

Mr James John Robinson

Lantern Care Services

Inspection report

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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

Lantern Care Services is a domiciliary care agency providing personal care to 32 people in their homes aged 65 and over at the time of the inspection.

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

People were kept safe by trained staff who had been safely recruited. Staff knew how to identify, report and investigate any safeguarding concerns.

People were supported with their medicines by staff who were subject to regular competency checks. People were supported with the preparation of their food by staff who had been trained in food hygiene as and when required.

Risks to people's safety were identified and managed. Both risk assessments and care plans were person-centred and reviewed regularly to ensure all needs were met. People were involved in the reviews of their care and made choices in relation to how they received their care. People were also encouraged to follow hobbies and interests by staff.

People were supported by caring staff that respected their equality, diversity and privacy. Staff also supported people to be independent and achieve goals. People were supported by staff to have access to health and social care professionals and staff followed guidance to ensure people received effective and timely care.

Staff were responsive to people's needs and there was a complaints procedure in place for staff to investigate any concerns thoroughly and implement measures to prevent any future incidents.

Staff and people spoke highly of the management and the support they receive from the registered manager. Staff received regular supervision and took part in staff meetings and people were asked for regular feedback. Any ideas were implemented to make improvements to the service.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 02 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Lantern Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

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. In this instance the registered manager was also the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with the registered manager and the deputy manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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. We spoke on the telephone with a relative about their experience of the care provided and received feedback from nine care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe with staff in their homes, relatives also confirmed this. One relative told us, "It's so nice to be so confident with the quality of the carers and know that [person] is safe."
- Staff received regular safeguarding training and showed knowledge in how to identify different types of abuse. Staff were also aware on how to report any concerns accordingly.
- The provider had a safeguarding policy in place. This was available for all staff during their induction and easily accessible by substantive staff in their staff handbook.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified, assessed and monitored. These risks were regularly reviewed and amended where required. Examples of risks that had been assessed were, moving and handling, home and environment and fire risk assessments.
- People also had further specific risk assessments. For example, where people presented with behaviour that challenged staff there was guidance and direction for staff in care plans on how to help reduce the risk.
- The provider had a business continuity plan in place. This provided instructions and guidance for staff in how to respond to an unexpected event, such as extreme weather conditions or loss of power.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "I think the company have enough staff to be able to support people with their needs. They don't take on too much and this prevents them being overloaded."
- The service had not missed any calls to support people. One person said, "Always on time. They never miss a call and keep me informed regularly of any changes."
- The registered manager had followed safe recruitment processes when employing new staff. This included a full interview, reference checks, checks on any gaps in previous employment and checks with the Disclosure and Barring Service (DBS). These checks ensured the potential new employees were suitable to support the people using the service.

Using medicines safely

- People and relatives told us staff supported them safely with their medicines where required. One relative said, "It's nice to know that staff are there to remind [relative] to take their medicines at the right time."
- Staff received regular medicines administration training and were subject to regular competency checks. These checks were completed by the registered manager as part of staff supervision to ensure staff were

able to administer the medicines safely.

- Where people were supported with medicines, staff recorded this on medicine administration records (MAR) charts. The registered manager regularly reviewed and audited these MAR charts to ensure no mistakes had been made and address any concerns raised.

Preventing and controlling infection

- People were protected from the risk of spread of infection. A staff member told us, "PPE (Personal Protective Equipment) is a big role in caregiving, we must always make sure we regularly hand wash, making sure no cross contamination is going on and ensure the safety of the client by keeping living areas clean and tidy."
- Staff received regular infection control training, and there was an infection control policy in place to ensure staff were aware of the company's expectations.
- Staff told us there was a plentiful supply of PPE, such as gloves, aprons, antibacterial hand gels and shoe covers. One staff member said, "We never run out."

Learning lessons when things go wrong

- The registered manager was keen to learn to make any improvements within the service in response to accidents and incidents. Since the last inspection there had not been any lessons to learn from documented.
- Accidents and Incident forms were kept in each person's care files with guidance for staff in how to complete them. The registered manager then recorded all accidents and incidents to try to identify any trends or patterns and confirmed that action would be taken to reduce the chance of any reoccurrence.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Full assessments were completed prior to the registered manager agreeing to accept a referral of a new client. This ensured that the company and the staffing level could meet the person's needs and enabled them to create the care plan.
- Full reviews were completed of care plans regularly and any change in needs were assessed. People and relatives told us they were involved with this process. One person said, "[Staff member] goes through my care plan with me and they will come and visit me and we will go through my expectations and the level of support provided. They will talk to me about any changes made and we work together to set the plan."
- People's choices were identified in care plans and offered guidance to staff on how to support each person. This was included in an 'agreed tasks to be completed at visit' section of the care plan that each person had been involved with designing.

