

# Candlelight Homecare Services Limited

# Candlelight Homecare

# Glastonbury Area Office

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

This inspection was announced and took place on 26 & 27 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

Candlelight Homecare is registered for the regulated activity 'personal care'. At the time of the inspection Candlelight Homecare Glastonbury Area Office was providing care to 174 people in their own homes.

The last inspection of the service was carried out in January 2014. No concerns were identified at the time of that inspection.

There is 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.

There was a stable management team who took appropriate action to make sure they provided a safe and reliable service for people. They monitored the quality of the service and aimed to continually improve. One person said "They organise it all well. It seems very efficient."

People told us they found the service to be reliable and mostly staff arrived at the specified time. One person told us "They're usually on time and if I need an earlier appointment they accommodate me. They always let me know if they are going to be late."

Staff were well supported and received the training they required to carry out their jobs. People who used the service felt safe with the staff who supported them. People told us staff were well trained to help them. Comments from people included; "They are definitely good at what they do" and "They absolutely know what they are doing."

The agency's robust recruitment procedure and staff training helped to minimise the risks of abuse to people. All staff carried identification cards and there were systems in place to make sure people's personal information was protected.

People received care and support from staff they knew well and had built trusting relationships with them. People were extremely complimentary about the staff who visited them. One person said "They do so much more than is in the care plan. I can honestly say Candlelight has made my life so much better." Another person told us "They will do anything for you. They are more than people just doing a job."

There were systems in place to make sure people's needs were assessed and they were able to be involved

in all decisions about their care packages. People were supported to access healthcare professionals and the service was flexible which enabled people's changing needs to be met.

People said they continued to remain in charge of the care they received and staff always consulted them about how they wished to be supported. People told us the service helped them to remain independent. One person said "I am so lucky to still be in my own home. It's because of the care I get that I can stay here."

People were treated with respect and dignity and were able to make choices about the staff who supported them with personal care. When new staff began work for the agency they had to sign a 'Dignity statement' to say that they would always treat people in a way that respected their dignity. One member of staff said "We treat everyone as we would want our loved ones to be treated."

People knew how to make a complaint and were confident any issues raised would be investigated and resolved. The agency used feedback from people to monitor the quality of the service and identify how improvements could be made.

## 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 was safe.

Risks of abuse to people were minimised because the provider had a robust recruitment process and staff knew how to recognise and report abuse.

People who required assistance with medication were supported by staff who had received specific training in this area.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People's health was monitored and staff supported people to make appointments with healthcare professionals according to their individual needs.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People had teams of regular care staff who they had been able to build trusting relationships with.

People were fully involved in decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed by specialist workers to make sure they received care which meet their needs and preferences.

The service adapted the care they provided to meet people's changing needs.

People felt listened to and all complaints were fully investigated.

### **Is the service well-led?**

**Good** ●

The service was well led.

People benefitted from a management team who were open and honest and looked at ways to continually improve the service.

There were systems in place to cope with difficult situations such as bad weather and staff sickness.

People felt the service was well run and efficient.

# Candlelight Homecare Glastonbury 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 took place on 26 & 27 October 2016 and was announced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector visited the office and a sample of people using the service and the expert by experience completed phone calls to people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in January 2014 we did not identify any concerns with the care provided to people.

In the course of the inspection we met five people who used the service and spoke with 15 people, or their relatives, on the phone.

We also spoke with 12 members of staff which included care and support workers, community team managers, care co-ordinators and the training manager. The nominated individual was available throughout the inspection.

Before the inspection we sent out 50 questionnaires to people using the service and 19 (38%) completed questionnaires were returned to us.

We looked at records which related to people's individual care and the running of the service. Records seen included five care and support plans, quality assurance questionnaire results, staff training records and three staff recruitment files.

# Is the service safe?

## Our findings

People told us they felt safe with the staff who supported them. People we saw with their care and support workers appeared very comfortable and relaxed together. One person said "Knowing someone is coming in makes you feel safe." Another person told us "I don't really mind who comes because they are all nice and I feel very comfortable with them all."

Everyone who completed a questionnaire answered 'agree' or 'strongly agree' to the statement; 'I feel safe from abuse and harm from my care and support workers.'

The provider had a policy on safeguarding vulnerable adults and all staff received safeguarding training during their induction period and an annual refresher. This helped to keep staff up to date with local policies and procedures as well as reminding them of the signs of abuse. Staff knew how to recognise and report abuse and all were confident that any concerns reported would be fully investigated to make sure people were protected. One member of staff told us "I'm very confident that action would be taken to keep people safe. When I did report something it got dealt with."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the agency. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Recruitment files we looked at showed all appropriate checks had been carried out before staff began work.

