

Candlelight Homecare Services Limited

Candlelight Homecare Trowbridge Area Office

Inspection report

First Floor Court Hall, Castle Street, Trowbridge,
Wiltshire.
BA14 8AR
Tel: 01225776000
Website: www.candlelightcare.co.uk

Date of inspection visit: 1, 5 & 6 May 2015
Date of publication: 25/06/2015

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 

Overall summary

This inspection took place on 1 May 2015 and we spoke with people who used the service, their relatives and staff on the 5 and 6 May 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a Domiciliary Care service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

Candlelight Homecare is registered to provide personal care (not nursing) to children and adults. At the time of our inspection 107 people were using the service.

There was not a registered manager in post at the service at the time of our inspection, but the recently employed manager was in the process of becoming registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The manager was accessible and approachable. Staff, people who used the service and

relatives felt able to speak with the manager and provided feedback on the service.

We saw records to show formal complaints relating to the service had been dealt with effectively.

Staff were knowledgeable of people's preferences and care needs. People told us the regular staff they had from provided them with the care and support they needed and expected. However we received consistent negative feedback about the staffing arrangements at weekends. This resulted in the lack of consistency of staff sometimes and meant some people did not always feel safe. The manager explained a recent on-going recruitment campaign was successful. The rotas had been rearranged and the management of requests for annual leave had been improved.

Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

We looked at the care records for ten people. They outlined each person's needs and the support required. People told us they were supported in a range of interests which suited their wishes; this included accessing their local community.

Staff had received regular training in mandatory subjects which was provided face to face by a person employed to provide training to staff. The team leaders and manager said the effectiveness of training is monitored through the supervision and if necessary disciplinary processes. Each of the six staff records we saw showed training was up to date. They also included records to show staff received regular supervision of their performance.

All staff were clear about how to report any concerns they had. Staff were confident that any concerns raised would be fully investigated to ensure people were protected. The majority of staff were knowledgeable about the requirements of the Mental Capacity Act 2005.

Summary of findings

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. People and staff told us they felt safe when they had regular staff supporting them.

Staff we spoke with had a good understanding of the people they were supporting, and their working practices were monitored.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure people received their prescribed medicines.

Good



Is the service effective?

The service was effective. Care plans were in place which described the care and support the person wished to receive.

Staff were knowledgeable about the care needs of the people they were supporting.

People had regular access to healthcare services to maintain and promote their health and well-being.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring. People and relatives described the staff as “friendly, lovely and helpful.”

People’s privacy and dignity were respected. People were involved in making decisions about their care and support.

People were asked what they wanted to do daily and their decisions were respected.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people’s care and support needs.

There were systems in place to manage complaints. Everyone we spoke with was confident that any concerns raised regarding the service would be listened to and acted upon.

Good



Is the service well-led?

The service was well-led; however the manager was not yet registered with the CQC.

Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

Staff had a good understanding of the aims and values of the service and had opportunities to express their views.

The service carried out regular audits to monitor the quality of the service and to identify any improvements required.

Good



Candlelight Homecare Trowbridge Area Office

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 checked 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.

This inspection was carried out by one inspector and a bank inspector. A bank inspector is a person employed by the CQC to assist in the inspection process. The bank inspector gathered information by speaking with people who used the service, their relatives and staff on the telephone.

We looked at the notifications we had received. Services tell us about important events relating to the care they provide by sending us a notification.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted two social care professionals who regularly visit people who use the service. This was to obtain their views on the quality of the service provided to people and how the service was being managed. However, unfortunately we did not receive a response. Prior to the inspection we sent out surveys to 50 people (20 were returned). Out of 13 staff, one survey was returned, this gave an overall response rate of 38%, all but one of the responses gave positive feedback.

We used a number of different methods to help us understand the experiences of people who used the service. This included talking with six people, two relatives and four staff. We looked at documents and records that related to five people's support and care, six staff files and records relating to the management of the service. We spoke with the manager who was appointed recently and has applied to be registered with us.

