Bio Luminuex Health Care Ltd

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Inspection report

283 High Street North
London
E12 6SL

Tel: 02032913005
Website: www.bioluminuex.com

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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

This was a comprehensive inspection that took place on 21 November 2018. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

The service was last inspected in October 2017, where we found the provider to be in breach of the regulation in relation to safeguarding service users from abuse and improper treatment. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least Good. At this inspection, we found that the provider had made improvements and were no longer in breach of the regulation.

Bio Luminuex Health Care Limited is a domiciliary care service registered to provide personal care to people living with dementia, a learning disability or autistic spectrum disorder, a physical disability, sensory impairment, a mental health condition, people who misuse drugs and alcohol, older people and younger adults.

Not everyone using Bio Luminuex Health Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, the service was providing personal care to 44 people in their own homes.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us staff were trustworthy, reliable and safe. Risks to people's health, care and mobility were identified, assessed and mitigated. Staff were knowledgeable about risks to people and how to manage them to provide safe care. Staff demonstrated a good understanding of how to safeguard people against harm and abuse. They knew how to escalate their concerns to ensure people's safety. People's medicines were managed safely by staff who were appropriately trained and competency assessed. Staff followed safe infection control procedures to ensure people were protected against the spread of infection.

Sufficient and suitable staff were recruited to meet people's needs safely. Staff received regular training and supervision to provide effective care.

People's needs were assessed before they started receiving care and they told us their dietary needs were met. Where requested people were supported to access healthcare services.

People and relatives were involved in the care planning process. People's care plans were comprehensive

and regularly reviewed. Staff were promptly informed of any changes to people's needs.

People told us staff were caring and treated them with dignity and respect. Staff encouraged people to remain independent and met their cultural and spiritual needs.

Staff were trained in equality and diversity, and told us they supported people without any discrimination. The provider encouraged lesbian, gay, bisexual, transgender people to use the service.

People and relatives knew how to make a complaint and they told us their complaints were addressed in a timely manner.

The provider had systems in place to support people on end of life and palliative care.

People and relatives spoke highly of the management and told us they were happy with the service. Staff told us they felt well supported and found the management approachable.

The provider had effective monitoring and auditing systems in place to ensure the safety and the quality of care. The management worked with the local authority to improve the service.

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.

People felt safe with staff and found them reliable and trustworthy. Risks to people were assessed and mitigated. People's medicines were managed safely by staff who were appropriately trained.

Staff were trained in safeguarding and knew their responsibilities in reporting abuse. There were sufficient and suitable staff to meet people's needs safely. Staff followed appropriate procedures to prevent the spread of infection.

The provider had systems in place to learn lessons when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they started receiving care and they told us their needs were met.

Staff were provided with sufficient training and regular supervision to meet people's needs effectively.

People's dietary needs were met when the support was requested. Staff supported people to access healthcare services where necessary.

The provider delivered service in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were caring and kind. The provider ensured the continuity of care.

People and their relatives were involved in making decisions regarding their care and told us they felt listened to.

Staff were trained in dignity and respect. People told us staff respected their privacy. Staff met people's cultural and spiritual needs.

People were encouraged to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People told us they received personalised care.

Staff were knowledgeable about people's likes and dislikes. People's care plans were comprehensive, person-centred and regularly reviewed.

Staff members told us that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

People and relatives knew how to make a complaint and were satisfied with how their concerns were addressed.

The provider had systems in place to support people with their end of life care needs.

Is the service well-led?

Good

The service was well-led.

People told us they were happy with the service and it was well managed.

Staff told us they felt supported and found the management approachable.

The provider's auditing and monitoring systems were effective in identifying areas of improvements.

The provider sought people, relatives and staff's feedback to improve the care delivery.

The management worked in partnership with other organisations.

