

Lighthouse Care Solutions Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 17 July 2018 and was announced.

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

The service had a registered manager who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection of this service in January 2018 we had identified that improvements were needed across the areas of safe and well-led to help ensure that people received safe care and support. The provider sent us an action plan in March 2018 setting out the improvements they planned to make. At this inspection we found that some improvements had been made however, these were insufficient to evidence that the provider fully understood what was required of them under the Health and Social care Act (Regulated Activities) Regulations 2014. This is the second consecutive time the service has been rated Requires Improvement.

In January 2018 we had identified that staff had not been provided with sufficient information and guidance to support them to manage risks to people's safety and welfare effectively. At this inspection we found that further work was still needed in this area. At the previous inspection we noted that the provider's recruitment process required improvement to help ensure the right people were safely recruited. At this inspection there had not been any new staff recruited in the interim period so it was not possible for us to confirm improved practice in this regard. Learning from incidents was not effectively used to improve the quality of service people received. People's relatives felt that people received safe care. There were enough staff employed to meet people's needs safely.

At the previous inspection the provider did not have a system of robust record keeping in place. At this inspection we found that whilst some improvements had been made these were insufficient to evidence that the provider fully understood what was required of them under the Health and Social care Act (Regulated Activities) Regulations 2014. The registered manager had recently secured support from an independent consultant to help them improve the quality of the service provided together with their knowledge and understanding.

People and their relatives knew the registered manager by name and felt that they were always approachable with any problems. The registered manager demonstrated a good knowledge of the staff they employed and people who used the service. Satisfaction surveys had been distributed to people who used

the service and their relatives.

People's relatives felt that the care and support provided was appropriate to meet people's needs. Staff received basic core training to support them to be able to care for people safely and since the previous inspection in January 2018 a system of staff supervision had been introduced. Staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed. People's consent to care was sought by staff.

People and their relatives told us they were happy with the staff that provided the care. Staff took the time to do things outside of their remit to help improve people's experiences and to recognise and act on details that were important to people. People's relatives felt that their views and those of the people who used the service were listened to and respected at all times and that people were treated with dignity and respect. People's personal and private information was stored in a manner that respected and promoted dignity and confidentiality.

People's relatives had been involved in developing people's care plans where appropriate and felt that their opinion was respected and taken into account along with the wishes of the person themselves. The management team had made significant improvements with care plans, staff now had access to detailed information about how people wished their care to be provided. Relatives of people who used the service confirmed that staff were responsive to the needs and wishes of people and were confident to raise any concerns with the registered manager if needed.

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 not always safe:

In January 2018 we had found that staff had not been provided with sufficient information and guidance to enable them to manage risks effectively. At this inspection we found that further work was still needed to ensure that staff had the information they needed to remove or reduce risks to people's safety and wellbeing.

At the previous inspection the provider's recruitment process required improvement to help ensure the right people were safely recruited. At this inspection it was not possible to confirm improved practice in this area as there had not been any new staff members recruited.

Learning from incidents had not been effectively used to improve the quality of service people received.

People's relatives felt that people received safe care.

Staff had attended training to give them awareness about protecting people from abuse.

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

The staff team had received training in the control of infection.

Requires Improvement ●

Is the service effective?

The service was effective:

The care and support provided was appropriate to meet people's needs. Staff received basic core training to support them to be able to care for people safely.

The registered manager did not operate a formal system of assessing staff competency.

Since the previous inspection in January 2018 a system of staff supervision had been introduced.

Good ●

People's consent to care was sought by staff.

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

Is the service caring?

Good ●

The service was caring:

People and their relatives were happy with the staff that provided the care.

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

People's relatives felt that their views and those of the people who used the service were listened to and respected at all times.

People were treated with dignity and respect.

People's personal and private information was stored in a manner that respected and promoted dignity and confidentiality.

Is the service responsive?

Good ●

The service was responsive:

People's relatives had been involved in developing people's care plans where appropriate and felt that their opinion was respected and taken into account along with the wishes of the person themselves.

Since the previous inspection January 2018 the management team had made significant improvements with care plans, staff now had access to detailed information about how people wished their care to be provided.

Relatives of people who used the service confirmed that staff were responsive to the needs and wishes of people who used the service.

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

People's relatives were confident to raise any concerns with the registered manager and gave us an example where they had done so to good effect.

Is the service well-led?

The service was not always well-led:

At the previous inspection in January 2018 the provider did not have a system of robust record keeping in place. At this inspection we found that some improvements had been made however these were insufficient to evidence that the provider fully understood what was required of them under the Health and Social care Act (Regulated Activities) Regulations 2014.

An overarching audit tool had been developed however, this was not an effective quality assurance tool. It was a tick list and did not include information to indicate when the audit had taken place, the frequency of the checks or detail of any issues identified and resulting actions taken.

