

Mr James John Robinson

# Lantern Care Services

## Inspection report

Unit 3, Alfold Business Centre  
Loxwood Road, Alfold  
Cranleigh  
Surrey  
GU6 8HP

Tel: 01403588448

Date of inspection visit:  
06 July 2017

Date of publication:  
02 August 2017

## 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

Lantern Care Services is a small domiciliary care provider based in Alford, Surrey.

People who receive a service in their own homes include those living with physical frailty or memory loss due to the progression of age or illness. The agency also provides services to people living with dementia and people with mental health needs. At the time of our inspection 11 people received care and support in accordance with the regulated activity of personal care.

The inspection took place on 06 July 2017. The provider was given forty eight hours' notice of the inspection.

The provider was the manager, and as such a registered manager was not required. 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.

The provider had a clear vision about providing a high quality and caring service. He was achieving this by having a clear plan to keep the service small so they could really focus on giving individualised care and support in a way people wanted it. The service was also focussed on a geographical area and only took on care packages, and recruited staff from this area. The feedback we received during the inspection showed that this vision had been achieved, and the service was well led.

Staff had a positive and caring attitude about their jobs. People told us that they were happy with the care and support they received. A relative said, "They do everything really well, they are always on time and their attitude to their job is excellent." All the staff we spoke with were extremely happy in their work and proud of the job they do.

People received a safe service from the Lantern Care Services. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who used the service. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding board or the police.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. Staff said they felt supported to undertake their roles. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed

the requirements of the Mental Capacity Act (2005). Staff understood that they had to gain people's consent before they provided care, and that they could not make decisions for people.

People were supported to have enough to eat and drink. They received support from staff where a need had been identified.

People were supported to maintain good health. When people's health deteriorated staff responded quickly and made sure they contacted the appropriate professionals to ensure people received effective treatment.

People told us that the staff were kind and caring and treated them with dignity and respect. The staff knew the people they cared for as individuals, and had a good rapport with relatives. People described staff as being like 'friends' and how they came to feel like part of the family.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical, psychological and emotional needs. They gave a good level of detail for staff to reference if they needed to know what support was required.

People knew how to make a complaint. No complaints had been received since the service registered with the Care Quality Commission. Staff knew how to respond to a complaint should one be received, and welcomed them as an opportunity to improve the service.

The provider had effective systems in place to monitor the quality of care and support that people received. The provider had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

The provider regularly visited people in their homes, or telephoned them to give people and staff an opportunity to talk, and to ensure a good standard of care was being provided to people.

Records for checks on health and safety, and medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people.

People received a good standard of care and support by a caring and well led service. A relative said, "It has really taken a weight off my shoulders, knowing they are there for us. I'd tell anyone to have them if they needed care in the home."

## 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.

People felt safe with the staff. There were enough staff to meet the needs of the people. Staff understood their responsibilities around protecting people from harm.

Appropriate checks were completed to ensure staff were safe to work at the service.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time where necessary.

### Is the service effective?

Good ●

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that used the service.

People's rights under the Mental Capacity Act were met.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell to help them get better.

### Is the service caring?

Good ●

The service was caring.

People felt happy and confident in the company of staff.

Staff were caring and friendly, and staff that showed respect to people and protected their dignity.

Staff knew the people they cared for as individuals. People had good relationships with the staff that supported them.

### **Is the service responsive?**

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

**Good** ●

### **Is the service well-led?**

The service was well- led.

Staff felt supported and able to discuss any issues with the provider.

The manager (who was also the provider) regularly visited to speak to people and staff to make sure they were happy.

People and staff were involved in improving the service. Feedback was sought via regular telephone calls and during quality assurance visits.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

**Good** ●

# Lantern Care Services

## 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 06 July 2017. The inspection was completed by one inspector because this was a very small service.

The provider was given 48 hours' notice of the first inspection date in order to ensure a representative of the provider was able to meet with us and provide access to records. Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

After the inspection we contacted eight people, and their relatives. We spoke with five staff, which included the manager (who was also the provider of the service). We also reviewed care and other records within the service. These included three care plans and associated records, three medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the provider.

We also contacted commissioners of the service, and health care professionals to see if they had any information to share about the service. This was the first inspection of this service since they registered with the CQC.

## Is the service safe?

### Our findings

People received safe care and support from Lantern Care Services. One person said, "Yes I feel safe with them because I have 100% confidence in them." A relative said, "My family member is definitely safe with them, they are aware of the risks when supporting him."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Clear information was available to staff to remind them of how to respond should they suspect or see abuse taking place. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported to the registered manager. Staff understood that a referral to an agency, such as the local adult services safeguarding team or police and that they could do this themselves if the need arose.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. A relative said, "We have continuity of care - we always have the same carers and they are never late." Staffing levels were calculated to ensure people received care and support when they wanted it. This was completed during the assessment by the manager, who reviewed with the person and their family how many staff were required for each support need. People told us that staff had enough time to care for people without having to rush. The provider understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care.

