Lighthouse Care Ltd

Lighthouse Care Agency

Inspection report

11 Wysall Road
Northampton
Northamptonshire
NN3 8TP

Tel: 01604412252
Website: www.lighthousecare.org

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This domiciliary care inspection took place 28 September 2016.

Lighthouse Care Agency is a domiciliary care agency that provides care and support to people that require this to enable them to retain their independence and continue living at home. When we inspected the service provided care and support to five people. The service is predominantly provided to people living in and around Northampton.

A registered manager was in post. 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 did not always meet these legal requirements.

People were not always safeguarded from potential harm as the manager and staff did not have sufficient knowledge of how to recognise suspected abuse or how to report this to the relevant authorities.

People could not be confident that they received all of their medicines as there were no records of the medicines they received. There was no managerial oversight or audit of the management of medicines.

People could not be assured that there was managerial oversight of the monitoring of the service. There was a lack of insight into the issues with safeguarding, medicines and required notifications to CQC. The provider did not have suitable systems and processes to assess and monitor the service to improve the quality of the care provided.

Staff were recruited safely, however staff had not received up to date training or formal supervision and appraisal.

People's risks had been assessed and care plans were in place to mitigate identified risks. People were involved in the creation and review of their care plans and consent was sought before people received care.

People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

People sustained good relationships with the manager and staff, who respected their individuality. Staff maintained people's dignity when providing personal care and people's privacy was respected.

There have been three breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of The Care Quality Commission Registration Regulations 2009. You can see what action we have taken at the end of the report.

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.

People were not always safeguarded from potential harm as staff did not have sufficient knowledge of how to recognise suspected abuse or how to report this to the relevant authorities.

People were not always protected from the risks associated with medicines as there were no systems in place to manage medicines in a safe way.

People received care and support in their own homes from suitable care staff that had been appropriately recruited.

People were protected from unsafe care. Risks had been assessed and appropriate precautionary measures were taken when necessary to protect people from harm.

Is the service effective?

Requires Improvement

The service was not always effective.

People received care from staff that did not always have up to date training, supervision or appraisal.

People had capacity to consent to care and treatment but this was not documented in their care files.

People were actively involved in decisions about their care.

People were supported to access relevant health and social care professionals, to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People benefitted from receiving support from care staff that sustained good relationships with them and respected their individuality.

People's dignity was assured when they received personal care and their privacy was respected.

People received care and support from kind and sensitive care staff that put them at ease.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them, or with their representatives, so that the agreed service met their needs and expectations.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others.

People had information about how to make a complaint and the provider had a process to manage any complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were no effective systems in place to monitor the quality and safety of the service.

The provider did not notify the commission of incidents that involved the police or allegations of abuse.

A registered manager was in post and they were active and visible in the service. They worked alongside staff and offered regular support and guidance.

People using the service, their relatives and staff were confident in the manager.

Lighthouse Care Agency

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 announced inspection was carried out by an inspector and took place 28 September 2016. With domiciliary care agencies we can give the provider up to '48 hours' notice of an inspection.
We do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting care staff or, in some smaller agencies, providing 'hands-on' care to people at home.

Before our inspection, we reviewed information we held about the provider including, , statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we were unable to speak with people who used the service due to their conditions; however we spoke with two of their relatives and a health professional. We visited the agency office, we met and spoke with two care staff including the registered manager and one care staff by telephone. We looked at the care records of four people, we also looked at four records in relation to care staff recruitment and training, as well as records related to the quality monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from the risk of harm because staff did not know how to recognise when people were at risk of harm; staff did not know what action they would need to take to keep people safe or to report concerns. We saw written accounts by staff in one person's daily notes of incidents that indicated they had suffered physical and financial abuse from others they knew. The manager told us that they had not reported these incidents to the safeguarding authority as the person had not given their consent. All incidents of suspected abuse must be reported to the relevant authorities. We raised a safeguarding alert regarding these incidents because the decision to investigate the safeguarding alert would be the local authority and the police in conjunction with the service user, and not the care staff. The registered manager told us they did not know how to report a safeguarding alert, although they had received training. We advised the manager how to raise a safeguarding alert and signposted them to the information available to them in their office to read and share with staff.

This is a breach of Regulation 13 (1, 2 and 3): Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected from the risks associated with the management of medicines. Although staff assessed people's need for assistance to have their medicines, there was no plan of care to state how they would do this and staff did not record the medicines they administered to people. However people said that they got their medicine when they needed it, one relative told us "they [staff] are very good at encouraging [relative] to have their medicines; they come in a blister pack." The registered manager told us they believed that the medicines did not need to be recorded because they were in blister packs. Staff had received training but this had not been updated for over a year and there was no process to test the competence of staff in administering medicines. There was no managerial oversight or audit of the management of medicines. People were at risk of not receiving their prescribed medicines safely because staff did not have the proven competence to administer and record the medicines people received.

This is a breach of Regulation 12 (2 c and g): Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to keep people safe and to meet their needs. People received their care from the same staff at the regular times that had been agreed with the registered manager. One relative told us "they are reliable and come on time, a couple of times we have waited for staff, but they called us and told us they would be late and why." However, there were no rotas or timetables to show the times that people were due their visits, the registered manager and staff relied on a whiteboard that displayed the length of visits, but not the times they were due. The staff worked closely with the manager and relied on word of mouth to make arrangements. This meant that people were at risk of not receiving their planned calls as there was no explicit rota or timetable detailing when calls were due.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that

risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety.

