support was provided for each person at the service. Staff worked closely with people to make sure they were at the centre of the process and their views and opinions were respected. People's needs were robustly assessed before they were offered a place. As part of this process, staff always visited people in their own homes, or other placements to assess their personal needs. This was also to gain a picture of the person's preferences and interests. The process also included meeting with the person and their relatives to discuss their needs. The information gathered was used to compile a portrait of the person that detailed key information about them, such as their family and cultural background. It also included their likes, dislikes, interests, method of communication, any routines that were important to them and their medical history. It also contained a description of any behaviour that may challenge others and how to diffuse these.

The service maintained links with local facilities to ensure that people remained part of the community. These links were developed based on people's individual needs and were incorporated into their plans of care. People told us they sat down on an at least monthly basis with their keyworker. This was for a one to one 'life coaching' session's. These sessions were used as a time to identify and plan suitable therapeutic and vocational activities together. For example, people were supported to gain employment. One person told us about the job they had in an establishment in Salisbury. They said staff had supported them to get the job.

On the first day of our visit, a group of people were going kayaking with the support of the staff. The staff and everyone we met told us that the key aim of the service was to promote independence. People told us about other activities they had taken part in that had also helped them to develop their independence. One person told us they took part in regular exercise sessions at a local gym. Another person told us they had been mountain climbing. People said staff helped to plan these activities were with them as part of their plan of care.

Staff we spoke with knew people's preferences in their daily life very well. Staff were able to describe how people liked to be encouraged to maintain their independence. For example, what time they got up, how they spent their day and what food they wanted to buy and cook. People told us that their preferences were fully taken into account and they received care that was flexible to their needs. One person said, "The staff are brilliant to be honest." Other comments people made included, "The staff help me decide what I want to do." People also told us "The staff are all good role models for us" and "The staff are very helpful to us and we can do what we like with reason."

The provider had recently introduced a new system for staff to record all care activities on their own data protected individual i-pads. The staff said this was proving to be an effective and timely way to monitor the delivery of care. For example, when a person had been supported with cooking, and what activities they had taken part in could all be easily monitored on the system. Trends could be spotted by the recording system as well. For example, the number if a person felt agitated in mood at certain times, and with certain people, this could easily be noticed the electronic system.

People told us they were involved in the reviews of their care and changes were made to their care as their needs changed. The care records showed that people were being well supported with their needs. The care records set out how to promote independence and how to help people achieve this.

People told us they knew how to complain and that they would approach the staff or the registered manager if they had any concerns. People we spoke with said they felt confident they could make a complaint to the manager or any of the staff.

As part of the regular reviewing of the service, the management sent out survey forms to people on a regular basis. The areas covered included their views about staff and support, their friends, their involvement in their care, and the way the home was being run. The feedback was very positive and the findings were displayed for people to see. People using the service were happy with their care. This showed how the actively sought people's feedback and used appropriate formats were used so that ensure that people could be involved.

People told us they had been given information about the services provided. This was to help them decide if they felt it was suitable for their needs. The information given to people was clear and it fully set out the services offered. This information meant people were able to make an informed choice about whether the service was suitable for their needs. People also told us they were given their own copy of provider's complaints procedure when they first started using the service. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format.

The registered manager told us how complaints, concerns and feedback were used as chance to learn, to make changes and to improve things in the service. For example, changes to how care plans were written had been based on feedback from people who used the service. CQC have not received any complaints about the service. The provider had a complaints policy in place which was regularly reviewed to ensure it was an effective mechanism to support people and address their complaints. The policy set out the arrangements that would be followed if a complaint were received. Any complaint would be acknowledged within three working days and investigations were held within one month. The policy set out that all complaints were responded to in writing. There had been five complaints in the last 12 months. The records showed that each of these had been addressed by following the policy. Each of the complaints had been about issues related to day to day living with other people. For example, one person had experienced noise disturbance from another person at the house. We saw that action had been taken to improve things for the person who had made a complaint.

The registered manager told us and we saw this in the records that they had recently put in place a further new system to help people to be able to make complaints about the service. At every handover meeting which took place for staff at least twice a day, the subject of complaints was to be raised among the staff on duty. This was to find out if any person at the service had a complaint. It was also to make sure it was addressed at the earliest opportunity.

## Is the service well-led?

### Our findings

The staff and the people who used the service knew what the visions and values of the organisation were. They included being respectful to people and treating people as unique individuals. The staff were able to tell us how they took them into account in the way they supported people at the service. The people we spoke with also told us staff followed these values and treated them in a person-centred way and as unique individuals.

The manager was open and accessible in their approach with people and the staff. People had positive views to share with us about them. One person told us, "They are a really good bloke." Another comment was "They are an engaging person who everyone likes a lot". Another person told us that the manager was "Very sound and very funny."

The staff and the people we spoke with told us the registered manager consulted with them formally on a regular basis to find out their views of the service. They told us they spent time with them to find out their views of the service they received. They wrote a report of their findings and any actions required were then put in place. For example, people had asked for certain decoration and repair work to be carried out to the premises to be put in place. The registered manager told us this was going to be done for them.

Staff team meetings were held on a regular basis. The staff said they were able to make their views known about the way the service was run or anything that they wanted to raise. A number of topics were discussed at the meetings. These included the needs of people at the service, staffing levels health and safety issues, and staff training. We saw where required, actions resulting from these were put in place to follow up. The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management.

There were systems in place to ensure the quality of service was checked and standards maintained. The registered manager carried out regular reviews of the care and quality of the service. Audits were completed on a regular basis to check on the overall experiences of people who lived at the service. They also checked on the training, support and management of the staff team. Reports were completed after every audit and if actions were required to address any failings these were clearly identified. For example, care records had recently been reviewed and a number of policies and procedures had been updated. This meant staff had up to date information that they needed to ensure they provided people with safe and suitable care.