

Bio Luminuex Health Care Ltd

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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

About the service

Bio Luminuex Health Care Limited is a domiciliary care agency providing personal care support to people living in their own homes. The service provides support to a wide section of the community, people living with dementia, older people, people with physical disability, learning disability or autism spectrum disorder, younger children, mental health and sensory impairment. At the time of our inspection there were 136 people receiving a personal care 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 told us they felt safe with staff and staff arrived to provide care on time.

Relatives were positive about care staff and trusted their family members were kept safe while care was being delivered.

People were protected from the risks of abuse and staff were aware of the process to follow where they suspected people may be at risk of abuse. Staff knew how to whistle blow where they thought concerns for people's safety and wellbeing were not being taken seriously.

People received care from staff who had been recruited to the service following safe recruitment practices. People were pleased they received care from staff on time and people we spoke to had not experienced any missed calls.

Medicines were managed safely at the service, procedures were in place to support staff administer medicines safely, staff received appropriate training and support with medicines. Staff were aware of the process to follow if a medicine error was to occur.

People were pleased staff followed good infection control practices and the staff were provided with enough personal protective equipment. Infection control was regularly discussed during staff meetings.

People's needs were assessed in detail and this was done in collaboration with the person and their relatives if they wished. People's preferences were respected in order to provide a care package focused on the person. People confirmed consent to care was asked at the outset of the care package and at every stage of care being provided. People felt in control of their care.

Staff received training to support them in their job role and received supervision and an appraisal to discuss aspects of their work.

People's privacy and dignity was respected, people appreciated having staff who were not only respectful, but were patient and kind towards them in their home.

People's communication needs were documented, and the service was able to provide information to ensure people were fully involved in communicating their care needs.

People and their relatives complimented the service and knew how to make a complaint about the service if needed. People and their relatives wanted the provider to respond to complaints in line with their policy. The provider acknowledged where this had not happened and worked with relatives to resolve complaints.

People knew who the registered manager was and how to contact them. Staff liked the atmosphere at work and felt they could speak to the management team if required.

The provider audited the service and looked for ways to continuously improve the service. They worked well with external organisations to strive for ways to support people at all times.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (published 11 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was also prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks .

We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Bio Luminuex Health Care Ltd

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 two inspectors and two Expert by Experience contacted people and their relatives for feedback. 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

Bio Luminuex Health Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

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 were three registered managers in post.

We gave the service 24 hours' notice of the inspection. This was to ensure there would be someone to help facilitate the inspection.

Inspection activity started on 14 September 2022 and ended on 30 September 2022. We visited the

location's office on 14 September 2022.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. We sought feedback from the local authority. 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 spoke with two registered managers at this branch, the nominated individual, deputy compliance manager, two coordinators, 11 care staff, 23 people using the service and 16 relatives.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We viewed 10 care files and associated risk assessments, six staff recruitment and training documentation. We also reviewed records relating to the management of the service and quality assurance.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Clear systems were in place to report abuse and protect people from the risk of abuse.
- People we spoke with told us they felt safe with carers at the service. One person said, "I'm safe when the staff visit." Another person said, "I have no problems of safety issues with my care."
- Relatives we spoke to told us they were pleased with how carers were keeping their family members safe, "One relative said, "[Person] feels safe with the carers and [person] trusts them, that's so important." Another relative said, "My [relative] feels safe with the staff that visit [my relative] in their home. They hoist [my relative] and do all [my relative's] personal care. I'm satisfied to have the two members of staff and the standards I've seen."
- Staff received safeguarding adults training and knew the processes to follow should they suspect someone was or had been abused. One member of staff told us how they would stay alert to the possibility of someone being abused they said, "I'd look for bruises, are they feeling sad, withdrawn, reluctant to talk."
- Staff, when asked, told us they knew how to blow the whistle on abuse if they believed inadequate action had been taken by the provider. A member of staff said, "Well I'd report to my line manager then the [registered manager], I can go to my director, if nothing, I can go to the CQC or the local authority."

Assessing risk, safety monitoring and management

- All risks were fully assessed to reduce the risk of harm from known risks and newly identified risk.
- Records confirmed people received a full assessment of risks of their home. These included known allergies, falls, nutrition and hydration, risk of choking, skin integrity, mental health, medicine, communication, medical conditions, incontinence care and environmental.
- Staff observed people in their home to ensure they were safe and the potential of any risk was minimised for example, a member of staff told us they ensured the floor was clear, and the person was able to balance [as per their risk assessment] before they used their Zimmer frame [walking equipment].
- Risk was regularly monitored by the service and any changes to people's risk was responded to promptly.

Staffing and recruitment

- Staff were recruited in line with the providers policy and procedure and there were enough staff to provide care.
- Records confirmed staff had completed an application form and attended an interview to explain their suitability for the carer role. Where we identified discrepancies with references the registered manager was able to explain these.
- Staff completed a Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers

make safer recruitment decisions.

