

Lumiere Care Ltd

# Lumiere Care

## 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

Lumiere Care is a domiciliary care agency providing personal care to people. The service provided support to younger and older adults, who may be living with dementia. At the time of our inspection there were six people using the service.

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

People and their relatives provided positive feedback about the service. Their comments included, "Absolutely brilliant," "I haven't even considered another provider" and "I am lucky to have them - they are really good."

The registered manager had systems and processes in place to protect people from the risk of abuse. Potential risks to people had been identified, assessed and managed for their safety. Staff understood what to report and how. Staff had clear strategies and guidance to enable them to support people living with dementia. There were sufficient appropriate staff employed to provide the level of care people commissioned. Processes were in place to ensure people received their medicines safely and any potential risks were discussed and managed with them. Processes were in place to manage risks arising from the COVID-19 pandemic.

Staff assessed people's needs and their care was planned with them. People were referred to health care professionals for assessment and guidance as required. Staff had the skills and knowledge required for their role. People were supported to ensure they ate and drank sufficient for their needs.

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 treated people with kindness, respect and compassion. They upheld their privacy and dignity during the provision of their care. People were supported to express their views and staff involved them in decisions about their care.

People's care was planned with them and was responsive to changes in their needs and preferences. Staff had supported people at the end of their life. People and their relatives had regular contact with the registered manager and felt able to raise any issues.

The registered manager who was also the provider promoted a positive culture, aimed at achieving good outcomes for people. They understood their legal responsibilities and the challenges of their role. Staff worked with professionals to ensure people's needs were met. People and staff were engaged and involved with the service. Processes were in place to enable monitoring and review of the quality of the service people received.

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

This service was registered with us on 29 October 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Lumiere Care

## 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 completed by an inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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 there was a registered manager in post, who was also the provider.

#### Notice of inspection

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

Inspection activity started on 29 March 2022 and ended on 4 April 2022. We visited the location's office on 29 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send

us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

At the site visit we spoke with the registered manager who was also the provider and two care staff. We reviewed a range of records. These included three people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision.

#### After the inspection

We spoke with one person and four people's relatives about their experience of the care provided. We also spoke with a professional who had been involved with the service. We continued to seek clarification from the provider to validate evidence found. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was responsible for safeguarding. They ensured staff undertook appropriate safeguarding training for their role and knew how to report any concerns. Staff spoken with understood their safeguarding responsibilities and one told us, "If I had a concern I would let the manager know." People and their relatives said they felt safe in the care of staff. A relative commented "[Name of loved one] trusts them [staff]."
- Staff had access to the provider's safeguarding policy, which was up to date. It contained relevant information about the provider's safeguarding processes and contact numbers.

Assessing risk, safety monitoring and management

- Staff assessed a range of potential risks to people related either to their care or their environment and where risks were identified, processes were in place to manage them. A person's relative told us how staff were aware of the risks associated with their loved one's skin and ensured these were managed safely, for example by re-positioning them and applying their topical creams.
- The registered manager ensured people had the equipment they required to enable staff to provide their care safely and staff were appropriately trained in its use. A health care professional confirmed they had shown staff how to use a new item of equipment.
- Staff had a good understanding of the needs and any associated risks of those living with dementia. People's care plans documented the person's behaviours related to their dementia in detail and provided staff with strategies to support them safely and effectively. A person's relative told us how when staff supported their loved one, they were "infinitely patient" and told us "They know when to give [loved one] some space."
- The registered manager had an emergency plan in place in the event of a staffing shortage.

Staffing and recruitment

- There were sufficient staff to provide people's care safely. The registered manager ensured they only committed to provide people's care where they had the capacity to meet their needs.
- People and their relatives told us staff provided their care at their preferred time, they arrived on time and stayed for the length of the call commissioned. A person said, "They [staff] stay the whole hour" and a relative confirmed, "Carers come at the correct time, 15 minutes either side [of the time booked]."
- The registered manager ensured the legally required pre-employment checks were completed before staff were appointed including a Disclosure and Barring Service (DBS) check. The DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People's medicines needs, preferences and any allergies were documented in their care plan and medicines risk assessment. There was an up to date list of people's current medicines, instructions for the application of topical creams and eyedrops and a record of the arrangements for ordering and storage of medicines.
- People received their medicines from trained staff whose competency had been assessed. There were up to date medicines policies and procedures, to guide staff. A person's relative told us they knew staff ensured their loved one received their medicines.
- Staff documented the administration of people's medicines on their electronic medicines administration record (MAR). The registered manager was able to monitor people's MAR's daily and the system notified them if a medicine was not administered, so they could take any required action. They could also update the MAR instantly with any changes to a person's medicines.

### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of their office.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- Staff understood what they should report to the registered manager and how. The registered manager then reviewed any incidents Staff had taken any required follow up actions for people after incidents, for their safety. For example, a person had an accident whilst staff supported them using their moving and handling equipment, which resulted in them sustaining a minor injury. Arrangements were made for the person's needs to be re-assessed and new equipment was provided.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People had an initial assessment, to enable the registered manager to determine if staff could meet the person's needs. People's care plans detailed the care they wished to receive and how it should be provided in order to meet their needs. For example, a person living with dementia did not like mornings. There was guidance for staff about how to support the person but to respect their wishes if they did not want to get up.
- People's care and support was planned and delivered in line with legislation and best practice. Their care plans were personalised and reflected the person's wishes, abilities and preferences about their care. People's social stimulation needs were recognised and met. A person's care plan noted 'Staff to engage [person] in conversation during visits,' which their relative confirmed took place.
- Staff had completed training in supporting people living with dementia, which they applied. Relatives told us, staff understood how to support their loved ones, including when they presented with behaviours which could challenge staff.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge required for their role. Staff told us they received an induction to their role which included shadowing more experienced staff and completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervision of their work and spot checks. People confirmed the registered manager visited to check upon staff's work.
- Staff told us they had been supported to undertake additional training and were encouraged by the registered manager to undertake professional qualifications in social care.

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

- Staff completed training in relation to fluids and nutrition, to enable them to support people appropriately.
- People's support needs, risks and preferences in relation to meals and fluids were documented in their care plan. Staff were instructed to ensure they provided people with a choice of foods and drink. Staff told us, "We give people options to help them choose." Staff ensured people were provided with a drink between care calls where required.
- Staff monitored people's weight and food and fluid intake, where required they ensured relevant referrals were made. A person's relative told us how they, the registered manager and the dietician had worked together, to ensure risks to their loved one were managed. The duration of the person's care call had been

increased, to ensure staff had time to sit with the person whilst they ate and encouraged them and their intake was monitored. This had enabled the person to gain weight.

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

- The registered manager and staff identified risks which could impact people's health or wellbeing and took appropriate actions to address them. They understood the processes for making referrals to health care professionals and used them appropriately. A relative said, "The agency have made a difference, to [loved one's] environment, hygiene, eating and level of stimulation." Staff worked with a range of professionals to support people and acted on the guidance provided.

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.

We checked whether the service was working within the principles of the MCA.

- People were involved in making decisions about their care wherever possible. A person's care plan noted they had 'capacity to make certain decisions' and they were 'involved in their care.' Another person's relative told us about how staff supported their loved one to accept their need for personal care. They said "they [staff] are infinitely patient. They know when to give [person] some space." Staff ensured people had maximum choice and control.
- Staff had completed training on the MCA and were able to demonstrate their understanding. A member of staff told us, "You start from presumption they [people] have capacity" and "give people options to help them [make decisions]." Staff also had access to the provider's up to date MCA guidance, which included forms to enable them to document any MCA assessments where required and decisions made in the person's best interests.
- The registered manager requested a copy of people's power of attorney where this was in place, to ensure they could check what decisions, the attorney was authorised to make on the persons behalf.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 treated people with kindness. People and relatives feedback included, "Staff are very kind and caring" and "[Name of relative] loves them."
- People experienced positive relationships with the staff who provided their care. They told us staff related to people well and spent time with them. One relative said of staff's rapport with their loved one, "It's really nice - like having friends over." Another relative said, "Staff spend time with [loved one] talking to them."
- Staff had the skills and time required to ensure people received compassionate care. A member of staff told us, "There is time to provide the care without rushing." Another staff member told us how they sought to understand what the person wanted and involved them in decisions about their care. We saw the registered manager had noted in a record of a staff spot check, how they had engaged with both the person's physical and emotional wellbeing.
- People's care plans outlined for staff what a 'good day looks like' and a 'not so good day' for the person. A person's care plan noted, 'When I am agitated, staff should hold and rub my hands gently. I find that very reassuring.' Staff were provided with relevant information about the person, to enable them to provide personalised care.
- People's care plans provided staff with information about the person's communication needs and whether they could communicate their preferences.

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

- Staff encouraged people to be involved in making decisions about their care and involved those, whom people wanted to support them, as required. People were consulted about their preferences for their care, such as in relation to their preferred gender of care staff.
- A person's relative told us, how staff respected their loved ones wishes, which depended on how they were feeling that day. Another relative said, "They [staff] explain what they are doing." This ensured people were provided with relevant information and their wishes were respected.
- People were provided with relevant information about their care and support. They were provided with a service user information pack, which contained information such as out of hours numbers for the service.

Respecting and promoting people's privacy, dignity and independence

- Staff completed training on privacy and dignity, equality, diversity and human rights. They also had access to the provider's guidance and people's care plans to inform and support them. Staff described to us how they upheld people's privacy and dignity during the provision of their care.
- People and their relatives told us staff treated them with dignity and respect. A person's relative told us how the registered manager had worked both with them and health services, to ensure their loved one's

personal care needs could be met in a manner which preserved their dignity.