People and their relatives knew the registered manager by name and felt that they were always approachable with any problems.

The registered manager demonstrated a good knowledge of the staff they employed and people who used the service.

The registered manager had secured support from an independent consultant to help them improve the quality of the service provided together with their knowledge and understanding.

Satisfaction surveys had been distributed to people who used the service and their relatives.

Requires Improvement 

Lighthouse Care Solutions Limited

Detailed findings

Background to this inspection

This inspection took place on 17 July 2018 and was announced. We provided 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken by one inspector.

We did not ask the provider to complete a Provider Information Return (PIR) as part of this inspection process. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service and the provider and saw that one concern had been raised with us in relation to medicines practice and a missed call, we used this information as part of our inspection planning.

People who used the service were not able to speak with us on the telephone however, we received feedback from three relatives about the service provided and contacted two staff members by email to request feedback. During the inspection we spoke with the care co-ordinator and the registered manager.

We looked at the care records for three people who used the service to see if they were reflective of their current needs. We reviewed two staff recruitment files and training records. We also looked at further records relating to the management of the service, including quality audits and feedback from people and their relatives in order to assess the provider's quality monitoring systems.

Is the service safe?

Our findings

At the previous inspection of this service in January 2018 we had found that risks to people's safety had been assessed however, the information recorded had not provided staff with sufficient detailed guidance about how to manage people's risks effectively to help keep them safe. At this inspection we found that some work had been undertaken in this area however further work was still needed to ensure that staff had the information they needed to remove or reduce risks to people's safety and wellbeing. The registered manager reported that they had secured the services of an external consultant to help them develop this area further.

At the previous inspection of this service in January 2018 we had found that recruitment procedures required further improvement so that the provider could satisfy themselves that the staff they employed were appropriate to support people safely and effectively. At this inspection we found that there had not been any new staff recruited in the interim period so it was not possible for us to confirm improved practice in this regard but again, the registered manager reported that the external consultant was already providing them with support in this area.

At the previous inspection of this service in January 2018 records provided for inspection did not confirm that staff had been provided with training in the safe administration of medicines. Since the previous inspection there had been concerns raised with the local authority with how a person's medicines had been managed. As a result of this the registered manager had made a decision that they would not be providing support with medicines and would not take any further care packages that required this support until they had ensured they could do so safely. The four people who used the service at the time of this inspection did not require any support with taking their medicines.

At the previous inspection in January 2018 we were told there had been a missed care call due to a care worker's confusion with their hours. The registered manager had told us that as a result of this they had introduced a digital management system that created an electronic reminder for staff and alerted the management team if a care call was not attended. The management team had also told us that this incident had alerted them to the need for a contingency plan in terms of staff cover in the event of unforeseen emergencies. At this inspection we were told of another instance where a care call had been missed due to a care worker's personal emergency. The care worker had failed to make contact with a member of the management team or the person who used the service to advise them they could not attend the call.

The management team told us that they had taken forward learning from incidents to help provide a safe service however, these had not yet proved to be effective. For example, the introduction of the digital management system to monitor care calls and the development of a missed/late call policy and procedure as a result of a care worker not attending a care call. Whilst we acknowledged that the management team had put some processes in place to help manage the risk of missed calls we found that these had not been effective in this instance.

People's relatives felt that people received safe care. One relative told us, "I believe it is a safe service, it is

the way they approach it, I am satisfied with the way things are being done." Another relative said, "I have no concerns for [relative's] safety, they (staff) do what we have asked them to do." A further relative commented, "I believe the care is safe. For example, they (staff) are usually very punctual with their visit times which gives me confidence that [relative] is looked after."

The management team told us that staff had attended training to give them awareness protecting people from abuse, and the staff training records we reviewed confirmed this. The registered manager had developed a reporting process for any accidents or incidents that occurred in people's own homes. Information was recorded at the time of the incident in the daily records and an incident report was given to the registered manager.

At the previous inspection of this service in January 2018 the management team told us that a staff handbook was being developed to provide the staff with access to policies, procedures and guidance they needed to support them to provide safe care for people. At this inspection we reviewed the staff handbook and found that it included areas relating to staff responsibilities in their role. We discussed with the registered manager that it would be useful to include information that staff may need to support them in the event of an emergency such as the process to follow to raise a safeguarding alert with the appropriate authority or actions to take if they found they were unable to attend a scheduled care call.

Relatives of people who used the service told us that there were enough staff to meet people's needs safely. They told us that staff were punctual and always stayed their allotted time to make sure that all aspects of care were covered. The registered manager advised that they delivered a considerable amount of the care calls themselves because they struggled to recruit staff for the small amount of care hours they currently had available. One relative told us, "It is always the same staff that come to my [relative]. I had one staff member to begin with, I wasn't happy with their timekeeping so I complained and they immediately sorted it."

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

Is the service effective?

