

Candlelight Homecare Services Limited

Candlelight Homecare Services Wimborne Area Office

Inspection report

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Date of inspection visit:
02 March 2016
07 March 2016

Date of publication:
11 May 2016

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

The inspection took place on 2 March and was announced. The inspection continued on 7 March 2016.

Our last inspection on 29 January 2015 found that people were at risk of harm as risk assessments were not completed to identify how risks could be minimised. We found that appropriate systems were not in place to gain and review consent from people who used the service in line with the Mental Capacity Act 2005. During this inspection we found that improvements had been made.

The service provided personal care to 33 people in their own home. There was a central office which had three separate offices, a training room, toilet and small kitchenette.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

People, relatives, staff and health professionals told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding adults.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they choose to live their lives. Each person had a care file which also included individual assessments and guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example nutrition, catheter care and stroke and Parkinson's. We noted that the majority of staff were due a refresher in manual handling. The registered manager told us a session had been arranged and that staff due for refresher were booked onto this.

Staff told us they received regular supervisions and appraisals which were mostly carried out by the registered manager. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions; I find them useful and two way. Good opportunity to give and receive feedback".

People had a capacity assessment in place and care files we reviewed showed evidence of best interest meetings taking place. Staff were aware of the Mental Capacity Act and training records showed that they had received training in this.

Some people are supported with cooking and preparation of meals in their home. We saw that people's food and fluid intake was recorded in the files where appropriate. The training matrix showed that staff had attended food hygiene training.

People were supported to access healthcare appointments as and when required and staff worked followed GP and District Nurses advice when supporting people with on going care needs.

People and relatives told us that staff were caring. During home visits we observed positive interactions between staff and people.

A health professional said, "Staff are caring and mostly involve the person in decision making. They explain and talk to the person. There is an element of just getting to know the people first". Another health professional fed back that People's choices and wishes were respected. They gave us an example where a carer had visited a person in their home who was not feeling well and did not want a bath that day. They said that the carer had listened to the person and respected their wishes and dignity.

Staff we observed treated people in a dignified manner throughout the course of their visit. Staff had a good understanding of people's likes, dislikes, interests and communication needs.

People had their care and support needs assessed before using the service and care packages reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available. People and relatives told us that they were involved in reviews.

People, staff and relatives were encouraged to feedback. We reviewed the staff and client satisfaction survey report for 2015 which contained mainly positive feedback. This report reflected results from feedback questionnaires sent to people and staff. The quality assurance manager had analysed the feedback and actions were set for the registered manager to follow up. We saw that the two actions identified from this had been addressed.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address it. We saw that there were no outstanding complaints in place. Compliments were also recorded as part of the compliments, comments, feedback and complaints policy. One compliment said, 'Carers are always efficient and cheerful. They bring a little of the outside world inside to brighten the day'.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People, staff, relatives and health professionals all felt that the service was well led. The manager encouraged an open working environment. A staff member told us, "The registered manager does a really good job, they are hardworking, personable and a very good leader".

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Spot checks were completed by the registered manager and community team managers. The registered manager logged data from critical incident reports monthly which included medication errors, incidents, complaints or falls to name a few. This data was then passed to the quality assurance manager who carried out an overall analysis and looked for trends and learning which was then shared. The manager also carried out regular medication audits.

The service had recently received a bronze award in the Investors In People (IIP) programme.

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. There were sufficient staff available to meet peoples assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Risk assessments and emergency contingency plans were in place and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good ●

Staff received training to give them the skills to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

The service was effective. People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Capacity assessments were in place and best interest meetings took place.

People were supported to access health care services.

Is the service caring?

Good ●

The service was caring. People were supported by staff who knew them well and spent time with them.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity at all times.

Is the service responsive?

Good ●

The service was responsive. People were supported by staff who recognised and responded to their changing needs.

People were supported to access the community where this need was identified and part of their care package.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

People's feedback was used to make improvements to the service that benefited people

Is the service well-led?

The service was well led. The registered manager promoted and encouraged an open working environment.

People were supported by staff who use person centred approaches to deliver the care and support they provide.

The registered manager was flexible and carried out home visits when necessary.

Regular quality audits and staff competency checks were carried out to make sure the service is safe and that staff had the skills they need to do their job.

