

Candlelight Homecare Services Limited

Candlelight Homecare

Services Wimborne Area

Office

Inspection report

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Date of inspection visit:
11 September 2018
12 September 2018

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28 September 2018

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The inspection took place on 11 and 12 September 2018 and was announced.

Candlelight Homecare Services Wimborne area office is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone using the service receives a regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service was providing personal care to 35 people living in their own homes.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and who to report this to if abuse was suspected.

Staffing levels were sufficient to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults.

When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm.

The service was responsive when things went wrong, were open and reviewed practices and had a robust system in place to manage incidents.

Medicines were administered and managed safely by trained and competent staff. The registered manager carried out monthly audits of Medicine Administration Records (MAR).

People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with professionals such as nurses, doctors, occupational therapists and social workers.

People were supported to have maximum choice and control of their lives and the policies and systems in the service together with staff understanding supported this practice.

The registered manager actively sought to work in partnership with other organisations to improve and nurture positive outcomes for people using the service especially within the community.

Care and support was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. Staff felt supported by the registered manager and the company.

People, their relatives and professionals described the staff as caring, kind, and compassionate. People were

able to express their views about their care and felt in control of their day to day lives.

People had their dignity, privacy and independence respected and staff understood their responsibilities in relation to this.

People had their care needs met by staff who were knowledgeable about how their individual preferences.

The service had an effective complaints process and people were aware of it and knew how to make a complaint. People and their relatives told us they felt confident their concerns would be addressed. The service actively encouraged feedback from people.

Relatives and professionals had confidence in the service. The service had an open and positive culture. Leadership was visible in the service and promoted inclusion. Staff spoke positively about the management team and felt supported by them.

There were quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and those responsible kept things up to date.

The service understood their legal responsibilities for reporting and sharing information with other services.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Candlelight Homecare Services Wimborne Area Office

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 site visit took place on 11 September and continued on 12 September 2018 and was announced. The provider was given 24 hours' notice. This was so we could be sure a manager or senior person was available when we visited. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications they had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service, four in their own homes and two on the telephone. We spoke to four relatives, one health and social care professional, three senior care staff and four care staff.

We spoke with the registered manager, care coordinator and a community team manager. We reviewed five people's care files, five medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at four staff files, the recruitment process,

complaints, training and supervision records.

Is the service safe?

Our findings

People told us they felt safe with the service they received the service. The service had risk assessments, policies, procedures, quality checks and support systems in place. A person told us, "I am quite satisfied with my carers, I feel safe and I feel like I can tell them anything". A relative told us, "They have identified and reported a concern and I am reassured, we feel our loved one is protected". The service had an out of hours on call system, this was shared amongst more senior staff on a rota basis. On call staff told us confidently the steps they would take to keep people and staff safe in a number of emergency situations.

People received their medicines safely. All staff were responsible for the administration of medicines, they had all received training and had had their competency assessed. The service had printed Medicine Administration Records (MAR) which were checked against the persons medicine record and completed each month. The MAR was printed on bright yellow paper in order for it to be easily identified within each person's file. Any changes to the MAR throughout the month had to be authorised by a senior member of staff and countersigned. We found a MAR which had an amendment by hand which had not yet been authorised by the service once alerted the registered manager identified the staff member responsible and scheduled retraining. We observed the registered manager reminding staff of the procedures for medicines and recording during a staff meeting.

There were enough staff working to provide safe care for people. The service employed a care coordinator who was responsible for scheduling staff to the visits. The care coordinator told us they had not have any missed visits since the last inspection. The care coordinator told us they speak to people about their visits times this is usually agreed with them before the service starts. Some visits must be at a certain time, for example for people to have medication but the service is flexible when things need to change.

The service had an electronic monitoring system in place which would alert the management staff if visits were late. Staff used their phone to scan into the system when arriving at a person's home and then again once the care visit was completed. This extra safeguard meant that the likelihood of a missed visit was greatly reduced. People told us staff always attended their visits and they will get a phone call if the visit is going to be late. Staff told us, "We have enough time to travel between our clients".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. The service provided staff with gloves and aprons and staff were observed collecting supplies throughout the inspection. A relative commented on hygiene by saying "They [staff] always wear their gloves and aprons, they make sure everywhere is tidy when they leave".

The service had effective arrangements in place for reviewing safeguarding incidents. Staff demonstrated

knowledge of signs and symptoms of abuse and who they would report concerns to both internally and externally. The registered manager had recently attended 'Safeguarding for Managers' training. Safeguarding information and guidance together with contact numbers were displayed in the service office. A professional told us, "Incidents, accidents and safeguarding concerns were managed promptly and investigations were thorough".

The service had a robust system for the management of incidents. Staff understood their responsibilities to raise concerns, record incidents and near misses. A critical incident report was used by the service. The system allowed managers and staff to record details of the incident, actions taken, people involved and findings. The system then allows for action planning, analysis and learning outcomes to be recorded and shared. There were many examples of these records including where learning had been communicated to staff such as changes to medicine recording, reporting people's additional needs and changes to care plans. Staff told us, "I feel confident that we always do the right thing to keep people safe".