The provider had systems in place to minimise the risks to people in their own homes. All staff carried identification to make sure people knew they were from the agency. Some people were unable to answer the door to workers who visited them and had key safes outside their homes. Information about key safe numbers was sent to staff via mobile phone but could only be accessed using a security pin.

People were supported by sufficient numbers of staff to meet their needs. The agency had gone through a period of staff shortages and had taken action to ensure they maintained a safe service for people. In response to staff shortages the service had put a stop on new packages of care and decreased their contract with the Local Authority to enable them to continue to meet the needs of people already using the service. Throughout this period they had kept people and staff informed of the difficulties the agency was experiencing through personal letters. One person we met said "We did get a letter but it didn't really affect me. I still got my care." Another person said "I know they have had staffing problems but they have never let me down." This showed that action taken had helped to maintain a safe and reliable service to people receiving care and support.

To ensure the service had adequate numbers of staff to safely support people the provider had been creative in promoting the service and attracting new staff. This had included the use of local radio, social media, offering welcome bonuses to new staff and giving incentives to existing staff who recommended new



staff.

Care plans contained risk assessments which outlined measures which enabled care to be provided safely in people's homes. Risk assessments included the risks associated with people's homes and risks to the person using the service. For example one person had a risk assessment regarding their mobility and suitable equipment had been sourced to ensure their safety and the safety of the worker supporting them. Where care and support workers identified further risks in a person's home they recorded these and discussed them with people. We saw that one worker had noticed a loose rug that could be a trip hazard and this was recorded.

People who required support to administer medicines received support from staff who had received training in this area. The training manager told us they were currently in the process of formalising competency testing for all staff. This would include a record of when and how the member of staff had been observed administering medicines to make sure they continued to do this safely. There were risk assessments in place to show the level of support people required with taking medicines. Some people required only gentle reminders whilst others required full assistance and monitoring. Where staff administered medicines to people they recorded this on a medication administration record.

## Is the service effective?

### Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. 83% of people who completed a questionnaire answered 'agree' or 'strongly agree' to the statement; 'My care and support workers have the skills and knowledge to give me the care and support I need.' Other people who completed questionnaires answered 'don't know'. Comments from people included; "They are definitely good at what they do" and "They absolutely know what they are doing."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. The training manager confirmed their induction programme followed the Care Certificate which is a nationally recognised training programme. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One person said "New ones always come with an oldie so they know how to do things properly." Another person said "Introduced to new staff, they shadow, they're good at training and shadowing."

After staff had completed their induction training they were able to undertake further training in subjects relevant to the people who used the service. Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. Staff told us the training they received helped them in their work. One member of staff said "Training is really good. It really makes you think about how you can do things better for people." Another member of staff said "The training manager is amazing. They make everything so interesting and you remember it. There's always something you didn't know and it helps you to be better at your job. The training we had about dementia has made me change how I talk with people."

The provider told us in their Provider Information Return (PIR) their staff were trained "To enable and restore clients independence by: Promoting independence, encouraging the client to do as much for themselves and not undertaking the task themselves on behalf of the client." They also told us that specific training was provided to staff in accordance with people's specific needs. Staff we met said they were never asked to undertake tasks they had not had training for and felt well supported in their roles. One member of staff said "If there's anything you're not sure of you can ring for advice. If someone gets new equipment then we are taught how to use it properly."

The staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. One person we met was having a health condition monitored through regular checks on their weight. They said "They're very good and if they had to call the doctor for me they would." Another person told us their care and support worker liaised with their visiting nurse. They said "They all keep a really good eye on me."

People could be confident that any medical emergencies would be dealt with because all staff received first aid training during their induction period. A number of people using the service had emergency alarms and care plans reminded staff to check people had access to these before people were left on their own. This ensured people could summon help when staff were not with them. One person said "The routine before

they leave is – is there anything else I can help with, have you got plenty of drinks and are you wearing your alarm."

Some members of staff had been trained as 'health champions.' to signpost clients and their families to health related support that was available to them. This helped to promote good health and enabled people to get appropriate help and advice when they required it.

Staff supported people to eat and drink according to their care plans. Staff told us they cooked meals for some people and others preferred to do this independently but they always made sure people had ample food in their homes to have a good diet. People we met told us staff were not responsible for food shopping but helped them with meals. One person said "They cook meals from the freezer. They always ask what I fancy." Another person said "One thing they are all good at is making sure they leave you with a drink. I think the manager must drum that into them."

Most people who used the service were able to make decisions about what care or treatment they received. People signed consent forms when they began to use the service to state they agreed to the service being provided. One person said "They only do what you want them to do."

