

Lighthouse Care Ltd

# Lighthouse Care Agency

## Inspection report

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Date of inspection visit:  
23 September 2020

Date of publication:  
12 March 2021

## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Lighthouse Care Agency is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection three people were receiving support with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider and registered manager of the service had not made sufficient improvements to the safety and governance of the service since the last inspection.

There was a continued lack of understanding, competency, oversight and governance systems to ensure people received a safe service. Systems that were in place were not implemented effectively and audits did not identify ongoing concerns with the service.

Records relating to people's risks and care needs were incomplete and contained misleading information. As a result, staff did not receive all the information and guidance they required to provide care that met people's needs.

Medicine administration records were not completed appropriately. Staff did record the administration of peoples' medicines.

Safe recruitment practices were not always followed. Records relating to staff recruitment were disorganised and staff files did not contain up to date information.

People provided positive feedback about the individual staff who provided their care. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

We have identified breaches in relation to people's risk assessments and care plans, medicines, staff recruitment, and the governance of the service at this inspection.

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 the last inspection (and update)

The last rating for this service was inadequate (published 8 February 2020) and the provider was in breach of four regulations. Conditions were placed on the providers registration. Previously, the provider had been rated requires improvement on three consecutive occasions. The provider continued to complete an action

plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We previously carried out a comprehensive inspection of this service on 21 and 23 October 2019. Breaches of legal requirements were found.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service remains inadequate

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to people's risk assessments and care plans, medicines, staff recruitment, and the governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

# Lighthouse Care Agency

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 September 2020 and ended on 25 September 2020. We visited the office location on 23 September 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included actions plans the provider had sent us and statutory notifications received by the commission. A statutory notification is information about important events which the provider is required to send us by law.

We contacted health and social care commissioners who have a responsibility to monitor the care of people at Lighthouse Care agency. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care plans, risk assessments and records of care provided, multiple medication records and feedback from people and their relatives about the quality of the service they received. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training, four staff recruitment files and information relating to business insurance.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at insurance policies and multiple staff identification documents. We spoke with one professional who had visited people using the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- The systems implemented to assess, monitor and mitigate risks relating to people's welfare continued to be ineffective.
- The provider did not have suitable systems in place to ensure people's care plans and risk assessments contained sufficient detail to provide staff with guidance to mitigate people's known risks. This put people at risk of not receiving safe care.
- Risk assessments for epilepsy management contained the incorrect information. Details for supporting people in the event of a seizure referred to other people using the service. This placed people at risk of receiving unsafe care and support. Risk assessments did not contain information that guided staff to know how to support people in the event of a seizure. Information was generic and not personalised.
- Risk assessments for some people who required personal care failed to identify people were at risk of drowning if left unsupervised in a bath/shower.
- Risk assessments for staff relating to COVID-19 stated they should be reviewed monthly. These had not been reviewed for five months.
- There was no guidance for staff on how to support a person who had a fluctuating mental health diagnosis. The provider was able to tell us what support the person had received, however, there was no record of this.
- There was no evidence the provider had improved the systems and processes in place to assess, monitor and mitigate risks to people following the last inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the risk assessments that contained incorrect details and referred to other people had been corrected.

- Improvements had been made since the last inspection to risk assessments in place to guide staff how to support a person at risk of choking.

Using medicines safely.

At our last inspection the provider had failed to demonstrate medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medication Administration Records (MAR) contained insufficient detail. Multiple MAR charts did not contain details about the person. For example, there was nothing recorded for one person who had allergies to specific medication. People's GP details or date of birth were not included on the chart. This put people at risk of harm from receiving medicines that were not safe for them.
- There were no recording systems in place which evidenced staff alternated the position of a transdermal patch on a person's body. The provider confirmed this was not recorded. There was a risk the person would have a patch applied to the same area of the body which is not in line with best practice.
- People's care plans and mental capacity assessments contained conflicting information regarding their capacity to manage medicines. This meant staff did not have the information to support people appropriately with their medicines. For example, whether they were able to take their medicines without staff support.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in medicines and recorded when they administered people's medicines.