Bio Luminuex Health Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 November 2018. This was an announced inspection. We gave the service 48 hours' notice of the inspection as this is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to the office we spoke with the registered manager, the nominated individual and the care coordinator. A nominated individual is someone who has been nominated by the provider to manage the service in the absence of the registered manager. We looked at four care plans and four staff personnel files including recruitment, training and supervision records, and staff rotas. We also reviewed care delivery records and medicines administration records for people using the service, and paperwork related to the

management of the regulated activity.

Following our inspection visit, we spoke with four people, six relatives and four care staff. We reviewed the documents that were provided by the registered manager on our request after the inspection. These included policies and procedures, complaints log, supervision records, end of life care procedures, and moving and handling and medicines competency assessments.

Good

Is the service safe?

Our findings

At the last inspection on 18 and 24 October 2017, we found the service was not consistently safe. Not all staff had a complete understanding of how to report abuse and poor care thereby putting people at risk of harm and abuse. During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements thereby meeting the regulation.

Since the last inspection the provider retrained all their staff in safeguarding procedures on how to identify abuse, poor care and neglect, and the actions they needed to take if they noticed any signs of concerns. The provider also carried out one to one sessions with staff where the training was delivered in staff's preferred languages. Records confirmed this.

Staff we spoke with demonstrated a good understanding of their responsibilities in safeguarding people against harm and abuse. They were knowledgeable about the procedures they were required to follow to report abuse to the management and to escalate any concerns if the management did not act promptly. Their comments included, "If I notice any risks or malpractices, I will call my manager. If the management do not act on my concerns I would contact [local authority] and the CQC", "I will call the office if there are any safety concerns or poor care or abuse. If I am not happy with the management's response I would contact [local authority] and CQC", "Make sure [people who used the service] are safe and not being abused. I will talk to my manager, fill an incident form in the office. Contact the CQC if the manager doesn't do anything about the concerns" and "My role is to forward any safeguarding concerns raised by staff to the manager and if the manager is not around I will contact [local authority] and notify CQC. I will go above [registered manager] if she does not act swiftly on any concerns I have raised. I will contact [local authority]. But I know [registered manager] will act immediately if we raise any concerns with her." This meant the provider had processes in place to safeguard people against abuse. There had been no safeguarding incidents since the last inspection. The registered manager understood their obligation to report any concerns to the local safeguarding authority and to the CQC.

People and their relatives told us they felt safe receiving care and support from the staff. One person said, "Having the carer [staff member] helping me in the shower makes me feel safe." A second person commented, "Definitely feel safe with this carer [staff member], he does what I want." A third person told us, "[I am] very happy, feel safe." A fourth person said, "Definitely safe." Relatives' comments included, "I know [person who used the service] is in good hands", "I am very lucky I don't worry when I leave [person who used the service] with the carer [staff member]" and "I trust the carer [staff member]. Really happy with her."

The provider carried out detailed risk assessments to ensure the risks to people were identified, assessed and mitigated. People's risk assessments were reviewed every month and as and when people's needs changed. Records confirmed this. Risk assessments covered areas such as environment, personal care, moving and handling, nutrition and hydration, medicines and falls.

People's corresponding care plans also had detailed guidance on how to support people safely with their health conditions that posed risks to people's health such as diabetes, stroke and asthma. For example, one

person was diagnosed with type two diabetes. Their risk management plan gave staff detailed information on the person's condition and how to safely manage their condition. The risk management plan also stated signs of low and high blood sugar levels such as feeling weak, difficulty staying aware, feeling dizzy, and guidelines on the actions they needed to take if they noticed any signs of concerns. This showed staff were provided with sufficient information on how to safely meet people's individualised needs.

People and their relatives told us staff generally arrived at the scheduled time and if they were running late they would contact them or their relatives. One person said, "[Staff member] generally arrives on time, if the bus is running late she gives me a call." A second person told us, "If [staff member] is running late he sends me a text, if I know in advance if I can adjust my schedule to suit." A third person commented, "Always reliable, good timekeeping." A fourth person told us, "Generally on time, will phone me if they are going to be more that 15 minutes late." Relatives' comments included, "Mostly on time, will text me if more than five minutes", "Never late, possibly early some days", "Very punctual", "[Staff member] will phone if she is going to be late" and "Office [is] responsive, will give me an update if carer cannot come, [office staff] always arrange another carer to attend."