Good ●

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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 was planned to check 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 took place on 2 March 2016 and continued on 7 March 2016. The provider was given 48 hours' notice. This is so we could be sure the manager or senior person in charge was available when we visited.. The inspection was carried out by an inspector and a bank inspector on the first day and a single inspector on the second.

Before the inspection we looked at notifications we had received about the service. We spoke with the local authority contract monitoring team to get information on their experience of the service. We also looked at the previous inspection report.

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 spoke with three people who use the service and four relatives. Three health care professionals who all had experience of the service provided feedback during our inspection.

We spoke with the registered manager, quality manager, a community team manager and the care coordinator. We met with seven care staff. We reviewed four people's care files, policies, risk assessments,

quality audits and the 2015 client satisfaction and employee engagement report. We visited three people in their own home and observed staff interactions. We looked at four staff files, the recruitment process, staff meeting notes, training, supervision and appraisal records.

Is the service safe?

Our findings

Our last inspection on 29 January 2015 found that people were at risk of harm as risk assessments were not completed to identify how risks could be minimised. Following the inspection the provider wrote to us and told us that they would make improvements. During this inspection we found that improvements had been made.

People and relatives told us that they feel the service is safe. A person said, "Yes the service is safe, I have four visits a day and I'm happy with it". A relative told us, "I am happy that my relatives care is safe. I'm not afraid to call and raise concerns if I need to". Another relative said, "It's a safe service, the attention my relative gets is everything I expect".

A staff member told us, "It's very safe here, files are locked away and computers are password protected. People are safe in their homes and know that they can pass on concerns to the office and their next of kin or social worker". Another staff member told us, "We are safe, risk assessments are completed, we each have a mobile phone to contact the office and we clock into the office every day".

Staff were able to tell us how they would recognise signs of abuse and who they would report it to. Staff told us they had received safeguarding adults training. We reviewed the training matrix which confirmed this. A staff member said, "We have a safeguarding policy and staff have handbooks. We also have a whistleblowing policy. I would use this if I was concerned". The registered manager told us that she covered safeguarding and whistleblowing in the last staff meeting. The safeguarding and whistleblowing policies were comprehensive and up to date.

We reviewed four people's care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. Each risk had a risk rating which was determined from the severity and likelihood of the risk occurring. The registered manager told us that they and the community team managers (CTMs) complete risk assessments and share them with the team and people. A staff member told us, "My understanding of risk is identifying hazards and assessing them. Then to look at how I could prevent them. There are clear risk assessments here in everyone's folder". A CTM said, "I am involved in people's initial assessments. I identify risks and minimise them for example, external checks; lighting, parking or trip hazards, personal checks; mobility aids, medication or continence to name a few. Completed risk assessments are shared with the team in people's folders. We encourage staff to feed into risk assessments as well and feedback. These are reviewed every six months".

The service had an emergency contingency plan in place. During people's initial assessments they were banded in order of priority using a traffic light system. This was used in case of emergency for example extreme weather or multiple staff sickness. People identified as 'red' were priority clients who required personal care and support with medication and meals. The plan contained contact details and carers who are within walking distance. We noted that this plan was reviewed every 12 months and was up to date.

The registered manager told us she was often recruiting more staff as the service grows. The manager

showed us a roster system they used on line. This highlighted visit times and staff availability using a traffic light system. The registered manager said that this lets them know at a glance times and days where staff numbers may be short so that they can either swap staff shifts or not take on additional referrals until new staff are recruited. We reviewed six months of roster which mainly reflected green which indicated there were enough staff to cover the support people required. The manager told us, "We do not miss visits, in the event of staff sickness I or the care coordinator will carry out home visits". A staff member told us, "I feel staff levels are good, enough to deliver care to people". Another staff member said, "Staff are not often asked to do extra hours. I think there are enough staff. We are not overloaded". We asked staff if they felt they had enough travel time. Staff told us that they did unless there was sickness or traffic delays. A person said, "Staff are usually on time, they are pretty good". Another person told us, "I have never had a missed visit. One time someone was late. I phoned up the CTM who said that if they didn't arrive then they would come. The staff member arrived and told me they were held up in traffic, there was no issue". Another person told us, "I receive a rota each week telling me who is supporting me the following week. This usually arrives on a Saturday". A relative said, "I am not aware of any missed or late arrivals". The registered manager told us that they are holding local open day events to try and get more people to apply for roles. We observed that a staff member had arrived at a person's home a little early. The staff member showed us the day to day record of staff visits. They showed they had signed in and out. We saw that this was recorded.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). They also included induction records.