Staff support: induction, training, skills and experience

- Staff received regular refresher training to ensure their skills and experience were kept up to date. The registered manager had a training matrix that ensured all staff were up to date with all refresher courses. If any training was close to expiration the registered manager would book courses before this happened.
- People told us that staff were well trained and knowledgeable in carrying out their roles. One person said, "Yes, the staff know how to support me. They have good knowledge."
- All new staff members completed an extensive induction process. This included 'shadow shifts' where new employees would attend support calls with an experienced member of staff to ensure they fully understood the needs and preferences of the person. People using the service that were spoken with detailed how they liked that they met the new members of staff before they started to support them.

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

- People, where required, were supported to eat and drink by staff. People's food preferences were detailed in their care plans and staff would follow these. One person said, "I talk to them about the food that I like. They prepare my meals when my [family member] doesn't and any left-over I can freeze to use another day."
- Staff supported people to have softened and pureed food if they stated this is how they preferred to eat. None of the people using the service had received health specialist guidance, however, the registered manager explained they would follow any guidance provided by the Speech and Language Therapist (SALT) team if necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked closely with other agencies to ensure people received joined up care. An example of this was seen through communication with the district nursing team. People we spoke with confirmed this, one person said, "They liaise with the District Nurse to arrange times to visit."
- The registered manager told us that they work closely with social care professionals to ensure people received the best quality of care. This was supported by social services assessments included in care plans as well as guidance for staff from physiotherapists and occupational therapists..
- Staff had good knowledge about when it was required for them to contact health professionals. One staff member said, "If we are concerned about a client, we would inform the office and will also speak to the clients GP (general practitioner doctor)."

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 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.

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.

- There was nobody being supported by the service that lacked capacity. However, the registered manager and staff showed good knowledge in relation to the MCA and what steps they would be legally required to take if any person's situation changed.
- Staff were knowledgeable in how they were required to always ask for people's consent. One relative told us, "I like that they always ask [person] if they are comfortable with how they're caring for him. They're always asking whether it's ok for them to do certain things."
- Care plans detailed each person's consent in various sections of the plan. This ensured people were consenting to all areas of the support they were receiving.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us that they were supported by kind and caring staff. One person said, "They do everything I ask for and more. They sit down and have a cup of tea with me and chat which I really enjoy, and I think would be above the normal tasks expected to be conducted."
- Staff treated people with respect and did everything they could to make people comfortable. One staff member said, "Yes, communication is very important, every individual is individual."
- Staff received equality and diversity training, this advised them on how to apply this to their everyday role. Care plans also detailed people's rights and preferences, so all staff were aware of people's individual diverse needs.

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

- Client feedback surveys were completed to ensure people had an opportunity to express their views. The results of the most recent survey were overwhelmingly positive where people confirmed they were 100 percent happy with the service and would recommend to a friend. One person had said in feedback, "We are delighted with the service you provide, all of your carers are kind, considerate and helpful, they bring cheer in to the house."
- The registered manager told us that staff were always receiving feedback from people in an informal way in addition to the feedback questionnaires. He said, "We are always trying to get feedback from the people we support. If they need anything we change it then and there."
- People felt supported by staff and the registered manager to request additional support when they needed it. One person said, "We have called on a couple of occasions when we have needed additional support. If we need to change the time of a visit to better suit [person] then they always accommodate that."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that respected them and strived to make them comfortable and respect their privacy. One staff member said, "We do a yearly course of privacy and dignity, we inform clients what we are doing at all times, we keep clients covered as much as possible when giving personal care, we also are told to encourage a client to do as much as possible for themselves with personal care."
- Staff encouraged people to be independent in their own homes, offering people support only when required. One person told us, "Carers are respectful when they come into my house. They always talk to me about my home and assist me with any support I need in keeping it nice and tidy."
- Care plans detailed areas in which staff could encourage people to be independent. For example, one care

plan detailed how a person was capable to complete elements of their personal care and advised staff to encourage this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Improving care quality in response to complaints or concerns

- People were involved with all elements of their care. One person said, "We are able to tweak things when needed. When we mention things, we get it quickly. Such as any additional support we might need."
- Staff were aware of people's preferences. Care plans detailed these in various elements of the support they received. For example, there was guidance for staff in relation to people's preferred food and how they preferred support with personal care.
- People and relatives told us that they were always given choice and remained in control of their lives. One relative said, "It wouldn't work if [person] felt they weren't in control. The staff are great at making sure that everything is in line with his choices and he is in total control."
- No complaints had been received since the last inspection. The registered manager told us, "I think it's just because we respond quickly to any questions, additional support, requests or anything they need really, so it never gets to the point where they feel they need to complain."
- One person said, "I have not needed to make a complaint but if I needed to then I could speak to [registered manager] and if I was not happy then I would ask him to escalate it or ask for the full complaints procedure."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed individual communication needs and offered advice for staff to follow. Examples were seen where people described themselves as 'hard of hearing' on assessment and requested staff speak loudly, or another person who preferred staff to speak slowly to them, so they could make sure they understood.
- The registered manager explained that at the time of the inspection there was nobody being supported that required additional accessible information. However, it was detailed to us how they could support people in the future if the need was identified. An example was provided of how they would use a local printing company in Haslemere for larger font if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that staff related to them and took the time to talk to them. One person said, "The carers have a chat to me and treat me like a person. We talk about daily events such as the tennis or the news."