Our findings

People and their relatives told us that the care and support provided by Lighthouse Care Solutions was appropriate to meet people's needs. One person's relative said, "They (staff) do as I ask them to do, they are very helpful and communicate well with my [relative]." Another relative told us, "They (staff) look after [relative], they do the job." A further relative said, "Yes, both [Person] and I are satisfied with the care and support they provide."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as lone working and dementia care. The registered manager told us that they had achieved a 'train the trainer' qualification via a local care provider's association. This was so that they could ensure the training provided for the staff team was face to face and they could monitor this through working alongside the staff team. However, training records were not suitable to provide an overview of what dates staff had attended training which meant it was not easily identifiable as to when refresher training was due.

The management team told us that because they worked alongside the small staff team on a daily basis they were able to confirm their competency however, this was not recorded so could not be verified. At the previous inspection in January 2018 we found that there had not been a formal system of regular staff supervision. At this inspection we were told that a system of supervision had been introduced, a mixture of 1:1 and group supervisions. We noted that staff had the opportunity to raise any concerns at supervision and actions were put in place to address these. We discussed with the care co-ordinator that it would be useful to record when these actions had been completed so that there was a clear audit trail.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Six of the eight staff members employed to work for Lighthouse Care Solutions had received training in this area. The registered manager advised that all staff would be provided with this training in order to understand their role in protecting people's rights in accordance with this legislation.

People's consent to care was sought by staff. People's relatives told us that staff always asked permission from people before they carried out any task or personal care and involved them as much as possible even if the person had limited capacity to hear them or to understand them. One relative told us, "They do ask [Person's] consent to care, but rest assured [person] would tell them if they were not happy with anything."

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

registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse as appropriate.

Is the service caring?

Our findings

People and their relatives were happy with the staff that provided the care. A relative told us, "The staff are always very polite, considerate, kind and caring." Another relative said, "[Person] seems to like the staff and gets on with them well."

Staff members took the time to do things outside of their remit to improve people's experiences and to recognise and act on details that were important to people. For example, one person who used the service contacted the care co-ordinator in instances where their television set had failed and where a light bulb had blown leaving them in the dark. The care co-ordinator reported that they 'popped round' to the person's house to help with these minor emergencies and also spent time just chatting with the person because they were clearly in need of human interaction.

People and their relatives were fully involved in making decisions about their own care. Relatives told us they felt that their views and those of the people who used the service were listened to and respected at all times.

People were treated with dignity and respect. Without exception people and their relatives told us that staff respected their privacy and promoted dignity. The registered manager gave an example where one person did not wish to have their care provided by a staff member of the opposite gender and this was respected at all times.

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

People's personal and private information was stored in a lockable cabinet. The registered manager had recently moved the cabinet so that it could not be easily accessed from an open window.

Is the service responsive?

Our findings

People's relatives told us they had been involved in developing people's care plans where appropriate and felt that their opinion was respected and taken into account along with the wishes of the person themselves.

At our previous inspection in January 2018 we had found that people's care plans were not always sufficiently detailed to be able to guide staff to provide their individual care needs. At this inspection we found that there had been significant improvement in this area and staff now had access to detailed information about how people wished their care to be provided. For example a person's care plan stated, "Fill the basin with warm water and bring it to the bedroom along with the soap, flannel and clean dry towel. I am able to wash my face and front but will require help washing my back." Another person's care plan stated, "Once my top half is clean and dressed aid me to my feet ensuring I am balanced with my hands supporting myself." This meant that if a new staff member attended to a person's care call they had access to the information they needed to ensure the person received consistent care and support.

We spoke with relatives of people who used the service subsequent to the office site visit and they were able to confirm that staff were responsive to people's wishes and that they were satisfied with how staff supported them. One relative told us, "The registered manager is very flexible. For example, I have popped in today to see [person] so I just messaged [the registered manager] to say I am here and there is no need for them to come this morning." The relative went on to say, "It is a person centred service, for example [person] wants their morning call at 6am so they do that, many agencies wouldn't accept a care call that early."

The provider had policies and procedures in place to help ensure that any concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People's relatives told us that they would be confident to raise any concerns with the registered manager and gave us an example where they had done so to good effect. We reviewed records relating to one complaint received since the previous inspection in January 2018. There were clear details of actions to be taken to investigate the concern, who was responsible for the action and a target date for completion. We discussed with the registered manager that in order to fully complete the process they needed to update the record with the date that the actions had been completed.

Is the service well-led?

Our findings

At the previous inspection of Lighthouse Care Solutions in January 2018 the provider did not have a system of robust record keeping in place to help ensure they could be confident they were providing a consistently safe service. At this inspection we found that some improvements had been made however these were insufficient to evidence that the provider fully understood what was required of them under the Health and Social care Act (Regulated Activities) Regulations 2014.