The Mental Capacity Act 2005 provides a 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff all received training about the mental capacity act during their induction period. Staff we met said everyone they worked with was able to make choices and they respected people's choices. One member of staff said "We would never force anyone with anything. If we were concerned about someone we would report it and the manager would talk with their family or social worker."

The provider had commissioned an audit of how the company was meeting the requirements of the mental capacity act. In response to the findings of the audit, bespoke training had been arranged for registered managers and other senior staff. This made sure they were fully aware of how to ensure people's legal rights were respected and were able to offer advice and support to other staff.

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. One person said "I have a regular carer and it's like having another daughter. That's how good she is." Another person said "I never mind who comes to me they are all so kind and polite."

The service had received a number of thank you cards from people who had used the service or their relatives. Comments in cards echoed the comments of people we spoke with. One person had written "Thank you for your loving, caring and healing smiling presence." Another said they had been cared for by "A wonderful team of carers."

As far as possible people received care from regular staff who they were able to build trusting relationships with. One person told us how hard they had found it to accept care when they had always been an independent person. They told us "They have become like friends and that has helped me to come to terms with the things I need help with." Another person said "I appreciate seeing the same people. I can talk to them and we have a laugh as well which eases my situation." A relative commented "The fact we haven't changed the service in over four years says a lot. It's down to personal relationships".

People spoke very fondly of the staff who supported them and said they were always very helpful and thoughtful. One person said "They do so much more than is in the care plan. I can honestly say Candlelight has made my life so much better." Another person told us "They will do anything for you. They are more than people just doing a job."

People's privacy was respected. 100% of people who completed a questionnaire said their care workers always treated them with respect and dignity. Staff told us the provider placed a very high emphasis on ensuring people were always treated with respect and dignity. When new staff began work for the agency they had to sign a 'Dignity statement' to say that they would always treat people in a way that respected their dignity. One member of staff said "We treat everyone as we would want our loved ones to be treated." One relative said, "They give them a head to toe bed bath, very gentle and respectful, always close the door. Very approachable staff".

People were able to express a preference about the gender of the staff who supported them with personal care and these preferences were respected. One person said "I told them I don't want a man to help me and they have never sent one."

People were involved in all decisions about their care and support and had input into their care plan. Everyone we asked said the care plan had been written with them and they felt they continued to be in charge of the care they received. People said senior staff visited them to review their care plans to make sure the planned care was still meeting their needs.

The agency was able to support people at the end of their lives. Staff received training to enable them to provide this level of care and support. Staff spoke passionately about the care they provided to people at

this time and demonstrated a commitment to provide the best care they could to people and their families. One member of staff said "It's such an honour to be able to care for someone at the end of their life."

Staff were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People and staff told us the agency tried very hard to make sure their time preferences were accommodated.

Each person had their needs assessed before they began to use the service. This was to make sure the agency was appropriate to meet the person's needs and expectations. The provider told us they would not offer to provide a service unless they were sure they could meet the person's needs. This included having sufficient numbers of staff to undertake regular calls at the time the person required the care.

The agency employed care assessors who were responsible for carrying out initial assessments with people who wished to start using the service. At the first assessment a basic package of care was arranged and any specialist equipment needed identified. The care assessors then worked with the person for the first week which enabled them to make adjustments as they got to know the person and write a care plan with them that could be used by other staff. This made sure people were fully involved in planning their care and support.

People we met showed us their care plans and we noted these were reflective of the care people said they received. Care plans were easy to follow and gave details of the care to be provided at each visit. One member of staff said "Care plans tell you everything you need to know. They're really good." Staff wrote in the care plan each time they visited so any other staff could see what care had been provided. They also wrote the time they arrived and the time they left, which showed staff stayed for the allocated amount of time. Any concerns about a person or specific information were reported back to community team leaders. Information which needed to be shared with staff was entered onto a computer system and relayed to staff by secure smart phones. One member of staff said "The system is really good. Say someone had had a fall you would be aware of it and adjust care if you needed to."

People told us the service helped them to remain independent. One person said "I am so lucky to still be in my own home. It's because of the care I get that I can stay here." Another person said "I have good days and bad days. The girls help me to do as much as I can for myself but they are always ready to step in if it's a bad day."

The staff responded to changes in people's needs. One person had had a period in hospital and was recovering in bed at home. A temporary care plan had been put in place to make sure staff paid attention to their pressure areas and assisted them to change position at each visit.

