

Candlelight Homecare Services Limited

Candlelight Homecare Services Wimborne Area Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Candlelight Homecare Services Wimborne Area Office is a domiciliary care agency providing person care and support to people in their own homes and flats. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 32 people receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group. This was considered throughout the inspection.

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

Improvements were needed as governance processes and oversight were either not in place or operating effectively within the service. Systems had not been established to monitor, safety, quality, and ensure the service continually sought to improve. The provider had not identified the shortfalls found within this inspection but had been responsive since the inspection to address the improvements needed.

Risks to people's safety and wellbeing had been identified. However, guidance was not always in place to ensure staff worked to reduce risks and in safe ways. We have made a recommendation about the assessment and management of risk.

People received their medicines as prescribed. However, oversight of medicines was not robust. Medicines care plans were not in place. Guidance had not been created to ensure medicines taken as required were offered consistently. We have made a recommendation about medicines and safe practices.

Accidents and incidents were reported, recorded, and reviewed. However, learning from incidents was not always shared within the service and providers locations. The service actively sought feedback on the service it provided, this was not shared with people, this was an area for development.

Recruitment procedures were in place and robust, ensuring staff had the necessary values and skills to support people who needed care services. People and their relatives told us they were satisfied with the service they received. There were enough staff to meet the needs of people, the service worked continually to provide regular staff to promote continuity of care.

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. Infection prevention and control procedures were robust, and staff had enough supplies of personal protective equipment (PPE).

Staff felt appreciated and told us they were proud to work for Candlelight Homecare Services Wimborne Area Office. We received positive feedback about the management team and the registered manager was approachable and contactable.

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 28 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified a breach of regulation in relation to the management and oversight of the service. We have made recommendations about risk and medicines management at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Candlelight Homecare Services Wimborne Area Office

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience who made calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 14 March 2023 and ended on 17 March 2023. We visited the location's office on 16 March 2023.

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 service improvement and safeguarding teams. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and 2 relatives about their experience of the care provided. We spoke with and received feedback from 9 members of staff including the nominated individual, registered manager, deputy manager, care team manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 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.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been identified for all their care and support. However, instructions on safe ways of working to reduce or eliminate risks were not always documented. The information did not always inform care planning and was not always personalised.
- Risk assessments were not always up to date. The providers policy and timescales for review had not always been followed.

We recommend the provider seeks guidance from a reputable source to ensure robust risk management within the service.

- Staff knew people's risks well, for example, where people needed support to move. The service tried to ensure continuity of staff and told us this was an ongoing focus.
- Accidents and incidents were reported, recorded, and reviewed. However, learning from incidents was not always shared within the service and providers locations. The nominated individual told us they would work on a system to share learning.

Using medicines safely

- People received support from staff to take their medicines. However, completed medicine administration records (MAR) were not visible to staff who were responsible for daily oversight of care visits. We raised this with the nominated individual, and they were able to obtain guidance to view all previous MAR.
- Medicines assessments and instructions were not always detailed and in place for staff to follow.
- Guidance had not been created to ensure medicines taken 'as required' were offered consistently.

We recommend the provider seeks guidance from a reputable source to ensure good practice guidance is followed to ensure the safe management of medicines.

- Staff responsible for giving medicines had training and their competency assessed before supporting people.
- An electronic MAR system meant changes were made immediately following advice from the GP or pharmacist. This meant the person was receiving the correct and most up to date treatment.

Staffing and recruitment

- People did not always receive a rota of who would be visiting each day, we raised this with the nominated

individual and registered manager who told us they would look into it. There was enough time to travel to people and staff did not feel rushed.