- People told us there was enough staff to provide care and they had the same people come to their home for each call which provided continuity of care for them. This had a benefit, as people were able to build relationships with their carers.
- One person said, "I generally get the same staff and I'm used to them. I'm not worried when I do get different staff." Another person said, "I'm happy with the cluster of carers I get at the moment. They are all good timekeepers." Another person said, "The carers are usually on time and occasionally late, but it doesn't affect my care. I've had no missed calls."
- Relatives told us staff arrived on time to provide care to their family members, comments included, "They [staff] are on time both am and pm" and "They [staff] are always on time and never rushed, without doubt very good."
- Staff were allocated to attend calls close to where they lived to ensure minimal travel time. The provider had also provided staff with electronic scooters to support staff being on time when attending people.

Using medicines safely

- Where people were supported with medicines, they received them safely and on time.
- Staff were trained in the safe administration of medicines.
- A person using the service said, "The staff are professionally trained, especially with my medication. I know I will get the medication on time as I forget myself otherwise."
- Staff told us they would be transparent in reporting medicine errors to their line manager. A member of staff said, "It's never happened before, but if it did, I would let the office know, may have to speak to the family so they can contact the doctor."

Preventing and controlling infection

- The risks of acquiring an infection were reduced as staff followed good hygiene practices.
- Records confirmed staff had received infection control training.
- People told us staff attended their property wearing appropriate personal protective equipment (PPE) and changed it as necessary. One person said, "The staff have good hygiene standards and always wear protective clothing." Another person said, "The staff wear all the protective clothing and are very clean workers and leave the house tidy when they leave."
- A relative said, "The staff have good hygiene standards and wear protective clothing to reduce any infections."
- Staff told us they wanted to minimise the risk of passing on an infection by always washing their hands and using hand gel to sanitise their hands. Staff were provided with enough PPE.

Learning lessons when things go wrong

- Records confirmed learning took place and information was shared with staff on how to prevent issues in the future.
- Staff told us learning was discussed during team meetings. The care coordinator told us where incidents had happened, they investigated and shared learning and reflections with staff.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people received care, they received a full assessment of needs to ensure these were known by staff and care could be provided well.
- Records confirmed the needs assessment gave people choices and covered areas such as people's abilities, level of support they needed to stay healthy, for example how many times would carers be attending the property, did they need help to warm meals and was assistance needed with going to the bathroom.
- People were involved in the assessment of needs as much as possible and included relatives and people close to them as necessary. A person said, "I was asked what care I needed from the care package and we have worked it out to suit me very well." A relative said, "[Person] has a good and thorough care plan that we are and were fully involved with." Another relative said, "One thing I would say is that the initial care plan and assessment was very thorough and well thought out."

Staff support: induction, training, skills and experience

- People were supported by staff who were supported with their learning to provide effective care.
- Records confirmed staff received regular training, attended supervision and received an annual appraisal where applicable. A member of staff said, "Yes, supervision is good I have mine at the office."
- One person said of the staff, "They look trained well enough to me." Another person said, "They are definitely well trained. I couldn't fault them." A relative said, "I say definitely 10/10 for training standards." Another relative said, "Yes the staff are well trained and ready for anything."
- Staff told us they found the training helpful and useful. A member of staff said of the training, "It is very helpful for me, it helps me understand my clients and how to support their needs." Staff told us they had completed training in safeguarding, moving and handling, pressure care, dementia, Mental Capacity Act. Records confirmed this.

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

- Where nutrition and hydration support was needed, people were fully supported.
- Staff did not always need to support people with their meals or food preparation, however staff would check people had eaten and something to drink.
- A relative said, "They don't help with food or medicines but sometimes are better at getting [my relative] to eat and drink than we are."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- The service took steps to ensure there was joint working for the benefit of people using the service.
- Where medicines support was not provided by staff, records showed all medicines people took had been recorded in the event the emergency services were called. This meant staff could provide this information to them to ensure timely care could be provided as health professionals would have up to date knowledge on medicine support.
- A relative told us how staff were helpful in supporting family members attend health appointments. A relative said, "Staff have helped my [relative] get to health appointments and they wait until the ambulance transport has arrived."

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.

- People told us staff always asked them for their permission before delivering care.
- One person said, "They don't make me do anything I am not comfortable with and always ask me first." A relative said, "They ask [person] permission before even entering her room and show her great respect."
- A member of staff said, "I ask, always. I do as they tell me to do. I give [person] choices and options, [person] then chooses." Another member of staff said, "I always give choices, if you don't do this it is abuse. I am their carer it's all about their choice." Another member of staff said, "[Person] has mental capacity so they choose what to wear and what they want to eat."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff were, kind, considerate and patient with the people they provided care to.
- People liked their carers and spoke fondly of them. One person said, "The staff are like family", another person said, "The staff member that visits has a good personality and is very friendly and talkative." A third person said, "They are very empathetic, compassionate and kind, all that I could wish for."
- We received a number of comments from people and their relatives stating they felt staff went over and above for them. Comments included, "They [staff] always ask if there is anything else they could do to help and honestly, they're just fantastic, they call us if there are to be any changes and anyone of them who come are polite and caring."
- Staff received equality and diversity training. They demonstrated they respected people from different parts of the community. A member of staff said, "Diversity is embraced here, all festivals celebrated, no discrimination."