Staff told us the care visits were scheduled efficiently and they had enough travel time which meant they never felt rushed. Their comments included, "The travel time is enough" and "Yeah, we have enough travel time. I live fairly close to people I support." The provider maintained a log to record late and missed care visits. The logs showed there had been no late and missed care visits. The provider monitored staff punctuality via carrying out regular telephone monitoring calls and unannounced spot checks. Records showed people were happy with staff's timekeeping. The provider was in the process of fully implementing an electronic monitoring system which would enable them to monitor care visits. This meant the provider had systems in place to ensure people received staff as per the scheduled time.

The provider followed safe recruitment practices to ensure sufficient, safe and suitable staff were employed to work with people who were vulnerable and at risk. Staff personnel files had application forms, interview notes, recruitment checks including reference, right to work in this country, identity and criminal checks. This showed the provider employed enough and suitable staff to meet people's needs safely.

Most people were supported by their relatives in relation to their medicines management support. However, some people who were supported with medicines management told us they were satisfied with the support. One person said, "[Staff member] always make sure that I take my medicine and records on the log." A second person told us, "I am prompted to take my medicine, [staff member] makes sure I take the tablets with some water." Relatives' comments included, "[Staff member] always gives [person who used the service] medicine and logs it" and "Always gets given [person who used the service] medication."

People received medicines by staff who were appropriately trained and their competency assessed. Records confirmed this. People's needs in relation to medicines were clearly recorded in their medication support plans and the associated risks were identified, assessed and gave instructions to staff on how to safely manage people's medicines. Records confirmed this. People's medicines administration record (MAR) charts were appropriately completed and staff recorded reasons when the medicines were refused or administered by the relatives. MAR charts were audited monthly by the management. There were systems in place to investigate gaps and errors found in MAR charts. The provider described the actions they would take to prevent errors from occurring again. Records confirmed this.

People that were prescribed with 'as required' medicines had procedures in place so that staff could identify when they needed 'as required' medicines and could administer the appropriate treatment. Records confirmed this. Staff we spoke with demonstrated a good understanding of proper and safe medicines

management.

People told us staff followed safe infection control procedures and always tidied up after themselves and disposed soiled items correctly. One person said, "Very tidy [staff member]. Always wipes down the shower and puts everything away before she leaves." Another person told us, "Keep everything tidy, puts dirty clothes and bedding in the washing machine. Will do any dusting for me if I ask." A relative commented, "Bathroom always cleaned, clothes are put in the laundry bin, and [staff member] even makes sure she dries the stool. Leaves everything tidy."

Staff were trained in infection control practice and told us they were given enough gloves, aprons and shoe covers. Their comments included, "I wear gloves and apron when giving bath and dispose them off in the bin outside [person who used the service] house" and "I take off my shoes or put on shoe covers, as per [person who used the service] wishes." This showed staff followed appropriate procedures to ensure prevention and control of infection.

The provider had procedures in place to report, record, investigate, learn and share lessons from accidents and incidents. The registered manager told us following the investigation outcome they as a team would learn lessons from it and share it with staff via team meetings and supervisions to ensure the mistakes were not repeated. Staff demonstrated a good understanding of their role in reporting and recording incidents. One staff member said, "My role is to report to the office immediately of any incidents. I will go to the office and also complete the incident form." There had been no accidents or incidents since the last inspection.

Good

Is the service effective?

