Candlelight Homecare Services Limited

Candlelight Homecare Sherborne Area Office

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 15 and 16 September 2018 and was announced.

Candlelight Homecare Services Sherborne is a domiciliary care agency. At the time of the inspection it was providing personal care to 71 people living in their own houses and flats in the community. It provides a service to older people and younger adults some of whom have a physical disability, learning disability, sensory impairment or dementia.

Not everyone using Candlelight Care Sherborne receives a regulated activity; 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 had a newly appointed manager in place. 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 and associated Regulations about how the service is run.

People received their care and support at their agreed time, and received rota's letting them know who would be visiting them. They told us that they were supported by familiar staff, who they had got to know and saw regularly. At the time of the inspection staff told us they were working additional hours to support a number of vacant hours.

There was a risk that people may not always be supported by suitable staff in their own homes as full employment checks had not always taken place. Some staff were allowed to start work by shadowing more senior staff before references and disclosure and barring [DBS] information had been received. The provider took action to reduce the risk immediately following the inspection.

People told us they were supported by familiar staff, and staff arrived on time. The provider told us although they were currently understaffed they had ensured all people receiving a service did so with the correct amount of staff and on time. People confirmed they had not had any late calls.

People received a kind and caring approach to their support needs and told us they would recommend the service. One relative said, "The staff are a great support. They really do encourage [relative] to do as much as they can for themselves. I would recommend this service any day."

Initial assessments were completed with people to establish whether the service would be able to meet their presenting needs. From the initial assessment a care plan was drawn up. People told us they had been involved in their assessments and received regular review of their care and support.

Risk assessments were monitored to keep people safe whilst promoting people's independence and rights

to make their own decisions. General environmental risks to people were assessed such as fire safety and home security. People also had personalised risk assessments to reduce risks associated with things such as their skin integrity, medicines and health conditions or dementia.

People were supported by staff who had received safeguarding training and knew how to keep people safe from harm or abuse. People were supported to understand what keeping safe meant. Staff told us they reported any accident and used body maps to identify where any injuries had occurred. The registered manager told us accidents and incidents was analysed to establish any trends.

People received their medicines on time and as prescribed. Staff understood the importance of infection prevention and control, and wore protective equipment appropriately when supporting people. Any medicine errors were reported and lessons learnt, and additional training provided if needed.

People felt the service listened to them and made changes to support their requests. A complaints process was in place and people told us they would be happy to raise a complaint if they needed to. We observed complaints had been resolved in line with the providers policy. People we spoke with were very complimentary about the service and felt it was well led. Staff felt included and encouraged to contribute their views and ideas.

The service worked alongside other providers in the local area, and understood the importance and benefits to people of working closely with health professionals and did this to help maintain people's health and well-being. The registered manager told us they had established and maintained good working relationships with district nurses, GPs, district nurses, and social work teams.

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?

Requires Improvement

The service was not always safe.

There was a risk that people may be supported by unsuitable staff as full employment checks had not always taken place before some staff were allowed to start work.

People were protected from discrimination and staff understood how to manage different risks to keep people safe in their own homes.

People told us they felt safe. People were protected by staff who had a good understanding of how to safeguard people from abuse or harm.

Medicines were managed safely. People received their medicines on time and as prescribed.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective.

People were asked to consent to their support and staff understood the principles of the Mental Capacity Act 2005.

Staff received training and supervision to give them the skills they needed to carry out their roles.

The service worked with other healthcare services to deliver effective care.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

Is the service caring?

Good

The service was caring.

People were supported by staff who were compassionate and

kind.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans and support were person-centred. These were regularly reviewed with involvement from people and relevant others.

People knew how to complain and had confidence that issues would be investigated. Complaints were resolved in line with the service's policy.

Staff had received end of life care training and were therefore able to link with other agencies when people, and those important to them, required this support.

Is the service well-led?

Good

The service was well led.

Staff felt happy and supported in their roles.

Staff felt their work was valued and recognised with opportunities to develop their skills and knowledge.