People were kept safe because the risk of harm from their health and support needs had been assessed. People and relatives told us that staff supported them to do as much as they were able. A relative said, "They went through the risks with us, and how they would manage care such as washing and moving my family member." Assessments of risk had been carried out in areas such as mobility, and skin integrity. Measures had been put in place to reduce these risks, such as specialist equipment to help people move around their home, or referrals to specialists such as district nurses. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

Staff understood how to keep people safe in their own homes. One staff member said, "We assess the risks to people and us before we go into the person's home, and these get updated as things change." Assessments had been completed to identify and manage any risks of harm to people around their home.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed. At the time of our inspection there had been only one accident, which had taken place before the staff had arrived at a person's home. The staff had reacted quickly to ensure the person received the correct help and support.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable

people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. One staff member said, "I have to check the medicine against the chart to make sure it is correct." Staff that administered medicines to people, or prompted them received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine (PRN), such as paracetamol, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. A staff member said, "For PRN medicines I have to write the time I gave them down, as they may need to be spaced out before another can be given."

The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or given their medicines. All medicines were stored by people in their homes, so there was no risk of medicines being lost or damaged transporting them from the office to the persons home.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. Staff understood their responsibilities in the event these emergencies took place.

## Is the service effective?

### Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One person said, "The staff are all experienced which is really important." A relative said, "I know they are well trained because of the way they deal with the whole situation. They are kind, efficient, and there is no awkwardness when they give care."

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. One staff member said, "The induction was long and thorough. I have been working in care for many years but the manager made sure I did the training to ensure I was up to date." Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices.

Staff had received on-going training in areas to meet the needs of the people they cared for. This included moving and handling, first aid, dignity and respect, food hygiene, dementia care, infection control, and medicine administration. One staff member said, "I think we have is very good. The manager makes sure we understand everything we have learned." The provider had a plan in place to increase the training of new staff by having them complete a national qualification (The Care Certificate).

Staff were effectively supported by the management. Staff told us that they felt supported in their work. One staff member said, "One hundred percent I feel supported by the manager." This sentiment was echoed by all the staff we spoke with. Staff had regular one to one meetings (sometimes called supervisions) with the provider or team leader. Annual appraisals were planned, but the service had not yet been providing a service long enough for this to happen at the time of the inspection. These meetings enabled staff and management to discuss any training needs and get feedback about how well they were doing their job and supporting people.

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.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed.

Staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said, "I can't make a decision for people. If I felt they didn't have capacity to understand I have to contact the manager. It's about giving choice, asking what they would like and gaining their permission." This method of working was confirmed when a relative said, "They always ask my family members

permission before they do anything. They say to him, 'we are going to do this' so he knows exactly what they are going to do. They make him feel involved in what is being done."

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. Staff were able to describe the individual requirements of the people they supported.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. One staff member said, "We always give a choice of food and we write in the care book what we have made. We also make sure people have drinks, and if there is a risk we use a fluid chart to record how much they are drinking." Staff involved people by asking them what they had eaten and had to drink, and discussed with the person if they needed to eat or drink anymore.

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. Staff were able to support people to contact the GP if they felt unwell, or call the emergency services if they found a person in distress. One example was where staff found a person on the floor when they arrived to give care. They called the emergency services and stayed with the person until the ambulance crew took them to the hospital. They notified the manager so that he could contact the family of the person, and arrange cover for their next call.

## Is the service caring?

### Our findings

We had positive feedback about the caring nature of the staff. One person said the carers were, "Helpful and so pleasant to me in my own home." A relative said, "They do everything really well. They are always on time and the care of my family member is excellent, their attitude is also excellent." When asked what the best thing about the service was a relative said, "It's the manager, he makes everyone feel special."

People's privacy and dignity was respected. People told us that staff always respected their homes. One person said, "They are very respectful." A relative said, "They always knock on the door, and my family member is not a client, he is a person to them." Staff understood how to protect people's privacy and dignity, one said, "We always make sure the curtains are closed when we give personal care." Other examples given by staff included the practice of covering up parts of a person when washing to protect their dignity, and involving the person to do as much as they could for themselves.

Staff were aware of protecting people's confidentiality and data protection. They gave examples of how they did this such as not talking about people in front of other people and ensure they always discussed people's care and support where they could not be over heard.

Staff demonstrated the values of caring towards the people they supported. A person said, "The staff are enthusiastic and really likeable." Another person said, "They make me feel that I am not only a person they care for, I am a friend to them too." A relative said, "They are very friendly, very nice people and nothing is too much trouble for them." Staff had a caring attitude about the people they supported. When asked what the best thing about working for Lantern Care Services was, one staff member said, "It's the people we support, they are always so pleased to see us."

Staff were caring and attentive, and took time to get to know the people they cared for. A person said, "The staff are charming, they chat with me and are very respectful." A staff member said, "This is a small service and we are given time so we can get to know the people." Staff, including the provider, knew the people they cared for. The provider was able to tell us about people's backgrounds, their life stories as well as their medical or support needs, without having to refer to the care records. This knowledgeable and caring nature was repeated when we spoke with the staff, and matched with the information that people told us.