People could be assured that prior to commencing employment with the agency, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

Requires Improvement

Is the service effective?

Our findings

People received care from staff that had not undergone up to date training so that they could meet people's needs. The registered manager had recognised this and booked staff onto formal training in the next month to gain their Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People were supported by staff that did not always receive formal supervision or appraisal on a regular basis. However, staff had informal guidance and support when they needed it. Staff told us that the manager was always available to discuss any issues such people's changing care needs. We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

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 registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans contained records of assessments carried out by health professionals of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. People's daily records demonstrated that staff listened to people and did not provide care where this had not been consented to. Staff gained people's consent before they entered their homes and before providing any care.

People were supported to have sufficient food and drink. One relative told us "they always ask [name] what she wants to eat and prepare it; sometimes she just wants a snack." People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff received training in food hygiene and prepared food to people's preferences. Staff ensured that people were encouraged to eat and drink regularly.

Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals when they appeared to be unwell. Staff supported people to attend their health appointments.

Good

Is the service caring?

Our findings

People had positive and therapeutic relationships with staff. One relative told us "my [relative's] relationship with [staff] is absolutely great, it is the best thing about it [receiving care]." They told us that the relationship was affectionate and their relative was always pleased to see the care staff.

We saw that the provider had cared for people over many years and had developed trusting and caring relationships. One health professional told us "they [staff] have a very good relationship with [name], they understand [name] and they are flexible to allow for [name's] needs. [staff] have looked after them for three years over a very difficult time." We saw that staff had adjusted the times that they provided care to meet this person's needs and stayed with them when they were experiencing anxiety.

Staff helped people to maintain their dignity by supporting them to change their clothes when needed . Daily records showed that staff would ensure that people were appropriately dressed before going out of their homes. Staff adhered to the provider's 'code of conduct' which stipulated their behaviours would protect people's privacy and dignity.

One relative told us "they treat [name] with respect, the care is fine, perfect." The manager and staff spoke about people's needs in a respectful way and appeared fond of the people they cared for.

People's preferences for care staff to be either male or female were observed. For example one person had requested male care staff, and to have the same person as much as possible. Their relatives they were very pleased with the male care staff provided and the daily notes indicated that the same care staff provided the care every day.

Good

Is the service responsive?

Our findings

People were assessed before they received care from the agency to determine if the service could meet their needs. The assessment included risk assessments and identification of any preferences.

People's care plans were reviewed yearly, or when their needs changed. Care records showed that people's care had been reviewed with them and their relatives, and where necessary other health and social professionals. The reviews took into account people's wishes and provided opportunity for people to feedback about the service they received. One person had told the agency in September 2016 "I am happy with the service."

People's care plans provided guidance and instruction on how to provide care for known risks, such as falling. One relative told us "staff understand [name's] needs." They described how staff provided care safely; we saw that this matched the information provided in the person's care plan.

Where people experienced illness or changes in their health, the manager ensured that their care was adapted to meet their needs. Daily records demonstrated how staff provided support when people experienced ill health and adapted the timings of their calls to meet people's needs.

People said they knew how to complain and felt confident that their concerns would be listened to. The registered manager told us they had not received any omplaints. People received information on how to make a complaint and a form they could use with their service user guide when they first began to use the service. The provider had a complaints policy and procedure to follow in the event of a complaint.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who had a 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 had not informed CQC when incidents such as suspected abuse or police involvement had occurred.

This is a breach of Regulation 18 (2e and f) Notifications of other incidents, of The Registration Regulations 2009.

There were no systems or processes in place to assess, monitor and improve the quality and safety of people using the service. There was no quality monitoring of medicines management; people were at risk of not receiving their prescribed medicines as there was no managerial oversight to protect people from the risks of managing medicines.

The lack of managerial oversight, audits or quality monitoring measures in all areas of the service such as safeguarding, staff training, staff supervision, care notes and rotas meant that people were at risk of not receiving care that met their current needs. There was no assurance that risk assessments and care plans related to current care or that daily records were contemporaneous or complete. People were at risk of not receiving their planned visits as there was no managerial oversight of the rotas or timetables to demonstrate when people's visits are due or had been carried out.

People who relied on staff to manage their money were at risk of financial abuse as there were no processes in place to account for the monies received or spent. There was no audit or managerial oversight of people's money.

Although the provider intends to install a computerised care management system which will monitor the quality of the service, rotas and provide care plans and risk assessments, this has not yet been implemented, tested or embedded.

This is a breach of Regulation 17, 2a and b, Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was active and visible in the service. They worked alongside staff and offered regular support and guidance. Relatives told us they were happy with the level of commitment and care that the manager and the staff provided. The staff group showed personal commitment to providing good care. There were arrangements in place to gather the views of people by telephone surveys. We saw that people fed back that they were happy with the timings of their calls and the care they received.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify the Commission without delay, incidents of abuse, or allegations of abuse or injury to a service user. (Regulation 18 (2e and f)

The enforcement action we took:

We issued a warning notice, to become compliant by 21 October 2016

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have systems or processes in place for the proper and safe management of medicines. Regulation 12 (2g)

The enforcement action we took:

We issued a warning notice, to become compliant by 21 October 2016

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have systems and processes in place to recognise or report abuse of service users.

The enforcement action we took:

We issued a warning notice, to become compliant by 21 October 2016

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have the systems and processes to assess, monitor and improve the quality and safety of the service. Regulation 17 (2a)

The enforcement action we took:

We issued a warning notice, to become compliant by 21 October 2016