Lighthouse Care Solutions Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was the first comprehensive inspection of this service since the provider initially registered with the Care Quality Commission (CQC) in September 2016. The provider started to provide care and support for people in August 2017 and this inspection took place on 25 January 2018.

Lighthouse Care Solutions is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to adults with learning and physical disabilities and older people, including people living with dementia who live in their own homes. At the time of our inspection there were four people using the service.

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.

At this inspection we found that record keeping was not robust in areas such as care planning, risk assessment and staff supervision, training and recruitment.

People felt safe using the service. Staff demonstrated a good understanding of the different types of abuse that could occur and their role in protecting people from abuse. There were enough staff available to meet people's needs safely.

People and their relatives told us that the care and support provided by Lighthouse Care Solutions was appropriate to meet people's needs. Staff received training to help them to provide people's care and support. Staff sought people's consent to care. People received support to access healthcare appointments if needed.

People and their relatives told us they were satisfied with the staff that provided their care. Staff members often took the time to do things outside of their remit to improve people's experiences and to recognise and act on details that were important to people. The service had received a number of written compliments that praised the staff and management team for the quality of the care provided for people. People were fully involved in making decisions about their own care, felt their views were listened to, and respected. People felt that they were treated with dignity and respect.

People and their relatives told us they had been involved in developing people's care plans and felt that their opinion was respected and taken into account. People told us they felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call. The provider had policies in place to help ensure that any concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

People and their relatives felt that the registered manager was always approachable with any problems. The registered manager demonstrated a good knowledge of the staff they employed and people who used the service. Satisfaction surveys were in the process of being developed to distribute to people who used the service, their friends and relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments lacked detail around areas of potential risk and what actions staff needed to take to mitigate risks to people's health, safety and wellbeing.

Recruitment processes required further improvement to help ensure that staff employed were of good character and were physically and mentally fit to undertake their roles.

People and their relatives felt that medicines were managed safely however the registered manager did not provided evidence to confirm staff training or competency checks.

People felt safe using the service.

Staff understood about protecting people from abuse.

There were enough staff available to meet people's needs safely.

Is the service effective?

Good

The service was effective.

People and their relatives told us that the care and support provided by Lighthouse Care Solutions was appropriate to meet people's needs.

Staff felt supported to provide effective care.

Staff sought people's consent to care.

Staff were available to support people to access healthcare appointments as needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed.

Is the service caring?

Good

The service was caring.

People and their relatives were satisfied with the staff that provided people's care.

Staff members took the time to do things outside of their remit to improve people's experiences and to recognise and act on details that were important to people.

The service had received a number of written compliments that praised the staff and management team for the quality of the care provided for people.

People were fully involved in making decisions about their own care and felt their views were listened to and respected.

People felt that they were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People and their relatives had been involved in developing people's care plans and felt that their opinion was respected and taken into account.

People told us they felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call.

The provider had procedures in place to help ensure that any concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have a system of robust record keeping in place to help ensure they could be confident they were providing a consistently safe service. Shortfalls in records included the staff training matrix, recruitment records, care plans, risk assessment, supervision records and medicine audits.

People who used the service felt that the registered manager was always approachable with any problems.

People we spoke with told us they would recommend Lightening Care Solutions to their friends.

The registered manager demonstrated a good knowledge of the

staff they employed and people who used the service.

The registered manager kept up to date with changes in the care sector and changes in legislation by a membership of and attending workshops arranged by care provider associations.

Satisfaction surveys were in the process of being developed to distribute to people who used the service, their friends and relatives.

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Detailed findings

Background to this inspection

This inspection took place on 25 January 2018 and was announced. We provided 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken by one inspector.

We asked the provider to complete a Provider Information Return (PIR) as part of this inspection process. 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 also checked the information we held about the service and the provider and saw that no concerns had been raised.

We spoke with two people who used the service and received feedback from two relatives to obtain their views on the service provided. We received feedback from the care co-ordinator and the registered manager.

We looked at the care records for two people who used the service to see if they were reflective of their current needs. We reviewed two staff recruitment files and training records. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Requires Improvement

Is the service safe?

Our findings

Risks to people's safety had been assessed and some guidance was available within people's care plans for staff to follow. However the information recorded did not inform staff how to manage people's risks effectively to help keep them safe. We discussed with the registered manager that risk assessments needed to clearly detail areas of potential risk and what actions staff needed to take to mitigate the risk. The registered manager agreed to review the risk assessments to ensure that all areas of potential risk to people's health, safety and wellbeing had been identified and that staff had access to sufficient information to reduce or remove the element of risk.