Staff communicated effectively with people. The service was very focussed around one geographical area. They only supported people that lived in that area, and the majority of the staff came from that same area. One relative said, "The carer knows people in the village that we know, we have so much in common." People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs as they would be clearly detailed in the individuals care plan.

People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records. One person said, "They always explain and ask before they do something." In addition people had access to the provider in the office via telephone and email.

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. They had also been consulted regarding the time of their visits, the frequency of these and how personal care should be undertaken. Relatives told us they had been consulted when appropriate regarding care and support their family member would require.

## Is the service responsive?

### Our findings

People's needs had been assessed before they received the service to ensure that their needs could be met. One person said, "We have a whole book at home, the manager came to see me when I was in hospital and talked about making sure they would only give the care that I would like." Assessments contained information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. The provider took care to ensure they could meet people's needs, before they agreed the support package.

People and when appropriate relatives were involved in their care and support planning. One person said, "I feel involved, I have a file in my home that staff have to check, and they fill in the information when they have finished." Another person said, "The manager went through my care plan to make sure I am happy with what they offered." Care plans were based on what people wanted from their care and support. They were written with the person by the provider. Staff explained how they talked with each person, and/or their family and asked what supported they wanted, incase this had changed since the care plan had last been updated.

Care was flexible to meet people's routines and support needs. Where people required extra visits or reduced due to people's changing needs this was also arranged by the provider.

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. Care plans had been signed by the person where they were able, to show they had agreed with what had been written.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were regularly reviewed, or if a need arose, such as a change in a person's support needs.

People were supported by staff would listen to and respond to complaints or comments. People said they felt their complaints would be listened too and dealt with. One person said, "I know how to complain, it tells me in the book (their care plan file)." A relative said, "I would speak to the manager; absolutely he would listen to me. I had a very small issue yesterday and he dealt with it immediately." There was a complaints policy in place, and people had a copy in their homes (contained within their care plan file). The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern.

There had been no complaints received since the service registered with the Care Quality Commission. The provider and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. The provider said, "We would learn from them, about how to do things differently; they may also identify a gap in staff training that I could address." A large number of compliments about the care provided had been received in the same period of time.

## Is the service well-led?

### Our findings

There was a positive culture within the service, between the people that were supported, the staff and the registered manager. A relative said, "Lantern Care Services is very well managed because we are made to feel we are involved in what the manager is doing. He explains everything to us. We are so happy with the care we receive, I can't praise them enough."

The management and staff strove to continually improve the standard of care and support given to people. The manager (who was also the provider) carried out visits to people which included talking with people and relatives, an inspection of the person's home to make sure people were safe and reviewing care records. The staff emphasised that the registered manager constantly reminded them that when they provide care and support they must take their time and get to know people.

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as reviewing health and safety checks had been completed, and medicines management. In addition the manager/provider carried out unannounced spot checks to see that people received a good standard of care. He also continued to provide support to people where he was able to ensure his high standards of care and support were given. A relative said, "I can't fault them, they are good at everything they do."

People and relatives were supported by an organisation with a clear management vision and structure. Staff understood and followed the values of the service. One member of staff said, "The manager's (provider) whole attitude is about giving good care to people. This is his baby, his dream. I have such respect for him, because he is so hands on and leads by example." They went on to say, "It's about being the most caring care agency, I think he (the manager/provider) is doing a darn good job to do this. He really bends over backwards to go that extra mile, and expects us to do this as well." The provider echoed these values and explained how they planned to keep the service small to enable them to provide a caring and individualised service to people.

Staff felt supported by the provider, and enjoyed their job. Staff told us the "He (the manager/provider) has done an amazing job, everyone and the staff are so happy. Because of this we are all willing to do that little bit extra." Staff told us the manager had an open door policy and they could approach the manager/provider at any time. Staff felt able to raise any concerns with the manager.

Records management was good and showed the service provided and staff practice was regularly checked to ensure it was of a good standard.

People and relatives were included in how the service was managed. Due to the very small size of the service the manager/provider sought feedback during telephone conversations or when he visited people in their homes. Questions that were asked covered topics such as whether staff were polite and respectful, whether people felt involved in their care planning, and if they knew how to make a complaint if they were unhappy. Overall the feedback was very positive, and people were happy with the care provided by Lantern Care

Services.

Staff were involved in how the service was run and improving it. Although no formal team meetings took place, due to the small staff team, staff were still able to talk to each other and the manager whenever they needed to. Information was regularly shared with the staff team via the messaging system on staff's mobile telephones. Staff were also able to present ideas if they felt the service could improve. One staff member said, "The manager wants us to give input in how we can improve. I raised with him that one person commode was faulty, and this is now being fixed."

The manager was very 'hands on', and managed the office, and stepped in to help support people and staff if required. This made them accessible to people and staff, and enabled him to observe care and practice to ensure it met the service's high standards.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.