Audits were done to help ensure the quality of the service.

People and those important to them felt consulted and involved.

The service had established and maintained good working relationships with partner agencies such as GP surgeries and social work teams.

Candlelight Homecare Sherborne 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 15 October and continued 16 October 2018 and was announced. The provider was given 48 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 and an expert by experience. They had experience of supporting older people.

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 20 people who used the service, four in their own homes and 16 on the telephone. We spoke to three relatives, one health and social care professional, two senior care staff and five care staff.

We spoke with the registered manager, operations manager, care coordinator and a community team manager. We reviewed six people's care files, three 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.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us that staff provided safe care and treatment. Comments from people included, "I'm very safe, they're [staff] nice and happy. I've asked them to go shopping every now and again and they bring the receipt back'. Absolutely safe, I'm not worried about anything. I'm just at ease'. "They don't leave until I have my call pendent on."

The service did not always follow their safe recruitment practices. For example, we identified two members of staff began working at the service before full employment checks had taken place, such as previous employment references and DBS checks. The registered manager told us, new staff were only allowed to shadow senior staff if full checks were not in place or risk assessments had been completed. This included seeking people permission for staff to enter their homes without full employment checks. They told us these safeguards had not been followed on these two occasions. Following the inspection, they sent us a copy of the risk assessment and provider guideline on allowing new staff to shadow senior staff. They told us, "Lessons had been learnt."

There were enough staff working to provide safe care for people. The registered manager told us, although they had recently had a number of staff leave they had ensured all people had received the support required at the appropriate time. They told us, "We have been trying to recruit for a number of months, and have had a high turnover of staff leaving for various reasons." They informed us they had reduced the number of care packages they supported to ensure people remained safe. A crisis plan was in place that had looked at the most vulnerable people within the service. The registered manager told us, "I have written to all our clients informing them of the staffing crisis we are currently in. We have assessed people's needs, for example who have family to support or who is not in need of personal care. We are continuing to provide a safe service with the commitment of a dedicated team."

People received rota's letting them know which would be visiting them, and told us that they were supported by familiar staff, who they had go to know and saw regularly. Staff told us that their visits were well planned, with time to travel between people's homes so that they arrived on time and did not have to rush. Comments from staff included, "We don't have enough staff at the moment, but we would never miss a visit." At the time of our inspection there had been no missed visits. The deputy manager told us our systems allow us to schedule all our visits including time critical visits. If a carer has got stuck in traffic we alert the client".

The service had an electronic monitoring system in place which would alert the management staff if visits were late. Staff used their work mobiles to scan into the system when arriving at a person's home and then again once the care visit was completed. People confirmed they received calls from the service if staff were going to be late.

The service had an out of hours on call system, this was shared amongst more senior staff on a rota basis. Any calls out of hours was monitored within twenty-four hours by senior staff. The registered manager was overheard in the office following up on actions taken following a person fall the previous evening.

All accidents and incidents were reported to senior staff. Records were completed which included body maps. Alongside the records a critical incident report was used by the service. This system allowed managers and senior staff to record details of the incident, analysis trends and record any learning outcomes. Staff told us, they rang the office to report any incident of falls or accidents.

People were protected from the risks of abuse by staff who understood the signs of potential abuse and told us they would feel confident to report. Staff were able to discuss what constitutes abuse and how they would raise concerns if they felt anyone was at risk of abuse.

General environmental risks to people were assessed such as fire safety and home security. People also had personalised risk assessments to reduce risks associated with things such as their skin integrity, medicines and health conditions or dementia. Staff were able to demonstrate they were aware of individual risks and the support required to reduce or mitigate risk. For example, one person had poor sight, staff were able to discuss the importance of ensuring anything moved in the person home was put back in the correct place.