Our findings

People told us their health care needs were met by staff who knew how to support them. One person said, "Totally satisfied with the help I receive. Just enough help with showering and dressing which allows me to be independent." A second person told us, "My care needs are met, [staff member] is very hygienic, he makes sure that everything is thoroughly cleaned so I don't get any infection in my wound." A third person commented, "Most certainly I get the care I asked for. [Staff member] always checks my body before she applies the cream, if she notices any redness she tells me and checks the area daily." Relatives told us staff were knowledgeable about people's needs and how to provide individualised care. A relative commented, "[Staff member] is very thorough, very hygienic making sure to keep my [person who used the service] catheter clean from infection."

People's needs, abilities and choices were assessed in line with current legislations and standards that enabled them to achieve effective outcomes. At the time of referral, the provider assessed people's needs to ensure the service was able to meet people's needs and enabled them to identify staffing numbers and training needs. People's needs assessment forms were detailed and gave information on their medical and emotional needs, physical, personal care and continence needs and abilities, medicines, dietary, communication, and spiritual and cultural. The needs assessment form also recorded people's preferences in relation to staff language, gender, characteristics and interests. Records confirmed this.

The provider trained staff in relevant areas that enabled them to have the skills and knowledge required to provide people with effective care. All new staff were provided with a one-week induction followed by shadowing an existing staff member before they started supporting people on their own. Once the staff had completed their induction training the provider enrolled them onto the care certificate training. The Care Certificate is a set of standards that social care and health workers use in their daily working life. Staff were required to complete the care certificate training within four to six weeks of starting the course. A staff member who had started working since the last inspection told us the induction was very good. They said, "I received five days training before I started working. It was very good. I feel confident in my job."

Staff training matrix and training records confirmed they received training in areas such as safeguarding, health and safety, medicines management, moving and handling, first aid, risk assessment, food hygiene and the Mental Capacity Act 2005 . Staff were also trained in areas specific to people's health condition such as pressure sore care, dementia care, diabetes, epilepsy and fall prevention. Staff told us the training was good and found it useful. Their comments included, "We have been given enough training. The last one was on moving and handling. They [management] keep updating us" and "The training is very good. Helps keep my skills up-to-date."

Staff received supervision every two months and annual appraisal to enable them to do their job effectively. Records confirmed this. Staff told us they found supervision sessions helpful. Their comments included, "Every two months. We discuss [people who used the service] care, how to improve the care delivery, training needs, any concerns I may have. My appraisal is due soon" and "Supervisions are every two months, they are very helpful. We discuss about the how the care is going, any complaints, people's care, training."

Most people's dietary needs were met by their relatives and these were clearly captured in people's care plans. People who required support with their dietary needs their support plan instructed staff on how to meet those needs effectively. People and their relatives told us they were satisfied with the nutrition and hydration support. One person said, "[Staff member] will prepare me porridge or a couple of slices of toast for breakfast if I ask her." Another person told us, "Always makes me a cup of tea or coffee whenever I want one." Relatives' comments included, "If I have had to go out early [staff member] has made [person who used the service] his breakfast and washed up afterwards" and "If I go out the [staff member] will serve [person who used the service] their meal and sit and chat with her while she eats it." This showed people were supported effectively with their dietary needs.

People mainly relied on their relatives to access healthcare services. However, the provider had systems in place to support people who required help with booking and attending healthcare appointments. One person told us, "I make my own appointments. [However] [staff member] takes me in the wheelchair to talking therapy group, GP and hospital appointments." A relative said, "Bio Luminuex helped to organise a wheelchair for us to get [person who used the service] to hospital."

Relatives' told us staff were efficient and informed them when people who used the service required healthcare services. Their comments included, "If [staff member] has any concern about [person who used the service] catheter he will ask me to contact the district nurse to visit straight away" and "[Staff member] always informs if she has any concerns about my [person who used the service] health. Asked me to call the doctor when she felt that [person who used the service] had a urinary infection." The provider kept records of professionals' correspondence in people's care files. Records confirmed this.