Is the service safe?

Our findings

Overall people felt told us they felt safe. Six people we spoke with agreed there were enough staff and made the following comments; “very fortunate the last fortnight that I have had a regular carer,” and “they turn up when they’re supposed to turn up,” and “yes they know what they are doing.”

Relatives opinions varied about staffing levels, one relative said “there are not enough staff” whereas another relative said there was. We received one negative comment from a relative via our survey; “The company has some difficulty in consistent staffing on Saturdays. Sometimes the carers are late to arrive. Occasionally the care agency are short staffed and the carer is not always available, so I have to look after my husband’s care needs.” One person told us “sometimes they are short but I have someone else, they have a girl on standby, It’s at the weekend they are really short.” Four staff we spoke with described the agency as being short staffed, especially at weekends. All of the staff we spoke with explained what happens if they are short staffed; “managers come out and give a hand and we do more shifts.” This meant the agency were not always providing consistent care to some people. The manager explained there was an ongoing recruitment campaign was underway, resulting in candidates being interviewed. The manager explained they would not take on extra packages without the staffing in place. Each of the staff files we looked at showed clear recruitment processes had been followed, this ensured new staff were safe to work with people.

The provider’s PIR stated “we have worked hard to ensure that clients have now got regular care workers booked to their visits and given sufficient travel time. This has drastically reduced the level of complaints received in connection to visit times.” We saw the computer system used for arranging schedules for daily care calls; the system included allocated time for travel between calls.

The manager told us there was a system in place to monitor missed care calls; there was a policy and

procedure in place. This included an on call system with a senior member of the management team available from 7am to 10pm to take calls. The manager explained the person using the service, or the staff would contact the person on call in the event of a missed or late call. We saw a record of a complaint received from a family member about a missed appointment which occurred two months ago. The manager said this was the last missed care call, we saw records to show it had been investigated and resolved quickly.

There were arrangements in place to deal with foreseeable emergencies. Staff confirmed there was an on call system in place which they had used when needed.

Records and procedures for the safe administration of medicines were in place and being followed. Staff told us that medicines were put in dosset boxes (a box including the person’s

medicines which is dispensed by the pharmacy). Staff explained the level of support the person

needed was detailed in the person’s care plan, such as prompting. Training records showed staff had received training in the safe management of medicines.

Staff we spoke with had completed safeguarding training and updates and told us that, if they had a concern about a person, they would report this to a senior staff member and record their concerns. Staff described different types of abuse and were aware of the role of agencies, such as the local authority and the police, in the safeguarding process. The safeguarding records demonstrated that the manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made.

We looked at five support plans, each showed risk assessments had been completed with the involvement of the person who used the service, where possible. Records showed risks were reviewed regularly and updated when people’s needs changed. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe.

Is the service effective?

Our findings

Staff we spoke with were knowledgeable about the people they supported. A relative described a member of staff as “They know (the person) inside out.” Everyone we spoke with was confident in the staffs’ ability.

Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs.

The staff we spoke with had completed training relevant to health and social care and some had previous experience of working in care settings. An induction process was available for new staff which included reading the service’s policies and procedures, care plans and shadowing more experienced members of staff. There was a programme of training available to staff and staff told us they received the necessary training to meet people’s needs.

Staff told us that they completed mandatory training, such as moving and handling, and received updates. We viewed six staff personnel and training records and saw staff had undertaken training, which included specific training such as Dementia awareness, Parkinsons’ and stroke. Staff inductions and probationary periods had been signed off by the manager in post at the time.

A member of staff told us they received regular training.” Another carer referred to doing training updates and that “one person does all the training” for the provider. The manager explained the majority was given face to face by the person employed to provide the training, and that competency checks were made to ensure the individual understood the training, and supervisions were in place to address any shortfalls or concerns. We saw a system in place which identified when staff training updates were due. This showed when training had been arranged in advance and we saw staff rota’s reflected this to take into account staff would be training on that particular shift which would need covering.