People were protected from discrimination and staff understood how to manage different risks to keep people safe in their own homes. People were supported to understand what keeping safe meant, and staff respected their right to make decisions that may not keep them safe. For example, the registered manager was able to demonstrate when, and why safeguarding alerts had been raised and how they continued to work with other professionals to keep people safe in their own home. One member of staff told us, "If I felt there was a new risk for anyone I would ring the office they would be take action straight away."

People told us they were supported to move safely. Where people needed two staff members to assist them to move this was provided. Staff told they always ensured that they followed guidance from care plans when supporting people to move. One person told us when we asked them if they felt safe when being assisted to move, 'Very, very safe. They [staff] know the equipment they are using, they put the brakes on and make sure my feet are in the right position. When they leave they make sure my feet are tucked in and make sure I'm comfortable' 'They are trustworthy and are as good as gold'.

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. People told us they received their medicines as they required.

Some people required their medication at specific times due to living with a condition, people told us and records demonstrated this happened. When errors had occurred, lessons had been learnt through additional learning and support.

General environmental risks to people were assessed such as fire safety and home security. The service had a business contingency plan which included prioritised visits for the most vulnerable people in the event of unforeseen events such as heavy snow or flooding. The team manager told us this had been put into action during poor weather earlier in the year.

Staff were trained in infection prevention and control. They told us they received a good supply of Personal Protective Equipment (PPE) such as disposable gloves and aprons.

Good

Is the service effective?

Our findings

People had an assessment prior to them receiving a service. This captured their needs, abilities and some of their preferences. One relative told us, "This is the most effective service we have received."

Initial assessments were completed with people to establish whether they would be able to meet their presenting needs. The care manager told us that they visited people to complete assessments. They said, "It might be in hospital or their own homes. Once we have set the care package up we always check that everything is as it should be". People and those important to them were involved in these assessments. People told us they were able to choose what they would like at their assessment, such as male or female carers. They told us their choices had been respected.

Mental Capacity Assessments [MCA] had been carried out for people to determine their capacity to make certain decisions, where people lacked the capacity to make decisions best interest meetings had been held. However, we found not all records and decisions had been completed and signed by all making the decisions. For example, one relative was making decisions when they did not hold the correct legal authority to do so. There were no best interest meeting held to show they were making the decisions in the person best interests. Another relative was able to tell us about the best interest meeting and how they had been involved. However, they had not signed to say the support offered was in the person best interest. We raised concerns in regards the decision-making progress with the registered manager who took action to review all best interest process with immediate effect.

The MCA provides the legal framework for making 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 capacity to make decisions, any made on their behalf must be in their best interests and least restrictive as possible. Staff had received MCA training and were able to tell us the key principles and how this applied to their daily work with people. People told us staff always asked for their consent before completing any tasks in their home.

People expressed confidence in the skill of the staff supporting them. Staff continued to receive training opportunities following their induction. This included training courses specific to the needs of people they were supporting, for example dementia, manual handling, safeguarding, and catheter care. One member of staff told us, "Training is very good I would be confident to give emergency first aid any time it was needed".

People were supported by staff who had an induction. This included shadowing more experienced staff and formal competency checks. Staff only successfully completed their probationary period when they were judged as confident and competent enough to support people in meeting their assessed needs. One member of staff told us, "I had a great mentor when I started work here, if I needed advice they were there. They guided me if I was not doing it right. The support really built up my confidence to lone work."

People were supported by staff who received regular checks on their performance to ensure they received effective care. The checks included supervision, appraisals, and spot checks. The registered manager told

us, "Prior to supervision we complete the observation on staff practice, we can then praise good practice, or offer additional support or training if required at the supervision meeting".

Some people in the community required assistance to maintain a healthy balanced diet. The care plans gave details of the support required and gave instructions on how staff should provide food and fluids to ensure health was maintained. We observed people had drinks left for them to try to encourage them to drink between staff visits, and where needed staff completed food and fluid charts to monitor whether people were eating and drinking enough. Staff told us if they had any concerns or felt people needed to be seen by healthcare professionals such as a district nurse they would either contact the office or felt comfortable to contact the district nurses themselves, then call the office to let them know what they had done.