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

At the time of people's needs assessment, the provider assessed whether people had mental capacity to make decisions regarding their care and treatment. This information was clearly recorded in people's care plans to enable staff to support people appropriately. Records confirmed this. Where people lacked capacity to make decisions, the provider contacted their legal representatives to ensure they had appropriate authority to make decisions on people's behalf. Records confirmed this. People's care plans instructed staff on how to encourage and support people to make decisions regarding their daily living activities.

People and their relatives told us staff gave them choices and asked their consent before they provided care. One person said, "When I am showering I am always asked 'would you like me [to] help you wash your legs now?" A second person told us, "[Staff member] asks me what I would like them to do for me, to help me."

Staff were knowledgeable about the MCA principles, people's right to a choice, and the importance of seeking people's consent before providing care. Their comments included, "Yes, I ask [person who used the service] if she wants a shower, what she would like to eat, what would she like to wear" and "Yes, I do ask [person who used the service] how she like to be supported and follow her preferences." This showed consent to care and treatment was sought in line with the legislation and guidance.

Good

Is the service caring?

Our findings

People and their relatives told us were caring and helpful. One person said, "If I am feeling agitated or angry about my mobility and lack of independence, [staff member] listens and asks what I would like him to do for me." A second person commented, "My [staff member] has a caring attitude, she is polite and if I call her she comes straight away." A third person told us, "[Staff are] friendly and adaptable to my needs. If I am feeling a bit low [staff member] will listen and chat with me."

A relative said, "Gentle and good at caring always helpful." A second relative commented, "Very caring, not just doing a job and gone." A third relative told us, "The [staff member] makes my [person who used the service] laugh. When my [person who used the service] refuses a bath the [staff member] will sit and have a cup of tea with him and try again. Lovely person truly trusts him." A fourth relative said, "Agency provided a [staff member] with the same language as [person who used the service]. Previous [staff member] had to use body language to communicate or I had to be present. Now [person who used the service] is able to chat to the [staff member], [person who used the service] looks forward to the visits."

Staff told us they enjoyed their work and spoke about people in a caring way. One staff member said, "I enjoy my work. I like helping people and seeing them happy." Another staff member commented, "I like my job. I enjoy spending time with people, talking to them. This makes me happy."

People and relatives told us they were supported by the same team of staff. One person said, "This carer has been coming for two years, trust him." Another person said, "I didn't like having different staff coming. I now have the same [staff member] seven days a week and my family covers when she is off." A relative commented, "Yes. Have had this [staff member] for the last six months, feel like he is part of the family." Another relative told us, "The agency provides the same [staff member] who now knows my relative very well, knows [person who used the service] moods and is able to adjust their way of supporting to suit. [Person who used the service] is also a lot more content at seeing the same [staff member]."

The provider told us continuity of care was important to them as it enabled trust between people and staff. Staff told us it enabled them to get to know the people they supported and promoted positive relationships. One staff member said, "I have been supporting [person who used the service] for nearly two years now. I know and understand her moods, and how she like to be supported. We are more like a family." Staff rotas and people's daily care logs showed people were supported by the same staff.

People and their relatives told us they were involved in making decisions regarding their care and felt listened to. A person said, "I, more or less tell them [staff] what I need and want." Another person told us, "[Staff member] [is] very good at listening. I can discuss anything with my [staff member], and he will adjust how I want to be helped that day." One relative said, "When my [person who used the service] refuses to cooperate with his personal care, the [staff member] backs off for a few minutes and somehow seems to be able to talk him around to having a wash."

People told us their specific care needs and requests were met. One relative said, "Agency provided [staff]

with the same language. [Person who used the service] is able to chat with them." A second relative commented, "[Person who used the service] has dementia. The agency provided [staff] from the same culture and religion. They speak [person who used the service] first language so they chat all the time." A third relative told us, "My [relative] doesn't understand English, [staff member] speaks [culturally specific language] and will sit and read with her and when the [staff member] is here all day they will watch [culturally specific language] shows together. [Staff member] will wheel my [person who used the service] along to the [place of worship] in the summer time." This showed the provider identified people's language, gender preference of care, cultural and spiritual needs and met those needs. These needs and requests were recorded in people's care plans. Records confirmed this.