Staff explained how they had received ‘supervision’ by their line manager. This was a way of monitoring staff delivering care to people in their homes, and identified any areas where personal or professional development was required in order to maintain good practice. We saw records to show staff received regular supervision by their line manager.

One staff member we spoke with had some understanding of the Mental Capacity Act 2005 (MCA) and its principles. They said it was about “best choices”. Three other members of staff showed a good understanding of the MCA and referred to its content. We found support plans had records of assessments of capacity and best interest decisions were in place where necessary.

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the staff, describing them as “always pleasant”, “they are very gentle”, “kind, caring, get on very well; they seem to like coming to me”, “very pleasant” and “they are brilliant especially the younger ones, can have a laugh and a joke with them.” A relative told us the staff were “very pleasant”. Another relative said “they get on alright with my husband’.

The support plans we saw demonstrated that people were involved in making decisions about their care and support as much as possible. Family members said they had opportunities to express their views about the care and support their relative received. People we spoke with

explained they felt involved in the care they received. They said “they (staff) talk to me and explain things.” People told us they were aware of their care plans and commented “they write in it every day.”

People we spoke with said staff maintain their dignity and privacy. A relative told us “yes no problem on that score.” We could see privacy and dignity was discussed during spot checks and reviews with people.

The manager told us that if they had any concerns regarding a person’s ability to make a decision

they worked with the local authority to ensure appropriate capacity assessments were undertaken.

Is the service responsive?

Our findings

Everyone we spoke with said that staff had enough time to meet their needs in the way that they wanted them met. People described how staff responded straight away if they didn't like something. For example one person said "If I want a shower instead of a wash I just ask."

The majority of people said staff provided the care at a time suitable for them. Everyone we spoke with was aware of who to contact if they were concerned about their call time, or if any changes were needed.

We looked at ten support plans. These were individualised, taking into account each person's needs and wishes. People were encouraged to provide information about themselves so that staff understood their needs well. When appropriate, family members had contributed to people's

life stories and the development of support plans to include details about people's likes, dislikes and interests. People described how their care was tailored to their needs and was reviewed accordingly to meet these.

Each person had risk assessments in place where appropriate. This ensured that staff had appropriate information to keep people safe when they delivered care to the person. Staff told us that they were confident this ensured people were kept safe while enabling them to make choices and maintain their independence.

We saw records to show formal complaints relating to the service had been dealt with effectively. The staff described the team leaders and manager as being "approachable and would listen and act on what they had said." Everyone we spoke with was confident any concerns they raised would be listened to and acted upon. Staff said their views were valued by the manager.

Is the service well-led?

Our findings

There was not a registered manager in post at the service at the time of our inspection; however the recently employed manager had applied to become registered with us. We will monitor this and take appropriate action should the manager not become registered with us in a timely way.

Without exception, all of the staff we spoke with described the manager as being 'approachable, honest and supportive'. One relative said: "very good' accountability/responsibility."

Staff demonstrated a good understanding of what the service was trying to achieve for people. They told us their role was to promote people's independence by supporting them to make choices about how they wished to live their lives. One member of staff said that they felt it was important to support people to "be as independent as possible". Staff said regular team meetings took place where they could discuss any concerns or ideas to improve the service people received.. They told us they felt well supported in their role and did not have any concerns.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by both the manager and the quality assurance manager. The audits covered areas such as care plans, staff records, the safe management of medicines and health and safety. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Such as management of staff absences and improved co-ordination of regular calls for people and staff.

Everyone we spoke with said they had opportunities to feedback on the service they received. Some people said they preferred to do this informally by "chatting with staff" others recalled completing a survey. The manager said a survey was sent out to 108 people, 55 were completed showing a 51% response rate. Overall feedback was positive.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present out of office hours to manage and address any concerns raised.