Recruitment procedures were in place to help ensure that staff employed were of good character and were physically and mentally fit to undertake their roles. For example, new staff did not commence employment with Lighthouse Care Solutions until satisfactory criminal record checks and references had been obtained. However, there were some aspects of the provider's recruitment process that required further improvement. This included obtaining accurate dates of previous periods of employment so that the provider could be satisfied there were no gaps in a person's work history, ensuring that two completed references were received and signing and dating copies of identification papers to evidence who had seen them and when. We discussed this with the management team who undertook to implement more robust measures with immediate effect.

People who required support with medicines told us they received their medicines on time. People who used the service confirmed that staff did provide this support and people's care plans confirmed this. A relative told us that they were satisfied with the support staff provided to enable a person to receive their medicines. However, records provided for inspection did not confirm that staff had been provided with training in the safe administration of medicines. We contacted the registered manager after the inspection site visit and asked them to confirm the status of staff training in this element of care. However, at the time of writing this report we had not received a response.

People felt safe and told us that the support they received from staff helped to keep them free from harm.

Staff told us they had attended training about protecting people from abuse, and the staff training records we reviewed confirmed this. Staff demonstrated a good understanding of the different types of abuse that could occur. The registered manager gave an example where a staff member had been offered a cash gratuity at Christmas time and sought advice from the registered manager as they recognised that accepting money from a person who used the service was inappropriate. One staff member told us they were aware of the reporting processes that should be used and were confident that any concerns would be fully investigated by the registered manager. This showed that there were effective systems in place to support staff to help keep people safe.

The registered manager told us of an instance where a person who used the service had run out of their 'as needed' pain relief medication over a weekend. As a result the care co-ordinator had introduced a system whereby they visited each person weekly with a checklist to help ensure that people had enough medicines,

the stocks of personal protective equipment such as gloves and aprons were sufficient and that people were satisfied with the service they received. These examples showed that learning from incidents was taken seriously for the benefit of people who used the service.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. Actions were taken to learn from incidents and to use the learning to improve the quality of service for people. For example, there had been a one off situation where a care call had been missed due to a care worker's confusion with their hours. As a result of this the provider had introduced a digital management system that created an electronic reminder for staff and alerted the management team if a care call was not attended. The management team also said this incident had alerted them to the need for a contingency plan in terms of staff cover in the event of unforeseen emergencies.

A staff handbook was in the process of being developed to provide the staff with access to policies, procedures and guidance they needed to support them to provide safe care for people. The registered manager advised that all new staff currently read the policies and procedures as part of the recruitment process before they started to provide care for people.

People who used the service told us that there were enough staff to meet their needs safely. They told us that staff were punctual and always stayed their allotted time to make sure that all aspects of care were covered. People told us that they received their care and support from consistent staff members which enabled them to build up positive relationships. A relative told us, "There was a small group of staff that looked after [relative] so they did receive consistent care."

The staff team had received training in the control of infection and the management team ensured that adequate supplies of gloves and aprons were available for staff to use.

Good

Is the service effective?

Our findings

People and their relatives told us that the care and support provided by Lighthouse Care Solutions was appropriate to meet people's needs. One person's relative said, "Lighthouse have provided nightly attendance and apart from a small timing issue initially (quickly resolved) their performance has been very good. I am able to read their nightly report when I visit and all seems to be quite in order."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as lone working and dementia care. The registered manager told us that they had achieved a 'train the trainer' qualification via a local care provider's association. This was so that they could ensure the training provided for the staff team was face to face and they could monitor this through working alongside the staff team.

The management team told us that because they worked alongside the small staff team on a daily basis they were able to confirm their competency but had not yet introduced a formal system of regular staff supervision. We discussed with the registered manager that there was a need to record the support and supervision that they provided for the staff team. They agreed to introduce a more formal system with immediate effect.

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. Six of the eight staff members employed to work for Lighthouse Care Solutions had received training in this area. The registered manager advised that all staff would be provided with this training in order to understand their role in protecting people's rights in accordance with this legislation.

People's consent to care was sought by staff. People told us that staff always asked permission from them before they carried out any task or personal care.

Staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse as appropriate.

Good

Is the service caring?

Our findings

People and their relatives told us how happy they were with the staff that provided their care. A relative told us, "I have been very impressed by the care staff, faultless, perfect. They were very caring towards [Person] and devoted. [Person] really liked them."