People and relatives told us staff treated them with dignity and respect. One person said, "Total respect for me and my home." A second person told us, "[Staff member] respects my privacy. She always makes sure the bathroom door is closed when I am having a shower." A third person said, "[Staff member] totally respects my privacy, makes sure the door is closed and I have my dressing gown on to cover myself." A relative commented, "Total privacy and respect for my [person who used the service]. Doors are closed when they are providing personal care."

Staff were knowledgeable about how to maintain people's dignity and respect their privacy. One staff member said, "I ask [person who used the service] permission before supporting her. I closed the bathroom and bedroom doors when assisting in personal care. I don't tell her to hurry up. I speak gently. We have conversations and I touch her personal belongings and if I have to, I always ask first." Staff were trained in dignity and respect and records confirmed this.

People and relatives told us staff encouraged them to remain as independent as possible. One person said, "My [staff member] understands I just need help. I like to shower myself and waits until I ask for her assistance to wash my hair and legs." A second person commented, "I am in charge, [staff member] waits to be told what I want help with, he knows I want to become more independent." A third person said, "[I] used to have two [staff] each visit, now one [staff member]. They [staff] know I want my independence and encourages me make my own decisions and do as much as I can for myself." A relative commented, "[Staff] are good for [person who used the service], they talk to him, listen to him and good at encouraging him to do things by himself."

Staff demonstrated a good understanding of people's person-centred needs and how they encouraged people to remain independent. One staff member said, "[Person who used the service] can brush her own teeth. She chooses her own clothes but I support her with dressing and undressing."

Good

Is the service responsive?

Our findings

People told us staff knew their likes and dislikes and received personalised care. One person said, "Generally I have a shower twice a week, when it was hot I asked for a shower every day, not an issue for the [staff member]." Another person said, "[Staff member] know what I like and don't like. I am in charge, [staff member] waits to be told what I want help with." A third person said, "My [staff member] is helpful does what was agreed in care plan, always checks me if I would like any more help"

Relatives told us they were kept duly informed regarding people's health and any changes to their needs. One relative said, "[Staff member] will tell me if she thinks something is wrong with [person who used the service." Another relative commented, "The [staff member] always raises any issues, will do anything to help me." A third relative told us, "[Staff member] would tell me if something is wrong. [I am] really happy with the care my [person who used the service] is getting."

The management used the information from the needs assessment form to develop people's individualised care and support plans. People's care and support plans were comprehensive and person-centred. The care plans gave staff information on things that were important to people, their support needs in relation to their medical, physical and emotional health, how to provide personalised support, their likes and dislikes, social and cultural needs, and their care outcomes.

For example, one person's care and support plan stated it was important to them that they stayed in good health, remained in control of their finances, and in contact with their family. The care plan further stated they wanted to continue to stay at their home and remained independent. For them to achieve their aspirations and care outcomes, they required staff to support them with their personal care and dietary needs. The person also required a staff member to engage with them with some activities, and assist them with bills and letters due to weak eyesight. Their care and support plan also detailed their care visit days, timings, their preferred routines, and how they would like to be supported. The support plan instructed staff to assist the person with their personal care needs, to assist and support with preparing breakfast, medicines management, support with correspondence and bills, shopping and attending community venues. Staff told us care plans were detailed and they read them before they started supporting people as they enabled them to understand people's individual support needs, likes and dislikes. This showed staff were provided with sufficient information to deliver personalised care.