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

- Staff involved people and their relatives to help them make decisions concerning their care.
- A relative said, "[Staff] never rush her and never do anything that she is not compliant or comfortable with." Another relative said, "We are given all the information we need for things to run smoothly."

Respecting and promoting people's privacy, dignity and independence

- People's independence was always encouraged, and privacy and dignity respected.
- One person said, "They always respect me and treat me with dignity at all times." Another person said, "I'm respected, I think that comes automatically with their personality." A third person said, "I can confide in them and trust them at all times. There is no rush to get away."
- A relative told us, "They try to encourage [person] to be independent and they instigated an occupational therapist so she could get around more on her own safely."
- Staff told us they wanted to support people to be as independent as possible. A member of staff said, "I use positive words when speaking to [person], he said it himself that he wouldn't have done it if it wasn't for me." Another member of staff said, "I encourage [person] to hold the shower and rinse themselves."

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 good. The rating for this key question has remained 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's care plan was personalised, gave them choices and respected their preferences.
- A person said, "I have a care plan that I'm happy with and it's kept up to date regularly." Another person said, "I've got a care plan and it reflects my care."
- A relative said "They know what my son likes and dislikes and he's well respected and treated with dignity."
- Records confirmed people's care was reviewed regularly and changes updated as required. A Relative said, "We have been with the agency for about one year now and the package changes when needs be, and we all agree."

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 communication needs were recorded to ensure they were involved with their care.
- A relative said, "The staff are all well trained and pick up our language too and manage to correspond with [person] in his own language."
- The service prided itself that it was able to provide carers who could speak different languages, this met people's communication needs.
- The provider sent us information they were in the process of recruiting staff who were trained in British Sign Language Interpretation. This would ensure people were included if they needed this level of support.

Improving care quality in response to complaints or concerns

- People using the service knew how to make a complaint to the service.
- While the majority of feedback was positive from people and their relatives in relation to making a complaint, we received feedback that a complaint had not been acknowledged in a timely manner. For example, one relative expressed their concern they had not received a response to their complaint, this was not in line with the provider's complaint policy and procedure. A relative said, "I had a complaint and they never got back to me, I got no acknowledgment whatsoever of my correspondence." After the inspection the provider provided details the complaint had now been resolved to the relative's satisfaction.
- People and their relatives told us they knew how to complain but had not needed to. One person said,

"They do listen to me and I have not made any complaints, yet." A relative said, "We have no complaints at all, not even slightly." Another relative said, "The staff always listen, and we have not needed to make any complaints, but I have no doubt they would help if we did."

End of life care and support

- People's end of life wishes were respected by the service.
- Records confirmed the service worked with health professionals to provide care that met people's needs at the end of their life.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the service was open and welcoming for staff and people.
- People knew who the registered manager of the service was and felt able to contact them as needed. One person said, "Yes I know who is in charge and they do ask for feedback which I give, the manager is always approachable and friendly." A relative said, "As the relative, I find the manager approachable and I have communicated with office staff. We have used the company for eight years and never raised any formal complaints, just very minor ones that have been sorted quickly."
- Staff told us the registered manager was approachable. A member staff said, "[Registered manager] is really helpful and approachable. If I need assistance, I can go to her." Another staff said, "Office atmosphere very professional, staff always there to help us, really good."
- Staff were recognised for their work with the service. Records confirmed awards were given for employee of the month and staff becoming dignity champions.

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 and registered manager understood the meaning of being open and honest when things went wrong.
- The registered manager said, "We have a duty of candour policy, we would report to the appropriate authority, be transparent, investigate the issue and provide feedback."

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

- The registered manager's and staff were clear about their roles and received appropriate support to do their job.
- Audits of the service regularly took place to improve the quality of care. This included an audit of care plans and risk assessments, staff recruitment, training and supervision, spot checks, complaints, safeguarding and incidents.
- Records confirmed staff and management attended regular monthly meetings, discussions involved discussing what was expected of staff, staff use of PPE, how to improve care plans and use of call monitoring. Actions were documented within meeting minutes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly asked to provide feedback on the quality of the service to drive improvement.

Records confirmed this.

- People told us they were happy to provide feedback on the service and were very complimentary of the care received, one person said, "I do get a call to make sure I am happy with the care that is being provided." A relative said, "They ring once every month, although I tell them month on month, I am 110% happy with everything."

- Staff told us they were asked to provide feedback on the service, records confirmed this. The provider reviewed the feedback from staff and used it to improve the service .

Continuous learning and improving care; Working in partnership with others

- Records confirmed the service worked with health professionals and the local authority to improve care.
- The service was focused on continually improving the service with people at their focus, staff were continually being trained and the provider was continuously seeking innovative ways to use technology to keep people safe in the community.

- The registered manager's attended the East London Registered Manager's network to talk about challenges faced when providing care in the community and how to overcome these.

- The provider told us they were working towards making more of the processes digitalised and always wanting people to receive personalised care. The provider said, "If our clients are satisfied that is a good achievement for us."

- The provider sent information of their continuous improvement as they had recently passed an audit with the International Organisation for Standardisation (ISO) for three of their standards. This showed they had effective quality management systems.