People told us the service was flexible and enabled them to make changes to their care if they needed to. People said the service was able to make changes to times to accommodate appointments and social outings. One person said "They're very good if you give them notice. If I have a hospital appointment or something they will try to come earlier to make sure I'm ready." Another person told us "They're usually on time and if I need an earlier appointment they accommodate me. They always let me know if they are going

to be late."

Each person received a copy of the complaints policy when they started to use the service. People told us they would be comfortable to make a complaint and felt confident any issues they raised would be fully investigated. One person told us they had used the service for a number of years and had complained about a member of staff who visited them. They said they were listened to and felt their complaint was taken seriously. Another person told us "I have nothing but praise for them but if I wasn't happy I know I could complain." One relative told us "If I had a problem I will ring the carers' supervisor and suggest she might want to do an observation. They do take ideas on board".

Records showed all complaints were responded to in a reasonable timescale and action was taken if the complaint highlighted any shortcomings in the service provided. For example where a person complained of a missed visit the reason for this was fully investigated and action was taken.

The registered manager sought people's feedback and took action to address issues raised. The provider sent regular questionnaires to people to make sure they were satisfied with the service provided. Where people had made specific comments on questionnaires these were responded to in writing. For example one person had commented that out of date food was left in their fridge. In response to this food handling charts had been implemented and labels had been introduced so staff could date when food stuffs had been opened and when they needed to be disposed of.

## Is the service well-led?

### Our findings

The website for Candlelight Homecare states: Our mission is to provide our clients with the quality of care and support that we would expect for ourselves and our family, and to create a working environment that will attract, motivate, develop and retain our staff. Staff were aware of the ethos of the service and a number commented that they aimed to provide the standard of care they would expect for a loved one. One member of staff said "It's like a big family really and we think of all the clients as family members." One person said "I would recommend them to anyone because they treat you like a person."

The registered manager had worked for Candlelight for almost 20 years and has managed the service for the past 10 years. There was also a deputy manager who had worked for the agency for a number of years. This has ensured there has been consistent and stable leadership for the service. The registered manager was supported by an executive team of senior managers.

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The service had gone through a period of staffing difficulties and had responded in a way that ensured people already receiving care from them continued to receive safe care. They had been open and honest with the commissioners of the service and had put a block on all new work. They had also kept people and staff fully informed of the difficulties they were experiencing.

The provider had policies and procedures which made sure staff had access to up to date information about current good practice and legislation. They also arranged meetings and training for registered managers to enable them to discuss issues and share good practice across the organisation. The training manager made sure staff were kept up to date by regular training, memos and newsletters. A confidential social media site had also been set up to share ideas and suggestions between staff.

There was a staffing structure which provided clear lines of accountability and responsibility. The service was divided into three main teams covering different geographical areas. Each team had a community team manager who oversaw day to day running of their part of the service. Care workers said they were well supported by their line manager and felt on the whole work was well organised. One person said "They organise it all well. It seems very efficient."

There were systems in place to cope with difficult situations such as bad weather and staff sickness. To make sure the service was able to respond when staff were unavailable at short notice they had a team of peripatetic staff who worked across all geographical areas and could be deployed at short notice. The service operated a banding system which they discussed with people when they began to use the service. This meant the service had information about how urgent a person's care visit was if they had to reduce the service. For example some people had friends and family living close by who they could call on if staff were unable to reach them. People who lived on their own, and relied on staff for all their needs, were treated as a high priority to cover.



Staff told us even if they could not reach a person they would always telephone to check they were alright. One member of staff told us there had been occasions when care staff had walked through snow to reach people who had no one else to support them. One person said "In all the years I have used the service I have only had two missed calls. On one occasion my carer rang to say they would not be able to get to me because a previous customer had been taken ill and they were staying with them until the ambulance came. You can't grumble about that can you? On the other occasion it was a mistake and they apologised to me."

There were quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks to monitor safety and quality of care. These included spot checks on care staff providing care in people's homes. Records were kept of these checks and if shortfalls were identified they were discussed with the member of staff at their one to one supervisions with their line manager. This made sure poor practice was addressed with staff and solutions such as additional training were put in place.

The provider had a quality assurance manager and a business development manager who analysed the service and put action plans in place to ensure ongoing improvements. The most recent quality improvement plan had looked at ways to improve the recruitment and retention of staff to maintain a stable service and consistent staff for people who used the service. One of the actions from this had been to employ peripatetic workers to cover staff shortfalls across the service. These workers were now in place. Another outcome had been to make sure new staff had an induction buddy and we heard this was being put into practice. To reduce pressure on staff and improve communication the provider was improving their on call systems. There were plans to increase the number of people on call to make sure they were easily available to staff if they needed advice or support outside of office hours.

To the best of our knowledge the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.