People and their relatives told us they had care plans and they were reviewed regularly so that staff were informed about their changed needs. One person said, "My care plan is in my folder here [home]. Someone from the office came a few months to see if I needed any changes to the [care] plan and checked if everything was satisfactory for me." A second person told us, "Had my care plan reviewed last year. If I want any changes I can call the office and they would update my [care] plan." One relative said, "[Registered] manager has been out three to four times to look at the care plan and see what other help they can give." Another relative commented, "[Staff member] always involves me in discussions about my [person who used the care] care and we discuss his changing health." The management reviewed people's care plans monthly and updated them as and when people's needs changed. Records confirmed this. This meant staff

were kept updated on people's changing care needs so that they could continue to provide personalised care.

The provider welcomed people and staff from diverse backgrounds including lesbian, gay, bisexual and transgender (LGBT) people. They had developed a guidance for staff and the management on the appropriate terminology that they could use to engage LGBT people and ways to encourage them to discuss their needs.

Staff were trained in equality and diversity and principles of person-centred care. They were knowledgeable about treating fairly and meeting their individualised care needs. Staff told us their role was to meet people's needs to provide person-centred care. A staff member said, "I don't mind supporting LGBT people and providing care to them. They are also human beings and have equal rights." Another staff member told us, "There is no discrimination in our service. We will give [LGBT people] good care like anyone else. I will support them and give them good care." During the inspection, the management told us they asked people about the significant people in their lives and their gender. Records confirmed this. They further said they were in the process of reviewing people's assessment and personal detail forms to include a question on sexuality to encourage people to disclose their sexuality if they wished to.

Most people and relatives told us they did not have any concerns. They further said that they knew how to raise concerns and make a complaint. One person said, "If I had a concern I would call [registered manager] at the office." A second person told us, "If I couldn't sort an issue with a [staff member], I would speak with one of the managers." Relatives' comments included, "No concerns. I would contact [registered manager] at the office if my [person who used the service] was not happy", "If I had concerns I would speak with [registered manager]" and "My [relative] is very happy with the [staff]. No concerns."

People and relatives who had made complaints were satisfied with how they were addressed. One person said when they started the service they got different staff every day. They said, "I just wasn't happy. I didn't want to have to keep telling [staff] how the pain affected me and what help I needed. I just wanted the same [staff member] to build up a working relationship. I spoke to the [registered manager] and she totally appreciated my concerns." Another person told us, "I didn't like one [staff member] attitude, not sympathetic, just wanted to rush and never listened. [I] called the [registered] manager, they visited and sorted it straight away."

There was an up-to-date complaint policy and processes in place to report, record and investigate complaints. There had been one complaint since the last inspection. The complaint record showed the complaint was reported promptly, investigated and addressed in a timely manner.

The provider had systems in place to support people on end of life and palliative care. The provider's end of life care planning policy clearly described how to assess and support people with their end of life care needs including cultural and spiritual needs. Following the inspection, the provider sent us their updated end of life care support plan that they would use for people who needed end of life care. The support plan detailed information on areas such as contact details and involvement of other healthcare professionals, palliative care team, religious services, and following the person's death, support such as funeral and bereavement counselling. The provider had trained some staff in end of life care and told us people on end of life care would only be supported by staff who were appropriately trained. However, currently no one was being supported with end of life and palliative care needs.

Good

Is the service well-led?

Our findings

People and relatives spoke highly of the management and told us they were happy with the service. One person said, "Oh yes, I am very happy with the service." A second person commented, "Easy to contact and [registered manager] listens. I have both the managers mobile numbers if I need them." A third person told us, "[Registered manager] is approachable and easy to talk to." Relatives' comments included, "Yes I am satisfied with the service [relative] gets", "Overall I am very happy with the service."

Health and social care professionals told us the service was well managed and did not have any concerns about the care people received. One health and social care professional commented, "We have not received any complaints against the care provider. On any circumstances if any issues arise and reported to them they try to resolve the issues or concern. The co-ordinators in the office are prompt in responding and arranging services according to their capacity and [people who used the service] needs. If circumstances change and they are unable to continue services they give us advance notice to arrange services through a new provider."