People were supported to store and take their medicines safely. We reviewed Medicine Administration Record (MAR) sheets for the last four weeks and found them to be completed and checked by the manager. We reviewed a person's MAR sheet in their home and found that they were up to date and correct. The registered manager told us that they had just delivered a refresher training session to staff on recording medication. The manager said that they reminded staff to always check MAR sheets. They gave them all copies of some example sheets and asked staff to identify errors. The manager also went through what staff should do if they found some new medication in a person's house, good record keeping and logging times medicines were given.

Is the service effective?

Our findings

Our last inspection on 29 January 2015 found that appropriate systems were not in place to gain and review consent from people who used the service in line with the Mental Capacity Act 2005. Following the inspection the provider wrote to us and told us that they would make improvements. During this inspection we found that improvements had been made.

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training matrix which confirmed that staff had received training in topics such as medication, dementia, and first aid to name a few. We noted that 10 staff were due a refresher in manual handling. The registered manager told us a session had been arranged and that staff due for refresher were booked onto this. 13 staff had completed or were working towards their diploma in health and social care. There was also training specific to people who use the service in topics such as nutrition, catheter care and stroke and parkinsons. A staff member told us, "I receive regular training in first aid, safeguarding, manual handling etc. I would like to do dementia and stroke and parkinsons. I'm currently doing nutrition". Another staff member said, "I have had training to do the job and if I am not sure of anything I can ring the office or will be shown what to do". Another staff member who had been working for 12 months told us, "I received a lot of training at the beginning but not since. I have been told there will be more to come". A person told us, "Staff on the whole are very good. Well trained, nothing to worry about". A relative said, "I think staff seem well trained, they know what they are doing".

Staff told us they received regular supervisions and appraisals which were mostly carried out by the registered manager. One staff member said, "We usually have two supervisions and one appraisal a year plus informal discussions. These are very useful and we can make special requests for them too". We were given an example of when a staff member asked for a supervision to discuss their working hours. Another staff member told us, "I feel very supported, I can raise issues and I feel listened to. Any time I talk about things I always get a response". Another staff member told us, "I receive regular supervisions, I find them useful and two way. Good opportunity to give and receive feedback". The registered manager showed us the appraisal procedure which explained to staff the process and informed them how they could request a review if they felt it was unfair. The registered manager completed an assessment on the employee's performance using a scoring system. The assessment covered many different areas from client satisfaction to attendance and confidentiality to name a few. It then looked at performance objectives for the year ahead. There was a section for staff to complete based on their own goals and ambitions. An action plan was then completed and progress reviews took place via supervision. This showed that staff had an opportunity to continually learn and develop in their roles.

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.

Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "If a person lacks capacity an assessment is completed. Best interest meetings may involve family, local authority and health professionals". The service had introduced a new system to assess people's capacity and record any best interest decisions where necessary for example administration of medication. The registered manager told us that they or the CTMs complete capacity assessments and lead best interest meetings. The capacity assessments included an impairment and functional test and recorded the outcome. Best interest records showed decisions made, people involved, support required and people's wishes and beliefs in relation to any decision made. Relatives told us that they are involved in best interest decisions. The service had a list of people with reduced mental capacity. This logged their names, whether they were private or local authority funded and if Lasting Powers of Attourney (LPAs) were in place for health and welfare. We saw certificates for 10 people who had LPAs in place for health and welfare. A Health and Welfare Lasting Power of Attorney (LPA) gives one or more trusted persons the legal power to make decisions about people's health and welfare if they lose capacity. The registered manager told us that they were encouraging families to apply for these where appropriate and to keep the service updated. We were shown that one person who didn't have any family had been referred to the local authorities Independent Mental Capacity Assessor (IMCA).

Some people were supported with cooking and preparation of meals in their home. Peoples food and fluid intake was recorded in the files where appropriate. The training matrix showed that staff had attended food hygiene training. A person told us, "They ask me what I would like to eat and give me choices".

People were supported to maintain good health and have access to healthcare services. A relative told us, "My relative was running a temperature. The carer contacted me. I asked them to call the GP which they did. The GP visited them at home". A health care professional told us, "The service is definitely effective, I wished all agencies were like them. There is good communication between them and professionals who work alongside". We saw that heath care visits to people's home arranged by the service were recorded in people's files. A relative told us, "If mum needs a GP or District Nurse the service will arrange this or phone me if necessary".