The service worked alongside other providers in the local area, and understood the importance and benefits to people of working closely with health professionals and did this to help maintain people's health and well-being. The registered manager told us they felt they had good working relationships with local GP, social workers, district nurses.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. We asked people if staff were kind and caring when they supported them, people's responses included, "They [staff] are just pleasant when they come in, they don't rush me'. "They know me well and treat me with such kindness and respect." A relative told us, "The staff are a great support. They really do encourage [relative] to do as much as they can for themselves. I would recommend this service any day."

People were encouraged to be as independent as possible and to do as much for themselves as they could. Care plans included details about what abilities people had and what they were able to do for themselves. One person told us they liked to do as much for themselves as they could they told us staff were, "Gentle, not rushing me. It's as if it's my daughter helping me. They're very, very good".

People and their relatives told us that they were able to make decisions and express their views about the care and support they received. They told us they had been involved in their care and felt their wishes were respected. Daily journals held in-depth reflections on what support had taken place at each visit. The registered manager told us at the initial assessment people were able to say how much care and support they required they told us if people's needs changed they adapted the care and support visits to continue to meet their needs.

Staff offered people choices about their care and treatment in ways which were appropriate and enabled people to have control over their support. People were keen to tell us how staff respected their rights to "Remain in control" of their lives. One person told us, "The staff are very respectful and try to keep me as independent as they can, they put the soap on my flannel and then let me get on with it. But they are there if I want the help". A member of staff told us, "I always listen and respect what the person wants to do, but will try to encourage them to have a go." They gave an example of stepping out of a bathroom but being just the other side of the door, they said "I tell them I am here just shout if you need me."

Staff were respectful of people's homes and privacy. People told us that staff entered their homes in the way they wished, staff held information on entry to people's homes and told us they were respectful not to share any confidential information. Where staff used key codes to enter people's home they did not share any information.

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. Staff confirmed they knew who they were supporting. The registered manager told us, "We ring our clients and make sure they are happy with their carers and support they are receiving. If our clients don't get on with a carer we will send someone else. It is important for the client and carer to be happy."

The service had received a number of thank you cards and compliments; these were displayed on a notice board in the office for all to see. Compliments included, "Thank you so much for waiting with me for the emergency services. I don't know what I would have done without the support." "[carers name] really has

gone the extra mile. We are so appreciative of their support."

Good

Is the service responsive?

Our findings

People and those important to them were involved in decisions about their care and treatment. Reviews were planned every six months or more frequently if people's needs or circumstances changed. People told us they felt the service listened to them and made changes to support their requests.

From the initial assessment a care plan was drawn up to show how people's needs would be met by the service. Each person had a care plan which was personal to them and gave details of the care and support they required at each visit. A member of staff said, "The care plans are our bible." People and their families told us they had been involved in the development of their care plan and were satisfied their care was delivered in line with their care plan. The registered manager told us they were currently updating and reviewing their care plans. They told us they felt although the care plans were person centred they could be "Improved." We observed six care plans and found they held sufficient details in regards past histories, like and dislikes and individual preferences.

Care plans contained information about the care people wanted and times they would like to be supported. A care coordinator told us, "Sometimes we have to change the time of our support, this could be because someone wants support to a hospital appointment, or is coming home from hospital." The provider told us in their PIR, 'I believe we are good at being responsive towards client needs, wherever reasonably possible. Clients go in and out of hospital and we are more than accommodating on quickly re-instating their package, often being an increase in the package.'

People received personalised care that was responsive to their needs. One person told us they always received information in regards rota in large print as the service was aware they had poor vision. The registered manager told us they would ensure that they could meet individual needs in regards information people received from the service such as using larger print or different coloured paper to support people with poor eye sight. The service met the requirements of the Accessible Information Standard (AIS). This 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.

