

# Candlelight Homecare Services Limited

## Candlelight Care (Corsley) Office

### Inspection report

3 Manor Farm Offices  
Corsley  
Warminster  
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Tel: 01225776000

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15 March 2022

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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

### About the service

Candlelight Care is a domiciliary care service, providing personal care to people living in and around Wiltshire and Somerset.

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. One the day of inspection, 53 people were receiving the regulated activity of personal care.

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

Some systems were in place to monitor the quality of care provided. However, the systems in place did not effectively monitor all aspects of the service. Although feedback had been sought from people using the service it had not been analysed and no staff surveys had been carried out. The provider informed us they planned to implement a formal audit schedule as soon as possible. Staff spoke highly of the manager and said the service was a good place to work. One staff member said, "[Registered manager] is lovely, she's so good and so easy to talk to." Another member of staff said, "I do think the care is good here. I always put the client first and look after them properly and the other staff I've worked with are the same."

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. One person said, "Oh yes, I do feel safe, very much so. They are a good team, professional and know their stuff. They're a nice bunch of staff both male and female." There were enough staff available to meet people's needs. People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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.

People told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. One person said, "I get on with the staff like a house on fire. I can see on the rota who's coming, and I look forward to seeing them. I am severely vulnerable and haven't been out for two years, so they are my lifeline."

Staff were knowledgeable about people's support needs as well as people's preferences for how they were cared for. One person said, "They always include my [partner] when we talk and make [them] feel involved. They even bring dog treats for the dog. They have a holistic approach for the whole family." There was a complaints procedure in place and people knew how to complain if they needed to.

We have recommended that the service reviews the quality assurance arrangements to ensure they are robust.

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 30 November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Candlelight Care (Corsley) Office

## **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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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

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

Inspection activity started on 15 March 2022 and ended on 18 March 2022. We visited the location's office on 15 March.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. 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-

We spoke with seven people who used the service and one person's relative. We spoke with five members of staff, the registered manager and the deputy manager.

We reviewed a range of records. This included three people's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We sought feedback from two professionals who worked with the service.

# 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 provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "Any concerns about anything, I would report it to the office."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "I would report it to [registered manager] and if she didn't deal with it, I would challenge her. I would feel happy to report higher if I needed to."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe.
- One person said, "Yes, I feel safe. Staff observe how I am doing. If I go upstairs, they are with me and they don't sit down until they know I am safe." Another person said, "They know how to lift me using the hoist. I always feel safe."
- One member of staff said, "If there is anything I'm concerned about, like health changes, skin damage, marks, it all goes on a 'concern' form which is an electronic system that goes straight to the office. We tend to get a response the same day. Anything like that is acted on fairly quickly."

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them.
- People using the service told us staff generally turned up on time. Comments included, "Sometimes staff are a little bit late. I get a rota to say who is calling and what time. Sometimes they come a bit early and sometimes a few minutes late, but they never miss" and, "They [staff] never know what the previous client needs, but they try to be on time, and they are rarely late. They don't always let me know, but they aren't very late. They did ring the other day as they had an emergency, but they did visit later."
- Staff said they felt there were enough of them on duty to meet people's needs. One staff member said, "Sometimes people's needs change, so we always discuss if we need more time. The office staff will arrange it for us."

### Using medicines safely

- There was no system in place to cross check medication in people's homes with administration records. Although staff electronically confirmed they had supported people to take medicines, no additional checks were in place.
- Staff completed medicines training and had their competencies regularly checked.
- One person told us "The staff make sure I take them [medication]. They count the tablets into a pot and double check them and if I run out, they tell me, and I re-order."
- Clear guidance was in place to inform staff when and where to apply topical creams and lotions.

### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- Staff confirmed they had access to enough PPE and had received infection control training. One staff member said, "I wear a mask, apron and gloves in all client's homes. I usually put it on just by the front door and take it off when I leave."
- People confirmed staff always wore PPE during visits and changed gloves between tasks.
- Staff were part of a regular testing programme for COVID-19.
- The service had an up to date business continuity management plan which included the identification of risks associated with COVID-19.