Is the service caring?

Our findings

People, relatives, health professionals and staff said they felt the service was caring. One person told us, "Staff are caring they do a little bit extra. They talk to me and I have a good rapport with them". Another person said, "Staff care, they asked me what my preferred name was and they now use this". A relative told us, "Staff are undoubtedly caring. It was my relatives 90th Birthday last year. One carer volunteered to support mum. I watched the interaction between the carer and my relative which was great to see". Another relative said, "My relative is well cared for. Staff help in every way they can".

A health professional told us, "Staff are both caring and respectful". Another health professional said, "Staff are caring and mostly involve the person in decision making. They explain and talk to the person. There is an element of just getting to know the people first".

A staff member told us, "The team are very caring, they go way above and beyond. People are happy to have certain staff. Staff are up for doing additional work. They have good relationships with people".

We observed a staff member getting down to the person's level and asking them if there was anything else they wanted support with before they left. The staff member then reassured the person that they would be back for the next visit at 9.30pm.

We observed a member of staff being respectful in their interactions and checked the person's mobility. They spoke quite loudly and clearly to ensure the person who had a hearing impairment heard them. The staff member pitched it at a suitable level and faced the person which they told us they preferred.

The care files we reviewed recorded key professionals involved in their care, how to support them and medical conditions to name a few. This information supported new and experienced staff to understand important information about the people they were supporting.

A health professional told us that choices and wishes were respected. They gave us an example where a carer had visited a person in their home who was not feeling well and did not want a bath that day. They said that the carer had listened to the person and respected their wishes and dignity. A person said, "I know what is happening and I am involved too. Staff treat me as an individual and respect my choices". A staff member said, "I ask people what they want to do for example, have a shower or a bath. I give options of food and give information of what they may have in their fridge". Another staff member told us, "We put people at the centre of decision making process and ensure their voices are heard as well as families". A relative told us, "Staff always ask my relative what they want. Choice is never imposed on them".

Staff we observed during home visits were polite and treated all people in a dignified manner throughout the course of their visit. We asked staff how they respected people's privacy and dignity. One staff member said, "I give people the choice of what to do. I close curtains and doors. Cover private areas and encourage them to do tasks for themselves if they can for example personal care, top half". A relative told us, "My relative won't have a man in the morning and this is respected by the service". Another relative said, "If staff

know my relative can do something they will encourage them to do it for themselves like toileting which promotes their independence and respects their privacy and dignity". Another relative told us, "I'm confident that staff respect my relative's privacy and dignity. I have been there when there care is being delivered. I have no concerns".

Is the service responsive?

Our findings

People had a care needs assessment completed on referral which reflected contact details, health and medical conditions and medication to name a few. Care plans we reviewed reflected information obtained in these assessments. Care package reviews took place every six months and involved people, family and professionals when available. Care plans, risk assessments and care packages were reviewed as a whole. These were completed by the care team managers.

A staff member told us, "We report back changes in health and wellbeing to the office. The care coordinator will then arrange a review of care package by the community team manager". A relative said, "My relatives care plan is regularly reviewed. Visit times are changed at winter. The care team managers often contact me to check care is going well". Another relative told us, "The service is responsive to my relatives needs and their care plan is reflective of this. They look after their feet well".

The registered manager told us that relatives were welcome to come to the office and discuss issues, concerns or feedback. They said that they were also happy to go to people's houses to gather this if they would prefer. The registered manager told us about a relative who often came to the office to change support in response to changes for example the relative going on holidays or medication times needing to be changed. The relative was very grateful for this and wrote a thank you card which we were shown.

A care team manager said, "We have a person who has deteriorated recently and is needing additional support due to continence and falls. We now provide double ups during visits following a reassessment of their needs". They went onto say, "We have another person who was discharged from hospital and following a re-enablement package visits went from three per day to three per week as the persons independence increased. This was a great success".

The registered manager told us that people were supported to access the community by staff as well as to and from hospital when required. The registered manager said, "People are welcome to pop into the office for coffee and a chat, we welcome this".