At the previous inspection the staff training matrix needed to be further developed to include the dates that various training courses had been undertaken in order that the provider could be confident that the staff team's training was up to date and any interested parties could understand when refresher training was due. This action was still outstanding at this inspection. The training record purely indicated that a staff member had attended a training course but there was no detail as to when this had happened or when refresher training was due. The care co-ordinator apologised, stated that they had not understood our feedback in this regard and undertook to update the staff training record immediately. The updated training matrix had not been received at the time of writing this report.

At the previous inspection in January 2018 people's care plans had not been sufficiently detailed to support the staff team to provide consistent care and risk assessments were not sufficiently robust to confirm that all areas of potential risk had been assessed and planned for. We had discussed this with the management team who undertook to review all care plans to ensure they were sufficiently detailed to promote consistent and safe care. At this inspection we found significant improvement in terms of the detail included in people's care plans.

At the previous inspection in January 2018 we had identified a need to develop risk assessments with detail of action the staff needed to take to help mitigate or reduce risks to people's health and wellbeing. The provider's action plan submitted after the previous inspection stated that they would, "Update a detailed risk assessment template and implement risk assessment for clients and staff." They told us this action would be completed by 19 April 2018. However, the risk assessments we viewed at this inspection were in a tick list format and did not provide staff with guidance they needed to ensure any risks to people's safety or wellbeing were mitigated or reduced. Additionally the management team must review people's care plans to ensure that all areas of potential risk had been identified. For example, the risk of developing pressure ulcers and the risks associated with a person's lack of balance.

At the previous inspection in January 2018 staff recruitment checks needed to be more robust to help ensure that the right people were employed to provide care for people. At this inspection we found that no new staff members had been recruited since the previous inspection so we could not confirm if effective improvements had been made in this area. However, whilst staff files were more organised than at the previous inspection the registered manager was not able to find some of the information we asked to review.

At the previous inspection in January 2018 there was no programme of formal staff meetings or staff

supervision in place to support the team to discuss any areas of concern or to suggest improvements to the service provided. At this inspection, the registered manager advised that they kept in regular contact with staff through a series of spot checks, providing additional care where people required two staff to help them transfer by means of a mechanical hoist and routine checks undertaken by the care co-ordinator however, they did acknowledge that this contact was not always recorded.

A programme of staff meetings had been introduced since the last inspection, we noted that a variety of topics were discussed including quality assurance, team work and a review of people's needs. An agenda was agreed to be carried forward to the next meeting covering missed care calls and teamwork however, we noticed this had not been included in the subsequent meeting. This meant that there was no record to confirm that the issue of a missed call had been dealt with either through supervision with the staff member or at a team meeting.

We asked the registered manager how they evidenced staff competency in areas such as moving and handling. The registered manager told us that they were a train the trainer in moving and handling practice and had assessed staff competency to safely assist people to transfer by mechanical hoist. However, this had not been documented.

Record keeping across the board was still not robust despite some improvements having been made. We found a number of examples where records had not been dated and signed to indicate who had completed them and when. We also found gaps in documents, for example where a care plan had space for the date of the next planned review to be recorded this had not been done. Another example was that complaints had been recorded and used as a quality assurance tool however, records needed to include detail of the actions taken to address the concerns raised and when they had been completed.

An overarching audit tool had been developed to indicate that the registered manager had checked such areas as people's care files, staff recruitment documents, staff training, complaints records and accident and incident reports. However, this was in a tick list format, there was no information to indicate when the audit had taken place, the frequency of the checks or detail of any issues identified and resulting actions taken.

Due to the issues found at inspection, and that well led was rated as 'requires improvement' at the previous inspection, this was a breach of Regulation 17 of the Health and Social care Act (Regulated Activities) Regulations 2014.

People who used the service knew the registered manager by name and felt that they were always approachable with any problems. Everyone we spoke with told us they would recommend the service to others needing care in their own homes. One relative told us, "From what I have seen the service is well led and I would recommend Lighthouse Care to people." Another relative said, "I think it is well-managed and I would recommend the agency to anyone looking for care in their own home."

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

The registered manager kept up to date with changes in the care sector by a membership of and attending workshops arranged by care provider associations. However, it was acknowledged at this inspection that the registered manager did not fully understand their responsibilities in respect to health and social care regulations. To address this the registered manager had secured support from an independent consultant who had recently started to work alongside the registered manager to help them improve the quality of the

service provided together with their knowledge and understanding.

Satisfaction surveys had been distributed to people who used the service and their relatives. Just one response had been returned, we discussed with the registered manager about including external professionals and the staff team in this survey process to get achieve a wider picture of where improvements may be needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers did not operate effective quality assurance and auditing systems or processes. The provider did not maintain accurate, complete and detailed records in respect of each person using the service and records relating the employment of staff and the overall management of the regulated activity.