- The registered manager completed spot checks on staff's practice which included how staff maintained people's privacy and dignity and people's feedback. People were also asked for their feedback on whether staff upheld their privacy and dignity at their reviews.
- Staff supported people to retain their independence wherever possible. People's care plans noted what they could do for themselves and any potential barriers.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 records demonstrated they and their families had been involved in developing their care plans, which identified their needs, choices and preferences for their care.
- People's needs in relation to their protected equality characteristics had been noted, for example, any needs related to their age, disability or religion. A person's care plan provided practical guidance for staff to ensure the person was able to use their hearing aid and information about how their hearing loss could impact them emotionally which staff needed to be aware of.
- The registered manager ensured people's care was reviewed with them and any required changes were made. A relative told us how responsive the service had been, when their loved one's needs had increased. The registered manager had increased both the frequency and duration of the person's calls, to ensure they were supported to remain in their own home.
- Staff completed training on how to provide person centred care. A member of staff told us, "You read the care plan then speak with the person and ask how they want things to be done. There is good information in the care plan."

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.

- The registered manager understood the requirements of the Accessible Information Standard and ensured people's information and communication needs were noted and met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was not commissioned by anyone currently to support them outside their home with their interests, which were noted. However, this support could be provided if required.
- People's care plans documented those who were important to them and their arrangements for contact with them.

Improving care quality in response to complaints or concerns

- People were provided with information in the service user guide about how to raise any concerns or

complaints. Staff had undertaken relevant training and had access to the provider's complaints guidance.

- People and their relatives had regular contact with the registered manager and felt confident they could raise any issues if they needed to. There had not been any complaints

#### End of life care and support

- Staff had cared for a person at the end of their life, in partnership with nursing staff from a local hospice. Staff told us the person had a plan in place about their wishes and the information they needed to support the person. Records showed how staff had upheld the person's comfort and dignity at the end of their life. A member of staff said they had felt well supported by the registered manager to provide this care. The provider had a policy in place and staff had training.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives told us the service was well-led. Their feedback included, "I would recommend them" and "They are doing a very good job." They spoke warmly about the registered manager who was also the provider, commenting, "We are lucky to have her" and "[Name of registered manager] has the experience to know what works."
- The provider had a statement of purpose which set out the aims and objectives for the service and how these were to be delivered for people. Staff told us they had learnt about the company aims and objectives during their induction.
- The registered manager promoted a positive working culture which was person centred. A member of staff said they were 'happy in work' and 'passionate about people.' Although no complaints had been received, the registered manager welcomed feedback and listened.

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

- There had not been any notifiable safety incidents where the registered manager needed to notify the person's representative. However, they understood their legal responsibilities.

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

- Although the provider was new to the registered manager role, they had extensive experience in the care industry. They kept themselves up to date and knew where they could access support. They understood the responsibilities of their role and the challenges. They told us they were keen to gradually build a sustainable business and not to rush growth.
- The provider understood as the business grew, they would need to be less, 'hands on' with the provision of people's care and spend more of their time overseeing the service. To support them with this, they were in the process of recruiting a manager, to ensure there was sufficient management oversight of the service as it expanded.

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

- The registered manager involved people and their relatives in all aspects of their care. A relative told us how the registered manager 'guided me through what was required' when trying to negotiate the

complexities of trying to ensure their loved one's health related needs were met.

- People and their relatives were able to access their loved one's electronic care records. This enabled them to review which staff were booked to provide their loved one's care and when and to review the records of the care provided. A relative said, "The electronic notes work well, wherever I am I can read them."
- Staff were encouraged to provide their views, through their supervisions, spot checks, staff meetings or when working alongside the registered manager, when they provided staff cover.

#### Continuous learning and improving care

- The registered manager had processes in place to monitor the quality of the service provided and to identify areas for improvement. Staff documented the administration of people's medicines on their electronic medicine administration record. This flagged up in 'real time' if a medicine was missed, which enabled the registered manager to immediately take any required action. They also monitored the duration of people's calls as staff logged in and out on an app and the content of people's electronic daily care records.
- The registered manager completed a quality assurance checklist for people as part of their reviews. This included reviewing all of their records, to identify if there were any issues. The person's views on the care provided were sought at their review and during spot checks on staff's performance.
- Staff's recruitment records contained a checklist, which enabled the registered manager to ensure they had completed all of the required pre-employment checks prior to staff commencing work.

#### Working in partnership with others

- People who received the service currently all funded their own care. The registered manager knew how to access professional support as required. When they identified potential issues for people, they ensured relevant services were contacted and had worked with a range of teams.