A staff member said, "We welcome feedback so that we can identify strengths and weaknesses. This is really important". A person told us, "I have asked staff to keep the washing machine and tumble drier doors open, turn off switches, lock the front door and then bang on it. They do this and it gives me reassurance that I am safe when I'm in bed".

The registered manager showed us the services client satisfaction and employee engagement report 2015. The service measured people and staff's satisfaction levels by using survey techniques and questionnaires. Findings are collated and analysed by the quality assurance manager and actions followed up by the registered manager. We reviewed the report and saw that the overall feedback results were positive from both people and staff. At the end of questionnaires people and staff had an opportunity to write additional comments. One person wrote, "I don't think I could get a better service, they are all so friendly". One staff member wrote, "I am very satisfied with the company after working for another I have found Candlelight

have been very kind and very supportive of me". Another person wrote, I feel extremely lucky to have the Wimborne team to help me. I just wish you could supply them with over shoes for use in the walk in shower room as my carpets are getting dirty. The registered manager told us that they now supply all staff with over shoe covers to wear during visits.

Complaints were recorded on critical incident reports. These logged details, dates, actions and learning outcomes. The registered manager showed us records of response letters sent to people following concerns raised and steps taken to resolve them. There were no outstanding complaints or concerns at the time of this inspection. A person told us, "I was given a copy of the complaints procedure with the services booklet and know who to contact. I have had no complaints". Another person said, "I know who to contact if I am not happy and I believe it would be dealt with". A relative told us, "There was one occasion where my relative didn't gel with a staff member. I went to the office to discuss this and it was sorted". We saw that this had been recorded. Another relative said, "I have never had a concern, if I did I would contact the manager. They are very open and transparent and always welcome feedback". Another relative told us, "They will listen to me if I have concerns. They are very helpful".

Compliments were also recorded. The registered manager showed us a sample of some recent ones they had received. One from a physiotherapist read; I wanted to congratulate all carers who attended to Mr X. He has improved tremendously with his physical and mental wellbeing. The carers have listened and worked well with me to make huge improvements. Another from a relative read; Thank you to everyone who helped to care for my relative. Thank you for fielding all my phone calls, sorting out any problems and coping with all emergencies. It's a great and caring service you provide for people.

Staff told us that they know that they do a good job each day if they leave work knowing people are happy and comfortable. One staff member told us, "This is the best job I've had".

Is the service well-led?

Our findings

During our home visits we observed a very positive culture between people and staff supporting them. Staff demonstrated a person centred approach to the care and support they were delivering to people by acknowledging them and talking them through the support they were providing in an empowering way.

People, relative, health professionals and staff all fed back that they felt the service was well managed. A person told us, "The office crowd are very good". A relative told us, "The service is well managed". Another relative said, "Quality of care is good. Care notes are written well and there is a consistency in records which tells me that the training and management is very good". A health professional told us, "We have good partnership working with the management I believe there is clear leadership". Another health professional said, "The communication is very good and the service is very supportive". A staff member told us, "The registered manager does a really good job, they are hardworking, personable and a very good leader". They went on to say, "Staff morale demonstrates their good ability to lead us".

The manager was flexible and does home visits when necessary for example staff sickness. A person told us, "I have met the manager before, they have done a home visit here". The manager encouraged an open working environment, for example we observed on several occasions staff coming up to her or visiting the office to discuss matters with her.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The registered manager showed us the employee charter which was in place for all staff to follow. We discussed its purpose and how the service monitors staffs performance against it. The manager told us that she currently didn't use this with their team but will start to introduce it in supervisions and appraisals. The service had an employee of the month scheme in place. The manager told us that they feel this is important to help staff feel valued and keep moral high.

A staff member told us, "The registered manager has a professional approach. They regularly monitor work for example care diary entries, MAR charts, fluid charts and makes sure there is good staff moral by making us feel valued".

We saw that the registered manager and community team manager carried out spot checks on staff once a year. These checks covered time keeping, privacy and dignity, communication and record keeping to name a few. The outcome of these checks are then used in follow up supervisions with staff as part of quality assurance. We saw that the registered manager logged data from critical incident reports monthly which included medication errors, incidents, complaints or falls to name a few. This data was then passed to the quality assurance manager who carried out an overall analysis and looked for trends and learning which was then shared. The manager also carried out regular medication audits.

The registered manager and quality assurance manager were proud to tell us that Candlelight HomeCare had recently achieved a bronze award in Investors in People (IIP).