- Staff were responsive when they identified people's interests. One staff member said, "I think of ideas for conversation that clients will be interested in and enjoy. For example [person] collects model buses which we discuss and has enjoyed many holidays in Cornwall, I talk about these to make him feel valued and relaxed."
- Where appropriate, staff encouraged people to maintain relationships that were important to them. One relative said, "The staff are great at involving me with the care, so I can help [person] as I know he likes me to be involved."

End of life care and support

- At the time of the inspection there was nobody being supported at the end of their life. However, the registered manager detailed a person they had recently supported at the end of their life. We were provided with details of how the service worked alongside the local hospice and the district nursing team that were administering the pain management. This ensured the person received the most dignified end of life experience, and all their needs and preferences were met.
- People's preferences and choices for the end of their lives were documented and detailed in their care plans.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the company placed the person at the centre of the care. Taking into consideration their views, choices, preferences and decisions about how staff would support them. One person said, "[Registered manager] is very good, he definitely goes above to make me feel looked after and supported. I speak to him more on the phone now but I know he is there if I need him for anything." Another person said, "Staff are kind, they spend time talking to me. I find them very professional. They have badges that are always showing and they do everything that I ask for."
- Staff followed this culture with commitment to supporting people in a person-centred way. One staff member said, "It is my aim to provide the best individual care to every client helping them maintain their independence, to be able to live their lives to help with support and care and keep people safe whilst they can still live independently in their own homes."
- People and relatives told us they were grateful for having Lantern Care supporting them. One relative said, "Without Lantern Care [person] wouldn't be in his home, he would be in a care home and that would break his heart, and mine."
- People told us that they were happy with the service that Lantern Care were providing. One person said, "We have tried other services which have not been up to scratch, they (Lantern Care Services) are extremely good." Another person said, "Best care company I have had." A relative said, "I have been involved with my parent's care for 10 years, I have worked with five companies in the area. Lantern are by far the best. The continuity of the carers, the responsiveness and the end results, they're brilliant."

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; Continuous learning and improving care

- The company had received no complaints, and they had no notable accidents or incidents to learn from. However, the registered manager and staff confirmed they responded quickly to any changes requested by people. People and relatives that were spoken with confirmed this..
- The registered manager was aware of their responsibility to record and report any notifiable incidents to CQC, this was required by law. They were also aware of their responsibilities to report any serious incidents or safeguarding concerns to the local authority, where they would then assist any subsequent investigations.
- The registered manager was keen to continue to learn and improve the service. An example of this was seen through their involvement with the home based care forums held by Surrey County Council.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were aware of their roles and responsibilities and confirmed that this was also supported by their regular supervision. One staff member said, "[Registered manager] has a very supportive way of reminding us all of what we need to keep doing to make sure we are completing our roles properly."
- The registered manager was clear of what their responsibilities were and recorded all actions clearly in a management log. An example of this was a DBS renewal tracker.
- Quality assurance audits were completed and thoroughly analysed to identify whether any changes were needed to improve the service further and to ensure the quality of the service remained at the standard which had been set. There had been no areas of improvement identified as a result of the most recent audit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff regularly sought feedback from the people they were supporting and their relatives. A relative told us, "They are always asking me if any improvements can be made. I complete the official feedback annually, but they don't wait to send that out, they're always asking me and [person]."
- Staff meetings were held where the registered manager gave staff members the opportunity to put forward ideas. This also gave the registered manager an opportunity to identify how to keep the staffing team happy in their role and alleviate any pressure from their day to day responsibilities. An example of this was at a recent staff meeting there was a Christmas shift date preferences sheet offered to staff. This enabled the registered manager to ensure staff members got well deserved time off over the festive period whilst no impact was experienced by the people they supported.
- All staff that sent us feedback told us how they were confident to put forward ideas in how to improve the service. One staff member said, "I am very happy with the manager, always been good keeping me updated on things I need to know, always happy to help with any worries or problems, hands on with office work and care. It's nice as [registered manager and deputy manager] do the care work as well it feels more like a team. They are always happy to listen to ideas and thoughts."
- The registered manager told us how they valued working in partnership with others. He said, "It's the only way we (different professionals) are all going to be successful. We all know different bits and pieces to how people need to be supported. Working together we will always get the best results." Evidence of partnership working were seen in care plans through records of communication sharing information, where appropriate, and staff following other professional guidance. People confirmed that the company worked well with other professionals.