### Learning lessons when things go wrong

- Incidents and accidents were logged. The reporting system showed that these were fully investigated and resolved.
- Lessons learned from incidents and accidents was shared with the team and internally within the organisation.



# 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's needs were fully assessed, and this then formed the basis for care plans. One member of staff said, "I do assessments on new clients. I find out what we can do to enable them to stay at home. We then put the plan and the right carers in to achieve that."
- Plans were reviewed regularly. When people's needs changed, visit lengths and plans were updated.
- One person said, "The team leaders come, and we have a chat on how things are going on and what I need, and they write it in the care plan instructions. They have never made a decision without letting me know."

Staff support: induction, training, skills and experience

- Records showed staff were provided with a wide range of training, had regular updates and spot checks of their care practices were carried out. One staff member said, "The deputy manager just turns up and does spot checks. We don't always know we're having them until she turns up."
- Staff had regular supervision sessions. All staff spoke highly of how supported they felt in their role. Comments included, "I feel well supported" and, "I do feel supported by the office staff and the other staff. I know I can just pick the phone up. [Registered manager] is always contactable; I know I can ring her with anything."

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

- Where required, people were supported to eat and drink well. People's meals, drinks and snacks were prepared in line with their choices or known preferences.
- When people had specific dietary needs, these were documented in care plans. Through conversation, staff demonstrated that they knew people's needs. This included how to monitor people to reduce the risk of choking.
- One person said, "They [staff] will always make me snacks, and they do a mean boiled egg. I have a light lunch and they help me with this."

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

- One person said, "If I am going into hospital for an appointment, the staff will make sure I have everything ready like a face mask and paperwork."
- Staff understood their responsibilities to support people to access services as needed. One staff member said, "If I was on a visit and had concerns someone is ill, I would inform the office using the electronic reporting system and suggest a GP visit."

- One person's relative said, "When they [staff] phone the doctor, they always call me to tell me what their concerns are. They are good like that."

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 consented to their plan of care and the support provided by staff.
- Staff were aware of the principles of MCA. One staff member said, "I always call out when I arrive at someone's house and ask is it ok if I come up?"
- People told us staff always asked before providing any support.

# 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

- People using the service gave positive feedback about the staff who supported them. Comments included, "The staff are all very kind and they bought me a budgie and they look after him too" and, "The staff know my funny little ways and what I like. They have got to know me as a person."
- Another person said, "The humour is good, the care is good, the commitment is good. They would do anything for me. They are as good as gold."
- One person's relative said, "They [staff] are kind and caring."
- All the staff we spoke with said they enjoyed their roles. One staff member said, "I like doing a bit extra if I can. If I notice someone's running low on milk or something, I might nip into the shop if I have time and buy some for them. Sometimes it's just having time for a chat with people." Another member of staff said, "I love my job. I support people to stay at home and I help keep them safe."
- Most of the people we spoke with said they received care and support from a consistent and regular team of staff. One person said, "The four girls that come to me are almost like family."

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

- People were actively involved in planning their care. One member of staff said, "I always ask people, how would you do it normally? It's their routine so we do our very best to stick to it."
- One person said, "I am very much involved. I am always asked what I want to wear. It might be something simple like that, but things like that matter to me. The staff always ask my opinion."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity. Staff gave examples of how they did this such as, "I always have two towels to keep people covered, and I close curtains and shut the bathroom door behind us if someone else in the house." There was a 'dignity champion' in post. Their role was to visit people in their homes and ask them if staff respected their dignity when they were supporting them. This included for example, ensuring staff gave people privacy when using the toilet.
- One person said, "Staff cover me with a towel, they protect my dignity all the way through. When you have a disability, you don't have a choice about having help to take your clothes off, but as far as dignity is concerned, they [staff] are very good."
- Staff said they encouraged independence and people confirmed this. Comments included, "I try to be independent as far as I can, but if I can't do it, I ask them, and they do it" and, "I have always said let me try first and if I can't, my mouth is big enough to ask them for help."

