

Lighthouse Care Ltd

# Lighthouse Care Agency

## Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

What life is like for people using this service:

- The provider did not have adequate systems and processes to monitor the quality of the care people received.
- The provider did not have robust systems to assess people's risks; they did not use nationally recognised or evidence based tools, or follow best practice guidance to assess risks and plan people's care.
- The provider did not always demonstrate knowledge of how to mitigate people's known risks. People were at risk of receiving care that was not appropriate or met their needs.
- Staff did not receive all the information and guidance they required to provide care that met people's needs.
- People's care was not regularly reviewed; people were not always involved in reviewing their care or creating their care plans.
- Staff understood their roles and responsibilities to safeguard people from the risk of harm.
- People had developed positive relationships with staff. Staff had a good understanding of people's preferences.
- Staff did not receive all the information and guidance they required to provide care that met people's needs.
- People were supported to have enough to eat and drink to maintain their health and well-being.
- People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.
- Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care.
- People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.
- People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place to respond appropriately.
- There was a positive culture within the service where staff communicated well.

We made one recommendation relating to end of life care.

The provider was in breach of one regulation. This is the third time the provider has been rated as Requires Improvement. The action we have taken is detailed at the end of the report.  
More information about our inspection findings is in the full report.

Rating at last inspection: Requires Improvement (24 November 2017)

About the service: This domiciliary care agency provides personal care to people living in their own homes. At the time of inspection three people were receiving personal care.

Why we inspected: Scheduled inspection based on previous rating

## 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 effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Inadequate** ●

# Lighthouse Care Agency

## Detailed findings

### Background to this inspection

The 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 checked 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.

Inspection team: One inspector

Service and service type: Domiciliary Care Agency

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity was carried out on 24 January 2019 and phone calls to commissioners and relatives on 29 January 2019.

What we did:

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 reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people at Lighthouse Care Agency.

During this inspection we spoke with one relative of a person using the service. We also spoke with registered manager who provided care and one care staff.

We looked at the care records of three people who used the service including daily records, medicines records and the assessments and care plans. We also examined other records relating to the management and running of the service. These included two staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement: 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. Regulations have not been met.

People's risk assessments:

- People's risks had not been properly assessed. People were at risk of not receiving care that would protect them from known risks.
- The provider did not have systems in place to assess people's known risks such as the risk of choking, mobilising, seizures, poor skin integrity and use of equipment.
- Although the provider had been made aware of people's risks from information provided by the commissioners; they had not carried out their own risk assessments or provided staff with guidance on how to mitigate these known risks.
- The registered manager and care staff provided care in accordance with the commissioners' instructions.

The lack of systems in place to assess, monitor and mitigate risks relating to people's safety and welfare is a breach of Regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance

Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to recognise and report any concerns about poor care or ill treatment.
- The registered manager reported all safeguarding concerns to the relevant authorities including the local safeguarding team.
- Staff received training in safeguarding of vulnerable adults.
- The provider's safeguarding policy and guidelines required updating to reflect the registered manager's responsibilities to report safeguarding concerns to CQC.

Staffing and recruitment:

- The registered manager ensured there were enough staff with the skills and experience to meet people's needs.
- The registered manager provided an out of hours on-call service for staff to contact them in case of emergencies.
- People's received their care on time and for the planned length of time.
- The provider had ensured that all new staff had a satisfactory enhanced Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- New staff had been recruited using safe recruitment procedures. Previous employment history and

character checks had been made.

Using medicines safely:

- People received their prescribed medicines.
- Staff received training in safe medicines management and understood their responsibilities.
- Staff recorded when they administered people's medicines.

Preventing and controlling infection:

- Staff had access to and used facilities to prevent the spread of infection such as personal protective equipment and hand washing facilities.

Learning lessons when things go wrong:

- The registered manager and provider had very basic systems to review the service. There had been little opportunity to assess the effectiveness of the service, or learn from incidents as record keeping of quality monitoring was poor. The provider needs to implement systems and processes to use information to learn how to improve the service.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement - The effectiveness of people's care, treatment and support did not always achieve good outcomes and was inconsistent. Regulations have not been met.

Delivering care in line with standards, guidance and the law:

- People's needs assessments were not robust or based on nationally recognised standards or evidence-based guidance.
- The provider did not demonstrate knowledge of nationally used risk assessment tools to assess people's needs. For example, evidence based assessments tools for assessment of the risks associated with incontinence, immobility, choking and falls.
- The provider did not demonstrate understanding of best practice guidance to mitigate known risks. People's care plans did not provide staff with guidance to provide care following best practice.
- The provider did not have systems in place to review people's assessments to ensure staff were providing care in accordance with best practice guidance.