- There were enough staff to meet the needs of people using the service. There was a clear process in place for accepting new people to the service and a dedicated member of staff to co-ordinate the visits.
- Induction procedures were in place and all staff had training and several shadow shifts before working alone, dependent on experience.
- Recruitment processes were in place and staff were supported with spot checks, supervisions, and appraisals. Staff told us they received ongoing support from the management team.
- Staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and happy with the service they received from Candlelight Homecare Services Wimborne Area Office. Some of their comments were: "I think they [staff] all seem professional and well trained", "I feel safe when they [staff] are helping me transfer", "There are 2 staff my relative [name] really gets on with and I know they are safe in their care."
- Staff told us they knew how to recognise the signs that someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the service and externally.
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon by the management team. A member of staff told us, "I would speak directly to my Line Manager, and am confident that they would respond seriously."
- Safeguarding concerns were documented, reviewed, and sent to the nominated individual and records showed all necessary actions and referrals had been made.

Preventing and controlling infection

- Infection prevention and control procedures were in place and robust. Staff had received training in safe practice and how to prevent avoidable infections.
- There were enough supplies of PPE. Staff wore the necessary PPE to keep themselves and others safe during personal care and support. People and their relatives confirmed staff compliance with PPE.
- The service had an infection prevention and control policy in place and kept up to date with changes and best practice guidance.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were either not in place or did not operate effectively. Audits and planned monitoring were not in place and therefore had not identified the shortfalls found within the inspection. For example, for the safe assessment of risk and the medicines management process.
- Oversight from the provider had not identified the shortfalls within the service. There was no formal audit or measurable system for checking the standard at which the service operated.
- Systems to drive continuous improvements in care were not in place at the service.
- Policies and procedures were not always up to date and did not always reflect actual practice within the service.

The provider had failed to ensure governance systems were operating effectively to ensure risks were managed, medicines processes were safe, and the service improved. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection to work to establish governance systems to ensure oversight.

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

- Staff felt supported, appreciated in their role and were complimentary about their colleagues. The provider held their own internal 'outstanding achievement' awards across their locations. People using the service and staff were able to nominate staff to be considered for the honour. A member of staff said, "The Wimborne gang are a brilliant team." Another member of staff said, "Our mantra is to make a difference at every visit. Primarily by being kind, compassionate and understanding."
- Staff were proud to work at Candlelight Homecare Services Wimborne Area Office, their comments included: "I feel very proud to work for Candlelight, we are a good team and nothing is too much for anyone", "I wouldn't want to work for any other care company for me they are the best", "I can generally say I'm proud of what I do and working for Candlelight", "We do make a difference and people's feedback continually emphasises this", "I feel proud to work for Candlelight, I feel valued with the work I do and thoroughly enjoy providing care."
- People, their relatives and staff were complimentary about the leadership of Candlelight Homecare Services Wimborne Area Office. Some of their comments included: "The registered manager [name] is very

approachable and happy to assist with anything we need advice on", "All the management staff I have met are lovely", "I get on very well with the deputy manager [name], they let me speak my mind and say how I see it", "The management is good, and the registered manager [name] has been very supportive as well", "The deputy manager [name] is excellent, very professional and easy to talk to also very approachable", "The management team in the Wimborne office are very good, knowledgeable and supportive."

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

- The registered manager and nominated individual understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager and nominated individual understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement. Records showed the service had made notifications to CQC as required.

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

- The provider sent out a survey to people annually. We saw the 2022 survey had received positive scores for the standard of care provided by Candlelight Homecare Services Wimborne Area Office, which was over 90% satisfaction. The provider told us they were developing the survey process to ensure they reported the outcomes and actions back to people using the service.
- People and their relatives were encouraged to feedback about the service in between the annual questionnaires. The service had received compliments. We read: 'I am very pleased from my perspective with the care your staff provide', 'My loved one [name] adores each and every one of you and is over the moon with all you do for them. They say they would never want any other care service than Candlelight', 'Many thanks for your ongoing excellent care and efficient, flexible service.'
- The management team and staff told us they have a good working partnership with outside agencies. Records showed input by health and social care professionals.

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 Quality assurance systems were either not in place or not operating effectively. This meant the provider was not monitoring the safety and quality of the service.