Staffing and recruitment

At our last inspection the provider had failed to demonstrate recruitment was effectively managed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19

- Risks relating to staff mental and physical health had not been considered when they had been recruited. Three out of four staff had not completed a pre-employment health questionnaire. One staff member who had completed the questionnaire had indicated areas that would require additional support and risk assessments to enable them to safely work with people. This had not been identified by the provider and the questionnaire had not been reviewed.
- There was a continued risk that people could be supported by unsuitable staff. Staff recruitment files were disorganised, did not contain up to date documentation, and information was stored in various places. For example, staff identity documents were out of date including work permits and disclosure and barring



records had not been kept up to date.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was able to evidence after the inspection they had seen all the relevant identity documents to assure themselves that staff were safe to support people.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report any concerns about poor care or ill treatment.
- The provider reported safeguarding concerns to the relevant authorities including the local safeguarding team.
- Staff received training in safeguarding of vulnerable adults.

Preventing and controlling infection

- Staff had access to and used facilities to prevent the spread of infection such as personal protective equipment and hand washing facilities.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Prior to this inspection the provider had been rated overall inadequate and Requires Improvement at three consecutive inspections.

At our last inspection the provider did not have systems in place to assess, monitor and mitigate risks relating to people's safety and welfare. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspections in January 2019 and October 2019 we found the provider had not taken sufficient, timely action to address concerns with the systems in place to assess, monitor and mitigate risks relating to people's welfare. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We placed conditions on the provider's registration to drive the improvements required. The provider produced an action plan to demonstrate how they would make the improvements needed and ensure these were embedded and maintained.
- At this inspection we found the provider had continued to fail to address the risks posed to people's health and wellbeing. There had been a failure to deploy a system of audits to sufficiently assess the effectiveness of people's risk assessments, care plans and care records. Care plans and risk assessments did not contain sufficient detail to provide best practice guidance to staff to mitigate people's known risks.
- Audits of records completed by the provider were inaccurate. The provider was not able to demonstrate they had the knowledge or competency to undertake audits to the standard required to ensure they had effective oversight of the service. Audits indicated that checks had been completed and they reached the required standards. After reviewing the documents, it was clear the standards had not been met.
- Medication administration record (MAR) audits indicated the MAR charts contained all the relevant information. Details about a person's allergies, GP and date of birth were missing from the form. Staff 'spot check' audits indicated staff on duty were wearing the providers uniform. The provider confirmed there was no uniform.
- Medication competency records had been completed for staff. However, the provider did not have the

knowledge or skills to undertake the assessment. We asked the provider how they would assess staff competency on certain areas of medicine management. The provider told us they did not know the answers to some of the areas being assessed.

- No auditing of recruitment practice and records was in place. Members of staff employed to provide people's care did not have appropriate recruitment documents or pre-employment health questionnaires in the recruitment files. The lack of auditing and systems in use meant these shortfalls had not been addressed and risks to staff and people had not been identified.
- Risk assessments were completed incorrectly, and this had the potential to place people at risk of harm. Staff did not have clear guidance in how to support people with identified risks.
- The provider had no insurance cover in place from 14 February 2019 to 23 September 2020. The provider failed to inform commissioners of people's care and the Care Quality Commission that appropriate employer's and public liability insurance was not in place.
- Mental capacity assessments were completed incorrectly. The registered manager and provider who completed the documents did not have the knowledge and understanding of the mental capacity act and associated documents.

The provider had not complied with the previous breach of regulation 17 and had not implemented safe systems as required.

The provider did not have suitable systems in place to assess, monitor or mitigate people's known risks relating to people's health and welfare. This is a breach of Regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had engaged with staff on a regular basis through phone calls and e-mails. Face to face team meetings were unable to take place during the COVID-19 pandemic.
- The provider gathered people's views of the service they received through regular contact with them, reviews and quality assurance surveys. We saw positive feedback from people and their relatives about the care they received.

Working in partnership with others

- The provider communicated effectively and worked in partnership with other agencies and commissioners involved in people's support.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The systems implemented to assess, monitor and mitigate risks relating to people's welfare continued to be ineffective.</p> <p>The provider failed to demonstrate medicines were safely managed.</p>

**The enforcement action we took:**

We have cancelled the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and drive improvements in the safety and quality of the service provided.</p>

**The enforcement action we took:**

We have cancelled the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to demonstrate recruitment of staff was effectively managed.</p>

**The enforcement action we took:**

We have cancelled the provider's registration.