Staff members often took the time to do things outside of their remit to improve people's experiences and to recognise and act on details that were important to people. For example, staff taking fresh flowers to cheer up people who were house bound and visiting others who had been admitted to hospital. Another example we were given was where an unscheduled visit by a staff member to a person who used the service revealed that the person had not had any breakfast or lunch that particular day. Staff then prepared some food for the person and has continued to make regular phone calls to the person to check that all was well.

The service had received a number of written compliments that praised the staff and management team for the quality of the care provided for people. For example one compliment read, "We are very grateful for all your patience, kindness and care." Another compliment received stated, "It is so re-assuring to know that you are there for [person] to keep them safe and happy at night."

People were fully involved in making decisions about their own care. People told us that they felt their views were always listened to and respected. A person who used the service said about the staff, "They are really great I can talk with them about anything."

People felt that they were treated with dignity and respect. Without exception people and their relatives told us that staff respected their privacy and promoted dignity.

People were provided with appropriate information about the agency in the form of a 'Statement of purpose'. The registered manager told us this was given to people when they started using the service. This included information on the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans and felt that their opinion was respected and taken into account.

People's care plans were not always sufficiently detailed to be able to guide staff to provide their individual care needs. However, the registered manager told us that all the people who used the service at the time of this inspection had verbal and mental capacity and were able to tell staff what they wanted from them and how they wanted their care provided. We spoke with people who used the service and relatives of people who used the service subsequent to the office site visit and they were able to confirm that staff were responsive to their wishes and that they were satisfied with how staff supported them.

People told us how staff included them in all decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives praised how well staff cared for their family member.

People told us they felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call.

One person who used the service told us how they enjoyed support to engage in activities of daily living. They told us how they had really enjoyed making a cake with a member of the care staff team.

The provider had policies in place to help ensure that any concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. However, since the provider had started to deliver a service in August 2017 until the time of this inspection there had been no concerns or complaints made. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. One relative told us, "Any concerns I have raised have always received prompt action."

Requires Improvement

Is the service well-led?

Our findings

The service was very new and had only been supporting people with personal care since August 2017. However, we found that the provider did not have a system of robust record keeping in place to help ensure they could be confident they were providing a consistently safe service.

A staff training matrix had been developed however, this needed to be further developed to include the dates that various training courses had been undertaken in order that the provider could be confident that the staff team's training was up to date and any interested parties could understand when refresher training was due.

The management team told us that they checked people's medicines weekly to help ensure that they had sufficient to meet their needs and to help keep them pain free. However, we found that these audits were not documented which meant there was no record to confirm the process undertaken or the findings. The registered manager acknowledged this and undertook to introduce a formal process for auditing people's medicines to help evidence that staff managed people's medicines safely.

People's care plans were not sufficiently detailed to support the staff team to provide consistent care and risk assessments were not sufficiently robust to confirm that all areas of potential risk had been assessed and planned for. We discussed this with the management team who undertook to review all care plans and risk assessments to ensure they were sufficiently detailed to promote consistent and safe care.

Staff recruitment checks were undertaken but needed to be more robust to help ensure that the right people were employed to provide care for people.

The registered manager told us that they worked alongside the staff team regularly which gave them a good insight to any issues the staff encountered and enabled them to quality assess the service they provided for people. There was no programme of formal staff meetings or staff supervision at the time of this inspection. The registered manager reported that because the service was still small and the care provided was primarily 'live in' they found it almost impossible to get the team together. The registered manager advised that they did keep in regular contact with the staff team through a series of spot checks, providing additional care where people required two staff to help them transfer by means of a mechanical hoist and routine checks undertaken by the care co-ordinator. We discussed that any meetings they did have with the staff team should be documented.

People who used the service knew the registered manager by name and felt that they were always approachable with any problems. A relative told us that they felt the service was well managed and whilst response from the management team was sometimes slow it was not onerously so.

Everyone we spoke with told us they would recommend the service to their friends. One relative told us, "I have been very impressed and would undoubtedly recommend them." A person who used the service said, "[Name of manager] is really great and the carer she found for me is awesome."

The registered manager demonstrated a good knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships.

The registered manager kept up to date with changes in the care sector and changes in legislation by a membership of and attending workshops arranged by care provider associations.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This showed us that the registered manager and provider were committed to providing a safe service.

Satisfaction surveys were in the process of being developed to distribute to people who used the service, their friends and relatives. The registered manager reported that the surveys would be distributed at least annually and once the completed surveys were received they intended to collate the information and produce a report of the findings along with suggested actions which will be shared with the people who used the service. This showed us that the registered manager had plans to empower and enable people and their relatives to positively influence the service provided.