The provider did not have suitable systems in place to adequately assess people's risks or mitigate people's known risks. This is a breach of Regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance

Assessing people's needs and choices:

- The registered manager had received and reviewed assessments provided by people's commissioners before providing care.
- The registered manager visited people in their care settings to introduce themselves and establish people's preferences and choices.
- People's care plans were based on their commissioners' assessments only; the provider had not ensured people's needs had been regularly assessed or reviewed as their needs changed. People's care plans did not reflect people's current needs.

Supporting people to eat and drink enough with choice in a balanced diet:

- Staff followed instructions from commissioners to provide people with specific diets to meet their needs, for example a soft diet. However, staff did not know why they were providing a soft diet.
- There was no risk assessment in place or guidance for staff what to do in the event of a person choking. We brought this to the attention of the registered manager who arranged for clarification of the reasons for a soft diet. The registered manager told us they would research evidence based risk assessments, implement these and provide detailed instructions for staff.
- Staff received training in safe food handling and hydration and nutrition which included special diets. Staff prepared people's meals to meet their needs, taking care to ensure people's allergies and preferences were considered.

- Staff ensured people had enough to drink. One person did not like to drink, staff provided foods such as yoghurts, ice cream and fruits to increase their fluid intake.

Ensuring consent to care and treatment in line with law and guidance:

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 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.

- People's mental capacity to make decisions about their care had been carried out by health professionals.
- The registered manager involved health professionals when people appeared to make unwise or unsafe decisions about their own care, this had safeguarded people from risks.
- People provided their consent to care and to have their information shared with health professionals.
- Staff sought people's consent before they provided care.

Staff skills, knowledge and experience:

- New staff had an induction to the service which included basic training and shadowing of experienced staff.
- Staff received ongoing training in areas that met people's needs. For example, the care of epilepsy.
- Staff received on-going support from the registered manager in the form of one to one meetings and supervision.

Accessing healthcare:

- People were referred promptly to health professionals where they showed signs of ill-health or had falls.
- People were supported to attend health appointments.

# Is the service caring?

## Our findings

Caring – this means that the service treated people with compassion, kindness, dignity and respect

RI: ☐ People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported:

- Staff were kind and caring towards the people they cared for. They knew how to provide for their emotional and psychological needs. However, due to the lack of risk assessments and care plans staff did not know what personal care to give or how to give the care safely to meet their physical needs.
- Staff knew people well and had developed good relationships with them. One relative told us, "They [staff] are the best we've ever had. They [staff] understand [Name], they really took time to get to know [Name]."
- People received care from a small group of staff who had taken time to get to know people. However, because of a lack of written guidance, care was not always provided in an appropriate and person-centred way. For example, staff did not know how to protect people's skin integrity.
- Staff told us about people's preferences and demonstrated how people received care in the way they chose. For example, the timing of people's care to ensure they could take part in their daily activities. However, care was not always delivered in a safe and appropriate way because staff lacked the knowledge and written information required. For example, staff did not have information on how to assist people to mobilise or transfer safely.
- Staff continued to support people when they were in hospital, by visiting and supporting people emotionally.

Supporting people to express their views and be involved in making decisions about their care:

- People were encouraged to express their preferences about their care, where people could not communicate relatives were involved.
- Staff knew people's likes, dislikes and preferences and used this knowledge to care for them in the way they liked; however, these were not always recorded.
- People were supported to provide feedback about their care.
- People had information on how to access an advocate to support their choice, independence and control of their care if they needed. At the time of the inspection, no one needed an advocate. An advocate is an independent person who can help support people to express their views and understand their rights.

Respecting and promoting people's privacy, dignity and independence:

- Staff respected people's privacy and dignity.
- People were supported to maintain their independence by staff enabling people to do as much for themselves as they can, and supporting only where needed.
- Staff supported people to express themselves in the way they dressed; people chose what they wore and how they spent their time.
- Staff referred to people in a respectful way; people's notes also reflected this.

- The provider's policies reflected the service offered care to people without discrimination in line with the protected characteristics the Equality Act.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Requires Improvement - People's needs were not always met. Regulations have not been met.