# 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

- Care plans contained detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be supported. For example, in one person's plan it was documented how they wanted bathroom items prepared before personal care, and specified which cup staff should use to make the person a drink in.

- The service used an electronic planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and ensured that staff had easy access to information about the people they were supporting.

Staff confirmed they had access to all the information they needed to support people. One member of staff said, "We all have the info about clients on our phone. Tasks are listed for each visit. Information about past medical history, medication etc. I always read through the communication notes and any care notes before each shift so that I know what's what before I go in."

- One person said, "They [staff] always ask if there is anything else I want them to do, and they would willingly do it for me. Their last question before they leave is always, 'is there anything else you would like me to do?'"

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 and staff understood about the AIS. People's communication needs were identified and recorded in their care plans.

- One member of staff said, "We had one client recently who wore a hearing aid, but when they weren't using it, they had a note pad which they liked to use to communicate with staff."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. The service reported and responded to complaints in a timely manner.

- People and their relatives knew how to complain. Comments included, "I have never had to complain" and, "I have complained before and it has been resolved straight away."

End of life care and support

- At the time of the inspection, nobody using the service was receiving end of life care. The registered manager said, "We provide care for all clients in the community. If we can support people to die at home and that's their choice, we will."

# 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.

### Continuous learning and improving care

- Not all areas of the service were being monitored. Although some feedback had been sought from people using the service, using an external organisation, there was no formal analysis of the responses available. Some of the people we spoke with said they had not been asked for any feedback. The registered manager said, "We used to do surveys, but we haven't for a couple of years because of the pandemic. However, client reviews and staff supervisions mean we can get a good gauge for what's going on."
- Staff surveys had not been carried out. The provider informed us after the inspection that this was something they were in the process of arranging.
- The operations and quality assurance manager told us they intended to reinstate the provider's formal audit programme now that pandemic restrictions had ended.

We recommend the service reviews the quality assurance arrangements to ensure they are robust and identify current and potential concerns and areas for improvement.

- Spot checks during and after support visits were carried out. When issues were identified they were addressed promptly by the registered manager or deputy manager. These were documented.
- Incidents and accidents were reviewed to monitor for any trends.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they felt the standard of care provided was "Very good" and, "Absolutely great." One person said, "They [staff] are cheerful and happy, and they cheer me up. They have brought the sunshine into my life."
  - Staff told us the registered manager was "Brilliant" and "Firm but fair, and always willing to listen."
  - One member of staff "During the pandemic, morale was horrendous, but it's getting back to normal now. We work really well as a team. The other staff are more like family than work mates."
- Another member of staff said, "They gave me a nice presentation for my long service. I got flowers and notes from all my old clients."
- Staff said they felt valued. The registered manager officially recognised staff when they received positive feedback from people and their relatives.
  - The registered manager told us the provider had a rewards-based system in place for staff. Staff were awarded points for "going above and beyond." Staff were also formally recognised on a closed social media site that only staff had access to.

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

- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

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

- Staff meetings took place, although the registered manager said these had not happened as often as usual due to pandemic restrictions. They said, "We've had some video meetings. We've also met up in the park or we sit outside the office."
- When meetings couldn't take place, the registered manager ensured all staff received the same communication via memo.
- The registered manager said, "My greatest achievement is getting my team through the pandemic, working together as a team and still being able to laugh and joke together. I'm very passionate about what we do. My team have been outstanding."

Working in partnership with others

- The service was working in partnership with a number of organisations and health professionals. This included the local authority, social workers and specialist nurses.
- The registered manager said, "We have good relationships with local organisations. One of the county councils in particular are amazing. I'm a member of Wiltshire care partnership which is a forum that shares best practice and I'm also in some registered manager network groups too."