People told us they were involved with the service within the local community. The registered manager told us they supported local and national charities. The office held numerous photos of staff fund raising or dressing up for charitable events such as children in need, cake sales or coffee mornings. People told us the staff were "Great fun, and "Did so much extra to bring a smile". 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 received a service user handbook when they began to use the service. This handbook contained all the information people needed about the service and how to make a complaint. Where a complaint had been made we saw that the registered manager had taken action to address the issue and ensure there was no re occurrence. They had also apologised to the complainant. This showed the service took steps to address complaints and learn from them. One person told us, "We know what poor care is like, so yes I

would complain. However, I am happy to say I have never needed to complain about this service. But I know they would listen."

Staff had been trained in providing end of life care and had given support to people and their relatives on these occasions. The registered manager told us "We work closely with other health professionals and family if we are supporting people with their end of life care. Our staff have received end of life care training, some clients are like family to our staff as they have sometimes cared for them for many years. We are very respectful of how this will make them feel too. At the time of the inspection the service were not providing end of life care for anyone.

Good

Is the service well-led?

Our findings

The service had a newly appointed registered manager in post, who had been in post since May 2018. 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. The registered manager although new had previous experience of working for the service.

Systems were in place for learning and reflection. The registered manager told us they tried to ensure all packages of care were able to be supported during the current staffing issues. They told us, letters had been sent to all clients to keep them informed of the current staffing crisis being faced by the service. Staff had received thank you letters for their commitment for 'keeping the service running'.

Candlelight Care Sherborne was well run by a registered manager who had the skills and enthusiasm to provide a person centred service which was tailored to people's individual needs. They kept their skills and knowledge up to date to make sure people received care in a manner that was in accordance with up to date best practice. They worked closely with their staff team and had a good understanding of the people they were supporting and their individual needs. They told us, "Communication is key, we work as a team. I am no good without my team." They told us they had learnt a valuable lesson in regards not ensuring that risk assessments were in place if new staff started work before full employment checks had been completed. Following the inspection, the registered manager sent us a copy of the risk assessment which should have been in place for staff shadowing senior staff before full employment checks were complete.

People, professionals, and staff told us they felt the service was well led. Comments from people using the service included, "Very well run." "The office team are often on the phone checking were ok". The managers come unannounced and check the staff when they are working. One member of staff told us, "It a very relaxed atmosphere in the office, morale is good we all work as a team".

Quality assurance measures were in place and used to identify gaps and trends. The management team had daily meetings to discuss and agree planned actions and identify priorities for the week. This meant that the office team had a consistent, joined up approach.

The registered manager monitored information about different areas of the service including falls, complaints and accidents and incidents. The oversight of the service ensured any patterns or trends were analysed and action taken. The registered manager told us they had regular visits from the provider to ensure governance arrangement were in place and being appropriately managed. They told us there were clear and transparent processes in place that ensured all were aware of their roles and responsibilities.

There were effective systems in place to ensure that staff had the competencies to undertake their roles. They received regular unannounced spot checks which meant that their practice and interactions with people were observed and monitored in areas including infection control, communication and respecting dignity. Staff also received competency checks to ensure that they understood and managed medicines

safely and that they were able to move and assist people using the relevant equipment in ways which were safe for people and also staff. These systems meant that the service had oversight about staff skills and were able to highlight and action if any areas for improvement were identified.

Staff told us that they felt valued, they understood their roles and responsibilities and their achievements were recognised. The service had a staff recognition scheme where by staff received a certificate and acknowledgement for 'going the extra mile'. Staff told us this made them feel valued and respected particularly when they had been nominated by their clients. Staff told us they received regular staff meetings, spot checks and supervisions and could go to the office at any time. Staff were observed 'popping' into the office in between visits to speak with the office staff and feedback information throughout the inspection.

The registered manager told us their values and vision for the service, was for "Staff to work together as a team, respect each other and people using the service. To do the best we can to ensure our clients have the best quality care and when we make mistakes we learn from those mistakes."

The registered manager demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse or death of a person. They told us, "I run a transparent branch, not without its issues, we're not perfect, but always looking at lessons learned and ways of improving quality and services".