Risk assessments were in place for each person for all aspects of their care and support. The service had worked together with professionals to produce detailed moving and handling risk assessments. Risk assessments were reviewed routinely every six months or sooner if things changed. Risk assessments had been updated in response to a change in a person's condition and general health. The risk assessments were visible to staff together with their care plans so could be referred to prior to care taking place. Staff were able to give us details of individual risks during our conversations with them.

Is the service effective?

Our findings

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 service had met the requirements of the MCA. Assessments had been carried out for people to determine their capacity to make certain decisions. Following this the service had held best interest decision meetings which involved the person, family members and medical professionals. The service had clear documentation for the assessment and planning for those who lack capacity to ensure people's rights were protected.

Staff had received MCA training and were able to tell us the key principles and how this applied to their daily work with people. Staff records showed training had been completed. A relative told us "They always involve my loved one in their care plan, and ask them how they want their care done". A professional told us that staff had applied the MCA with confidence and that, "people were as involved as they could be in decisions about their care", they also said, "Consultation took place with families in making best interests decisions".

People had consented to their care by being involved in agreeing their individual care plans. People had signed their care plans and a copy was in their file in their home. A person told us, "My care plan is flexible".

The service had a detailed induction for all new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The service employed a trainer and had a training area with a bed and equipment so that staff could learn and practice. A member of staff who was going through the induction told us, "The practical training was very good we did it one to one and so I could really understand it". Staff told us they received training, refreshers and support to carry out their role effectively, they felt confident and were supported to undertake health and social care diplomas. A staff member told us, "I love the training, it gives you understanding and reminds you. It brings it back to the front of your mind".

Staff told us they had regular supervision and appraisals, they felt these were positive experiences. Staff felt supported and told us, "We have supervision every few months and appraisal once a year, I do feel valued".

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. Individual assessments showed people's food and drink preferences. Many people were supported by staff to eat and drink within their visits and records were detailed regarding food and drinks.

One person was prone to urinary infections and needed to be encouraged to drink and staff made a record of this, a person who was living with dementia had a chart in place so that the service and family members could ensure a balanced diet by monitoring their intake. Whilst making home visits we observed a person eating their meal they told us that it had been prepared by their assigned staff member for the lunchtime visit. The person told us "I always enjoy my food, they do a good job". We also observed the care coordinator speaking to staff about a person who required encouragement to eat and drink, they communicated instructions by telephone and asked the staff to complete a food and fluid chart and to keep them updated.

People were supported to receive health care services when they needed them. All records seen showed medical or specialist input. Care plans and records showed that plans from professionals were being followed. A person told us, "They call the doctor if needed and the district nurse visits me regularly to check on my health". Staff told us they have a good relationship with medical professionals and are confident to request visits for people when needed.

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. Some of the comments we received from people were, "I feel like they are my friends, I enjoy talking to them". "I am absolutely treated with dignity and respect". "My carer is excellent, I would recommend to anyone". "My carers are great, I get on well with all of them". Relatives told us, "They are absolutely brilliant, they go the extra mile". "Staff are excellent, on the ball and professional". A professional told us, "The registered manager and their staff are committed to working in a person centred way and treating people with compassion and kindness".

People told us that they saw regular staff and this supported continuity of care because staff that attended their visits understood their needs and preferences. The care coordinator told us that they will try to match skills and interests when scheduling the care. They have input from people using the service regarding the staff they have and use feedback from staff. Visit times meet people's preferences and regular staff attend them. Staff told us, "I see the same clients each week". "I have my regular clients". "I see the same people". People told us that they have one or two main staff who attend them on a regular basis.

An equality and diversity policy was in place at the service. There were procedures for people's cultural and religious backgrounds as well as people's gender and sexual orientation to be recognised at the assessment and respected within the service. Staff received training in equality and diversity. We observed a staff meeting where there was a discussion about sexual orientation and discrimination. Staff told us they would treat everyone equally regardless of their differences.

People told us they were happy with the care they received from the service. Comments from people and their relatives included, "They are so good, so caring". "I feel so happy, my relative loves the carers". "I think the service is excellent". "I do not live locally to my loved one so it gives me peace of mind, they are so reliable". "Their [name] attitude is exemplary they are a great ambassador for Candlelight".

Staff were aware of their responsibilities with regards to confidentiality. Staff knew they had a legal duty to maintain confidentiality and to protect personal information they may encounter during the course of their work. The registered manager had high regard for confidentiality and said they always aimed to ensure that staff knew how to access and how to share any personal information safely at all times. We observed a staff meeting where the registered manager spoke about confidentiality and professional boundaries. The registered manager held a quiz and all staff were involved, staff told us following the meeting that they enjoyed the refreshers they received in meetings to help them do their job better.

People were encouraged to be independent and individuality respected. The registered manager told us it was important to help keep people in their own homes and to work with people rather than do everything for them. A person told us that they had been supported by staff to regain their abilities and been able to reduce their service and be more independent.

