

Luma Homecare Ltd

# Luma Homecare

## 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

### About the service

Luma Homecare is a domiciliary care service and supported living service providing personal care to people. At the time of our inspection, there were 3 people receiving support in their own homes.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or autism. 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.

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

The provider had checks and audits in place but these had failed to identify the areas for improvement found at this inspection including safe recruitment processes, medication management records and care planning and risk assessments.

The small staff team in place knew people well, but care records such as care plans and risk assessments needed more information to give staff clear guidance for managing people's risks.

The provider's recruitment practices required improvement to ensure people were supported by suitable staff. Medication management records needed improvement to ensure they included detailed guidance for staff.

Staff adhered to infection control procedures and protected people from the risk of infection. Staff were knowledgeable in safeguarding adults procedures. Relatives we spoke with said people were safe with the care and support of staff.

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.

Staff were caring, respectful and they involved people in decisions about their care and how they wanted to be supported.

Relatives we spoke with said the service was well managed and staff provided good care. Staff working for the provider told us they felt supported in their role.

The provider was open and receptive to the areas of concern identified in the inspection. After the

inspection the provider took immediate action to address some the concerns we found.

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

The last rating for the service at the previous premises was requires improvement (published 01 May 2021).

#### Why we inspected

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

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified a breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Luma Homecare

## Detailed findings

### Background to this 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care and supported living agency. It provides care provides personal care to people living in their own houses and flats. At the time of the inspection there were 3 people using the service.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

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

Inspection activity started on 13 February 2023 and ended on 20 February 2023. We visited the office location on 14 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC.

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 information gathered as part of monitoring activity that took place on 07 December 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 relatives of people who used the service about their experience of the care provided. We spoke with 5 members of staff including the nominated individual, the registered manager and 3 care staff.

We reviewed a range of records. This included 3 people's care records and the medication records for 1 person. We looked at 2 staff members' files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

# 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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Improvement was required in care documentation to enable staff to provide care in a safe and consistent way.
- The provider had care plans and risk assessments in place but these did not give clear and detailed instruction to staff on how to provide safe care and support. For example, one person needed staff to support them with equipment when moving within their home. Although this was recorded there was no guidance on the level of support that staff should provide.
- We also found one care plan used an incorrect description of equipment used. We brought this to the attention of the registered manager who took immediate action to update the care plan and give clear guidance to staff.
- There was small staff team whom knew people well including the risks to their well-being. However, detailed care plans are required should the current staff became unwell and agency staff are needed. Clearer guidance would be needed for them to meet people's needs safely and consistently.
- Relatives we spoke with said they were happy with the care provided and they felt their family member was safe with the support of staff. One relative said, "Staff are aware of [person's name] risks and are trained."

### Staffing and recruitment

- Improvement was required in documentation to evidence safe recruitment practices.
- We checked two staff files and found the provider had not adhered to their own recruitment policy. For example, the application form on file for one member of staff did not record a full employment history and this had not been addressed by the provider.
- We also found the references on file were received after the employment start date for both staff. The provider advised both of the staff only worked with other staff however this had not been recorded as a safety measure.
- Relatives we spoke with confirmed there was a small, consistent staff team supporting their family members. Both relatives said this consistency was important and enabled the staff to get to know people well.

### Using medicines safely

- Medicines were managed safely within the service. However, protocols for when people needed support with PRN (as required) medicines needed more detail to ensure clear directions for staff. The protocols were also not signed or dated therefore we could not assess when they had been written or if they had been

reviewed.

- Staff had received training in medicines management and the provider had arrangements in place to monitor medicines.
- One relative we spoke with said they were happy with the medication support their family member received.

#### Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- Relatives and staff we spoke to confirmed that PPE (personal protective equipment) was used effectively when required.
- We were assured that the provider was following current Government guidance on the use of PPE at the time of our inspection.

#### Learning lessons when things go wrong

- Staff knew how to report and record any concerns and were assured action would be taken. At the time of our inspection there were no records of any incidents occurring. However, the provider had a system in place to record any incidents that occurred and said these would be reviewed and monitored for trends and learning.

# 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 requires improvement. The rating for this key question has changed to 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

- Relatives we spoke with said care was delivered in line with people's individual choices. Staff we spoke with knew people's needs and wishes well.
- Pre-service assessments had been carried out, which included information about people's medical history, healthcare conditions and their care needs. This helped the service to plan and deliver the care and support people required.

Staff support: induction, training, skills and experience

- The provider had an induction programme in place that included training and working with more experienced staff, which staff told us gave them the right skills to support people.
- The provider was not providing care or support for anyone with a learning disability or autism at the time of the inspection, however staff had received introductory training for both learning disability and autism care.