Personalised care:

- People's care plans were very basic; a list of instructions for staff based on the initial assessment by people's commissioners. There was a risk that people's care was not appropriate or met their needs as people's care plans did not reflect care based on robust risk assessments and care plans to mitigate known risks.
- People's care plans did not adequately demonstrate how staff would meet their needs. For example, how to manage people's poor mobility, low moods, visual impairment and epilepsy.
- People had not been involved in creating or updating their care plans to reflect their specific needs.
- Although people had the opportunity to express their wishes and preferences to the registered manager, these were not always recorded in people's care plans. There was a risk that staff would not provide care that met people's needs as they were not always aware of people's preferences.

Improving care quality in response to complaints or concerns:

- People were provided information on how to complain.
- There had not been any complaints relating to the service since the last inspection.
- The registered manager knew how to respond to complaints in line with the provider's complaints policy.

End of life care and support:

- Staff had received basic training relating to end of life care.
- People's wishes had not been recorded.

We recommend the registered manager records what is important to people and develop care plans that reflect their wishes and preferences for end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

This is the third consecutive comprehensive inspection the provider has been rated Requires Improvement. The details of the action we have taken are detailed at the end of the report.

At our last inspection in November 2017 the provider was in breach of one regulation, of the Health and Social Care Act (Regulated Activities) Regulations 2014 Regulation 17, as the provider did not have sufficient systems and processes in place to assess, monitor and evaluate the quality of the service. During this inspection we found the provider continued to be in breach of Regulation 17.

### Leadership and management:

Managers and staff being clear about their roles, and understand quality performance, risks and regulatory requirements:

- People were at risk of not receiving safe care as the provider did not have systems in place to ensure all risks had been assessed, monitored and actions taken to mitigate known risks.
- The registered manager did not have systems in place to assess people's risks using evidence based risk assessment tools.
- The registered manager had been made aware of people's risks from the initial assessments carried out by commissioners, however, these were basic assessments which did not reflect all of people's current needs. The registered manager failed to carry out adequate risk assessments and provide plans of care to mitigate the known risks.
- Staff were providing care in accordance with the commissioners' assessments, but staff did not have sufficient instructions or guidelines to explain why they were providing the care. For example, staff were providing a soft diet, but were not aware the soft diet was necessary to prevent the risk of choking. There were no risk assessments or care plans to mitigate the risk of choking.
- Staff did not have instruction or guidance on how to prevent poor skin integrity. There were no risk assessments or care plans to mitigate the risk of broken or sore skin, or instruction on how to prevent this through management of people's incontinence.
- Staff did not have sufficient guidance or instruction on how to manage people's known issues such as epilepsy, poor mobility, falls or shortness of breath. There were no adequate risk assessments or care plans to mitigate these known risks.
- The provider's quality monitoring systems failed to identify there was a lack of evidence based assessments or care plans reflecting best practice to mitigate known risks.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- The registered manager did not have adequate systems in place to ensure people received person-centred care.
- People's care plans did not reflect all of their needs, wishes or preferences.
- Staff did not have all the information they required to provide safe care.
- People were not involved in planning or reviewing their care.
- The provider did not have sufficient systems in place to recognise when care was not delivered in line with best practice, there was a risk they would not recognise when people did not receive safe care.

Engaging and involving people using the service, the public and staff:

- The provider had carried out a survey with people using the service. However, the survey did not explain how to use the survey. There was a scale from 1 to 5, people had answered the questions rating the service as 5. There was no indication on the survey or anywhere else whether 5 was an indicator of satisfaction or dissatisfaction with the service. We brought this to the attention of the provider who told us they would update the survey.
- The provider did not have systems in place to record people's feedback where they were unable to read or write.
- The registered manager had not held a staff meeting since July 2018. There was no record of any further staff meetings since three people using the service currently commenced. There was a risk that staff would not have up to date information about people's needs or service procedures to provide safe care. The registered manager told us they provided one to one sessions with staff, but these were not recorded. Staff communicated regularly through electronic media.

The provider did not have suitable systems in place to assess, monitor or mitigate people's known risks relating to people's health and welfare. This is a breach of Regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance

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      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have suitable systems in place to assess, monitor or mitigate people's known risks relating to people's health and welfare. Regulation 17(1)</p> |

### **The enforcement action we took:**

We imposed a condition on the providers' registration whereby they provided monthly reports to the commission demonstrating how they became and maintained compliance with the regulations.