

# Lucien and Marcel Home Care Ltd

## Island Business Centre

### Inspection report

18-36  
Wellington Street  
London  
SE18 6PF

Tel: 02035811300

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05 December 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Island Business Centre is domiciliary care agency providing care and support to people living in their own homes. At the time of our inspection there was one person receiving personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

**Right Support:** People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's care was designed to meet their individual needs and preferences.

**Right Care:** Staff understood how to ensure people were protected from harm or abuse. Staff worked with people to identify and reduce the likelihood of risks to their wellbeing and activities. Staff understood people's care and support needs and were supported by guidance on providing care in accordance with people's individual needs and preferences. Staff liaised with other professionals to ensure people's health needs were met.

**Right Culture:** Staff knew and understood people well and were responsive to their needs. Information was shared by the registered manager and staff to ensure people's care was based on their current identified needs. Staff received the training and support they required to ensure people received effective care. The provider's policies and procedures reflected current best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 April 2022) and there were breaches

of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Island Business Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service was responsive.</p> <p>Details are in our responsive findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Island Business Centre

## 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

This inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in [their own houses and flats. It has also provided care staff to support people living in care homes and supported living services managed by other providers.

#### 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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 December 2023 and ended on 15 December 2023. We visited the location's office on 5 December 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 used all this information to plan our inspection.

#### During the inspection

We reviewed the care records for the person using the service. We looked at 3 staff records. We spoke with the registered manager during our visit to the service's office. We also received feedback from 3 care staff. We were unable to speak with the person using the service due to their disability. However, we received feedback from another provider who had engaged staff from the service to support people. We also reviewed a range of records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our previous inspection we found risks to people were not effectively managed. Risks associated with people's medical and health issues had not always led to a risk management plan being put in place. Where staff were supporting people with specific medical support, although training had been provided, competency checks of staff member's ability to manage risk had not taken place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of Regulation 12.

- The provider had systems in place to assess, manage and monitor risk.
- People had risk assessments in place which reflected the needs identified in their assessments and care plans. The risk assessments and care plans included guidance for staff on managing identified risks in accordance with people's needs and preferences.
- Staff were knowledgeable about risks to people. They told us they would discuss any newly identified risks with the registered manager immediately.

### Using medicines safely

At our previous inspection we found the provider had not managed medicines safely. Care plans and risk assessments were not in place for people's medicines. There was no procedure in place for the management of people's medicines. People's medicines Administration Records (MARs) had not been initialised by staff members administering medicines.

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

At this inspection we found the provider had made improvements and was no longer in breach of Regulation 12.

- People's medicines were managed safely
- The provider's records showed monitoring of the administration of people's medicines had taken place. However, staff had failed to record administration using their initials and had ticked to demonstrate

medicines had been taken by people. However, staff had signed the medicines administration charts to confirm the record. We discussed this with the registered manager who told us they would ensure staff initialled people's charts at the time of administration of the prescribed medicine.

- People's care and support records and risk assessments included information about people's prescribed medicines and the support they required to take these.
- Records showed staff had attended medicine administration training. Staff competency was checked at spot checks of people's care and support.
- The provider's policies and procedures in relation to medicines were up to date and reflected current best practice.

### Staffing and recruitment

At our previous inspection we found the provider had not always safely recruited staff. Staff files did not always include references. Employment histories were not always checked to identify reasons for gaps in employment.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of regulation 19.

- The provider had systems in place to ensure staff were safely recruited to the service.
- The provider had sought references for staff. Information about gaps in employment histories had also been sought. Other checks had been carried out for staff at the point of recruitment. Information about criminal records and right to work within the UK had been checked and verified prior to their commencing work with people.
- There were sufficient staff available to support people and meet their needs. The provider had recruited additional staff to provide cover during staff absence and to capacity build in case of new referrals to the service.
- The registered manager confirmed they had staff available who covered in emergency situations. The registered manager said they and office staff also provided hands-on support to people if needed.

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

- Staff were trained in safeguarding adults. They understood the types of abuse, signs to look for and how to report any concerns. They knew how to escalate concerns externally if required.
- The registered manager understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.
- Although we were unable to speak with the person who was receiving care and support, we received feedback from another provider who had used staff from the service. They informed us that staff observed safe practice at all times.

### Preventing and controlling infection

- The provider's systems reduced people's risk of infection.
- Staff had completed training in infection control and understood the steps to follow to prevent and control the risk of infection.
- Staff told us they were provided with personal protective equipment, and they used these as needed.



### Learning lessons when things go wrong

- There were systems in place for managing incidents and accidents. Staff knew to report and record any incidents and the registered manager told us they would investigate and address each incident if any occurred. At the time of our inspection, there were no incidents recorded.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

At our previous inspection the provider had failed to ensure people's care plans were personalised to their individual needs. People's care plans did not always contain guidance for staff on managing people's specific needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of Regulation 9.

- People's care plans were personalised to their needs.
- Care plans included information about people's health, care and social needs, along with guidance for staff on how they should support these in accordance with the person's preferences.
- People's care plans included information about actions staff should take in an emergency, including contact details for other health care providers.
- People were supported to maintain their personal care needs and engage in the social activities they enjoyed.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about their communication needs and provided guidance for staff on effective communication.
- The registered manager had matched people to staff who were able to communicate with them in their first language.
- The registered manager told us they would make information available in accessible formats and languages if people required this.

### Improving care quality in response to complaints or concerns

- The provider had procedures in place to manage complaints and to take action where required.
- People and their relatives had received information on how to complain when they started using the service. The registered manager told us people were reminded of the service's complaints procedure during

satisfaction monitoring.

- Since our last inspection there had not been any complaints made about or to the service. However, we had received positive feedback.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The registered manager told us they would work in partnership with relatives and other professionals and services if anyone they support required end of life care and support.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our previous inspection we found people's care was not always planned in a way that ensured positive outcomes. Care plans did not reflect people's assessed needs. The registered manager did not have oversight of the care tasks being carried out by staff. Policies and procedures did not always reflect current best practice. Safe staff recruitment procedures were not followed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of the Regulation 17.

- The registered manager and staff were clear about their roles and responsibilities in ensuring people received high quality care and support.
- People's care plans were person-centred and reflected their individual needs and wishes. These were reviewed and updated when there were changes in people's needs.
- The registered manager carried out spot checks of people's care and support. This was confirmed by staff. Checks of people's care records and medicines administration records had been undertaken.
- The Provider's policies and procedures had been reviewed and updated to reflect current best practice and guidance.
- The provider had updated their recruitment policies and procedures to ensure staff were recruited safely. The staff records we viewed confirmed this.

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

- The provider ensured the views of people and staff were sought. Systems were in place to ensure there was a culture of continuous learning within the service.
- Staff told us they received regular support from the registered manager. Any concerns or questions they raised were addressed immediately.
- At this inspection we were unable to make contact with people and family members. However, we received feedback from another registered provider. They told us staff from the service had supported a number of people they were working with. They confirmed the staff had worked in a positive and person-centred way with people who appreciated the quality of the care and support they received.

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 registered manager understood their responsibility to be open and transparent. They knew about their responsibility to investigate incidents, concerns or when things go wrong and to share information appropriately and to report concerns to relevant agencies as required.
- The registered manager understood their roles and responsibilities to comply with the conditions of their registration. For example, notifications were submitted as required to the Care Quality Commission.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked with other health and social care providers to develop the service. They also worked closely with people, their relatives and health care professionals to ensure people's needs were met.
- The registered manager engaged regularly with people and staff. They had recruited staff who were able to communicate with people in their first language to ensure they received inclusive support.