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

- Relatives told us they were happy with the support from staff in preparing meals for their family members.
- People's records set out information about their dietary needs and any specific needs they had. Staff understood people's preferences and dietary needs and took this into account when supporting people to plan and prepare meals.
- We saw all staff had completed food hygiene training.

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

- Staff understood people's health conditions and the support they needed in managing these.
- Staff advised they would help people to access support for their healthcare and medical needs if required.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes

an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People using the service had capacity to make and consent to decisions about specific aspects of their care.
- Staff told us how they sought people's consent to care and respected people's choices and decisions and daily care notes recorded this.
- The registered manager told us if people lacked capacity to make specific decisions, they would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

# 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

- We received positive feedback about the care provided to people from the 2 relatives we spoke with. One relative told us the care was good because, "They [staff] look after her, they are more like family. They talk to her and care so much about [person's name]."
- Both relatives also commented their family members were supported by consistent staff which was important to them and their family members.
- Care records recorded people's culture and religion, and staff had a good knowledge of this. One relative commented, "They [staff] are good cooks, they cook good Asian food for [person's name]."

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

- People and their families were involved in decisions about their care. Staff liaised with people throughout their care to ensure the support delivered was in line with their wishes.
- This was also confirmed by 1 relative who said, "They [staff] speak to us and listen. They work in co-operation with us." They also added that were in regular contact with the manager.
- We saw records that showed how people's care preferences had been actioned and where reviews of care provided had been completed.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were respectful of people's privacy and provided care in a dignified way.
- Care plans were person centred and identified how to support people with their independence.
- Processes were in place to ensure people's personal information remained secure and protected. Staff understood the importance of protecting people's personal details.

# 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 needs and choices were assessed before they started using the service. An assessment was carried out to determine if a person could be supported by the service with their personal care needs.
- Relatives told us they and their family members were involved in the assessment process. This helped to ensure staff had the information they needed to meet people's needs. One relative commented, "They [staff] are aware because we've discussed and shared this information."
- Relatives told us they were happy with the care provided and staff provided responsive care.

Improving care quality in response to complaints or concerns

- The registered manager told us they had received no complaints. We saw a complaints policy was in place whereby they would be logged and responded to.
- Relatives we spoke with told us they felt able to raise any concerns they may have. One relative commented, "If I was unhappy, I would speak to [registered manager's name] I know she would sort it. I have no complaints, but I speak to her whenever I need to."

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 careers.

- People's communication needs were considered, and care planned appropriately to ensure these needs were being met. For example, where people spoke English as a second language, they were supported by staff who spoke their first language.
- We spoke to the registered manager who said that they were aware of the AIS. We saw documents such as the complaints procedure was available in an easy read format in each person's care plan to aid peoples understanding.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. The registered manager told us they would liaise with relatives and healthcare professionals to ensure people's wishes were followed.

# 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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care;

- At the last inspection we found improvements were required in the provider's systems to monitor and improve the quality and safety of the services provided. This inspection found that although some improvements had been made, further improvements were still required.
- The provider had systems in place to review care plans and risk assessments. However, these had failed to identify more information was required to ensure clear guidance and instruction to staff on how to provide care and support to keep people safe.
- The provider had systems in place to check and review recruitment records. However, these had not been effective in identifying that the providers own recruitment policy had not been followed to ensure safe recruitment.
- Processes in place had not identified PRN medication protocols were not signed or date and did not provide detailed information to ensure staff had guidance of when the medication may be required. It is also important for documents to be signed and dated so it is clear who assessed the information, when it was completed and subsequently reviewed.

We found systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider were open and receptive to our feedback during the inspection. They acknowledged where improvements could be made and took immediate action on some matters. For example, to update care plans.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they considered the service to be well managed. Relatives told us they felt involved in their family members' care and able to speak to the registered manager if they had any concerns.
- Staff told us they felt well supported and could approach the registered manager for advice and support. One member of staff commented, "You can ring [the registered manager] any time including out of hours. She will always support you."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager and staff had a good understanding of their role and responsibilities including their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- Staff were positive about the manager and shared the same values, ethos and need to provide a quality service. One member of staff commented, "[Registered manager's name] is brilliant. I can ring at any time of day including out of hours."
- One member of staff also praised the provider for the support they had received in recognition of their own religious needs and practices.

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care. For example, the service had sought input from healthcare professionals when appropriate.

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 17 HSCA RA Regulations 2014 Good governance  Provider systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.