People were encouraged to make decisions about their care. People were involved in their care plans, records showed input from the person, their family and professionals. There was a system for review every six months and people were involved in that.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were in place and regularly reviewed. We observed information and updates regarding people's care communicated by staff by telephone and in person to the care coordinator and registered manager during the inspection. A relative told us, "I cannot fault them. They assessed my loved one's changing needs, spoke to the social worker and everything was organised" another said, "They react immediately to any problems or changes". A professional told us, "Candlelight were very responsive. I observed that care and support was planned proactively in consultation with the person, their relatives and representatives".

People told us they had been involved in discussions about their needs and wishes and had contributed to the creation and review of their care plans. Care and support plans were personalised and people were involved in designing how and when their care would be provided. A professional told us, "Candlelight demonstrated that they were responsive and flexible to people's needs".

People were involved in shaping the service. They had been responsive to an identified need to provide a nail care service for people. They had received feedback from people who use their service that they found it difficult to access nail care services in their own homes for various reasons. The service listened to this feedback and following discussions with senior managers accessed training for certain staff to train to provide this service. The registered manager said this is a popular service. A relative told us, "It's a very good service".

Creating and maintaining links with the community was important for the service. They had various charity days, coffee mornings and cake sales. The registered manager told us that they would put up posters in the town and invite local residents. People who use the service and their families also were invited to help to integrate people into their community. A person told us, "I always get an invite, I have been invited to a coffee morning in a couple of weeks".

People were able to access the community and socialisation was part of some care plans. Plans showed that people received both personal and practical care and support from the service.

People knew how to make a complaint and the service had a clear procedure in place. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. People told us, "I feel I can complain if I want to and know it will be resolved" another said, "I have made a complaint and they sorted it straight away". A relative told us, "I made a complaint and went straight to the registered manager, the way they handled it was excellent". A professional said, "There was a good response to concerns and complaints".

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to their communication needs. We saw a plan where

the staff had to write on a whiteboard in order to help communication with a person. The relative of that person told us, "It really helps my loved one manage their daily activities".

At the time of the inspection the service were not providing end of life care for anyone. The registered manager told us that they do provide end of life care and work together with palliative care teams. The registered manager told us "We take instruction from the professionals and always work together with the nurses to provide end of life support to people in their own homes". The registered manager told us that some staff had chosen specific end of life care units to be included in their health and social care diploma's, this was confirmed by those staff who told us they were passionate about supporting people at end of life. The service had received many compliments from families about their care and support of those at the end of their life. We read, "Thank you so much for the kindness and exceptionally high standard of care you gave my relative [name] during their final weeks". Another relative wrote, "I couldn't have wished for a more dedicated, lovely, helpful, caring group of people". The service had a 'In Memory' display with photographs of people who had passed away with their names. The registered manager said it was important that people were not forgotten.

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

Quality assurance systems were in place to monitor the standards of care provided at the service. Various audits took place and the registered manager told us there was a plan for developing the service.

The service had a set of values and mission statement which was displayed and which the registered manager told us ran through the whole service. The registered manager told us, "We always want to have a good reputation. I've always taken a huge pride in what I do. People and families recommend us" and then went on to say, "Good care and good leadership, my vision is to combine that to make a great company". Staff told us they felt happy and proud to work for the service by saying, "I really enjoy my job, great staff and clients", another said, "I always enjoy coming to work".

The registered manager had created an open working environment and could be contacted in person or by telephone. Staff were seen visiting the office during the inspection. Staff told us they felt the registered manager was there for them when needed. Some of the comments from staff were, "I can speak to the manager any time with any worries". "The registered manager [name] is fabulous, they are the most supportive person". "The registered manager [name] is really good". "The registered manager [name] is very good at giving advice and always there when I need them".

The service sought people's feedback and involvement. We saw the results from the December 2017 questionnaire and within that people had been asked to nominate a member of staff to receive a special recognition award. People had given their nominations together with the reasons.

Routine care reviews gave people the opportunity to suggest improvements to the service and give their feedback for consideration. A professional told us, "Candlelight have an established management team that always puts vulnerable people first and involving them in decisions about how it is run".

The registered manager kept updated by attending training within the service and externally. They had attended regular registered manager network meetings, homecare provider forums, learning hubs, conferences and also subscribed to online guidance and publications.

The registered manager understood their requirements under duty of candour that is, their duty to be honest, open and transparent.

The service had a staff recognition scheme where by staff receive a certificate and acknowledgement for going 'over and above' what is expected. We saw examples of this displayed in the office and staff told us it made them feel valued by the managers and the company. Staff were able to achieve an award of care

professional of the month, there was also an annual award. We observed two staff members achieving the care professional of the month award and this was presented to them during the staff meeting. The registered manager said, "It is so important to recognise people".

Systems were in place for learning and reflection. The registered manager told us that the incidents and accidents were discussed at a senior management level and actions taken, lessons learned and practice improved. We saw many examples of learning from incidents including improvements discussed with staff during the meeting.

The service had good working relationships with people, families and professionals. A relative told us, "We have a good working relationship between us, Candlelight Homecare and the GP" A professional told us, "The Manager is continually striving to improve the service, and they have developed positive working relationships with the local authority".