Staff told us they felt supported and found the management approachable. Their comments included, "I like working with Bio [Luminuex Healthcare Limited]. I have no problems with the management. They are always available to help, very helpful. Every single staff in the office is helpful. [Registered manager] is approachable", "Absolutely feel supported. They [management] are very helpful, cooperative and supportive. If I need leave [registered manager] is understanding. She is very approachable", "The service is well managed. Really good, very cooperative. I will speak to [registered manager] if not happy about something, she is easy to talk to and approachable. I feel supported and have no complaints. We all work well as a team" and "No discrimination here, I would recommend this service to my friends to work."

The management organised monthly staff meetings where staff were given information on any changes, how to improve the service, staff issues and support and relevant information related to the care delivery. Records confirmed this. Staff told us they found staff meetings useful. One staff member said, "Team meetings are every month, we talk about how we are doing, any issues and concerns, training updates. I find them helpful." This showed the management had a process in place to engage with staff to seek their views and keep them abreast on matters related to the care delivery.

The provider had robust monitoring and auditing checks and systems in place to ensure the quality and safety of the service. There were records of internal audits and checks of people's care plans, risk assessments, medicine administration charts, daily care logs, complaints, and staff files including recruitment, training and supervision. Records showed the management identified gaps, errors and issues, and maintained an ongoing improvement action plan to address the identified issues.

The management had monthly management meetings where they discussed matters related to the management of the regulated activity such as policies and procedures, quality assurance checks, staff sickness absence, escalation procedures, and a staff annual event. These meetings were attended by the directors, the registered manager, quality monitoring lead, relationship manager, care coordinator and

office support staff. Records confirmed this. The registered manager told us these meetings enabled them to have an oversight of the service so that they could continue to learn, improve and sustain the changes.

People and relatives told us the management contacted them on a regular basis to find out if they were satisfied with the service. One person said, "I was asked at the care plan [review] meeting if I was happy with the [staff member] and the service." A second person commented, "[I] completed a survey form and sent it back." A third person told us, "Occasionally [I] get [a] call from the office to see if I am happy with everything." Relatives' comments included, "Completed a feedback survey earlier this year and sent it back" and "Had a survey to complete a couple of months ago. Quite happy with the service."

The management carried out monthly telephone monitoring checks, quarterly unannounced spot checks and yearly annual surveys to identify whether people were happy with their care and received it as per the agreed care plan. A spot check is where an office staff member visits a person's home with their prior consent but without care staff's knowledge. These spot checks were carried out to ensure staff arrived on time and to check whether they provided care as per the agreed care plan, followed safe infection control procedures and engaged with people. Records confirmed spot checks were carried out regularly and any concerns addressed in a timely manner. People's monthly telephone monitoring records showed they were happy with the staff, their punctuality and the care they received.

The provider was in the process of carrying out annual survey. We reviewed their last year's annual survey report that showed people and relatives were generally happy with the quality of the service. The provider maintained an ongoing improvement plan and fed in any action points developed following annual survey results. Records confirmed this.

Staff told us the management had made several improvements since the last inspection and it had impacted positively on the overall care. A staff member said, "A lot has changed since the last inspection. Focusing a lot more on keeping record keeping in date, it is more in order. We are finding the changes are helpful and they are positive. We are calling [people who used the service] every month and get more information regarding their satisfaction. I feel the changes that we have made has improved the care people receive. By calling [people who used the service] more often we keep them well informed and they feel more involved. We are also keeping more in contact with the [staff] and so can pick up on any issues."

The provider worked with the local authority to improve the management of the service and the safety and quality of the care delivery. The management told us the local authority had been visiting them every three months for monitoring checks and had helped them to improve their processes and the way they worked. We reviewed the local authority's last monitoring visit report that stated the provider's strengths and improvement areas. The management showed us the actions they had taken to address the improvement areas identified during the monitoring visit. We were reassured by the management's prompt actions. This showed the provider had systems in place to learn and improve so that people received good quality of care.