

Lighthouse Professional Care Limited

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lighthouse Professional Care Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, the provider was supporting up to 55 people. However, after the first day of inspection this was reduced to 5 people due to action from local authorities after following their processes.

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

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

Relatives and those important to people were generally positive about the support they received. However, systems were still not always effective to keep people safe and ensure they received quality care. One potential safeguarding, although managed, had not been alerted to relevant bodies such as the local authority and Care Quality Commission. Concerns being identified by the management systems were not always being resolved in a timely manner. The provider's own policies and procedures were not always being followed.

Staff knew how to mitigate risks although there was limited or no guidance to ensure consistent care. Not all medicine was managed safely. Whilst staff knew when changes to people's needs occurred these were not always recorded.

Staff now had recruitment folders. However, recruitment was still not completed in line with legislation. Staff were positive about the training and support they now received from the management. The management had invested time into helping staff acclimatise when moving to a new country.

Relatives and those important to people reported that they were informed if staff were running late and they had regular reviews of care. Staff supported people with meals when required.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice because records lacked guidance for staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found some improvements had been made. However, the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing issues including modern day slavery and immigration concerns. A decision was made for us to inspect and examine those risks. No evidence of modern day slavery and immigration concerns were identified at this inspection.

We received concerns in relation to staffing issues as well as concerns from the previous inspection. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this report.

Enforcement and Recommendations

We have identified breaches in relation to recruitment, assessing risks, medicine management and governance.

We have served two warning notices around governance and recruitment to drive improvement. The provider has three months to make the required improvements and we will follow this up.

We have recommended that the provider familiarise themselves with current guidance, standards and law and update care plans accordingly.

Follow up

We will speak with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lighthouse Professional Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors on site and an Expert by Experience who made phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The start of the inspection was aligned with other professional bodies including immigration, the police, the department of business and trade and local authorities.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced on the first day at the office and announced on the second day.

Inspection activity started on 3 July 2023 and ended on 24 July 2023. We visited the location's office on 3 and 20 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, police and other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked at 3 staff recruitment files and looked at 5 care plans. We spoke with 6 staff in depth and others whilst in the office. We spoke with 5 relatives and/or friends of people receiving care on the telephone. We looked at a range of records used to run the service including policies, training records and governance records.

Is the service safe?

Our findings

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

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

Staffing and recruitment

At our last inspection the provider had failed to employ people in line with current regulations. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff lacked adequate recruitment checks in line with legislation and the provider's policies to prevent unsuitable staff working with people. One staff member was found to be lone working without an up-to-date British criminal record check in place. No risk assessment was in place to support this potential risk of working alone with vulnerable people. The registered manager told us the staff member had only been working with another staff member. Rotas demonstrated this had not been the case.
- Staff employment history had not been checked in line with current legislation or their own policy. Gaps in employment had not always been recognised and checked. One staff member lacked an employment history. Other staff lacked more precise detail like months staff had started or finished work. This meant adequate checks were not in place to keep people safe placing them at risk of being supported by unsuitable staff.
- Staff references from previous employer's did not always match the employment history, lacked vital information to complete checks and contained comments which had not been followed through. The registered manager was unable to provide assurances for all the concerns identified.

People were not being kept safe from unsuitable staff working with them. This is a continued breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made since the last inspection in recruitment. All staff now had a staff file and some checks were now being completed. Additionally, all staff checked on inspection from overseas were found to have the relevant documentation in place to work in the country.
- People and relatives raised no concerns about the numbers of staff. They told us most of the time they were contacted if a member of staff was delayed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to inform the Care Quality Commission of notifiable events relating to safeguarding. This was a breach of regulation 18 of the Care Quality Commission (Registration)

Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection, the provider had increased the number of notifications they were sending in relation to potential abuse. However, following the inspection, 1 incident had to be notified to CQC retrospectively because the registered manager had not recognised it as potential abuse. However, actions had already been taken by the management to protect the person.
- People were kept safe from potential abuse because staff recognised signs and knew who to report concerns to. Relatives told us, "I do feel he is safe with the carers who attend to him", "I feel he is very well looked after and safe" and, "I do feel [person] is safe. [Person] is a straight forward speaker and would let me know straight away if something was wrong."

At our last inspection the provider had failed to keep accurate records of accidents and incidents which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We were informed about an incident which was a potential safeguarding. The management talked us through appropriate actions taken to keep people safe. However, no records were shared with us despite requesting them. Another incident which had led to different staff supporting 1 person had been actioned appropriately. Again, no record was shared despite requesting it.

Systems were still not in place to ensure accurate records of accidents and incidents were in place. This is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people lacked guidance in place to mitigate the risks. People's care plans contained little to no risk assessments in line with best practice, statutory guidance and legislation. Also, the provider's own policies were not being followed. This meant there was a risk that new or agency staff would not know how to consistently and safely support people.
- People with catheters did not have risk assessments to provide guidance on how to reduce the risks of infections spreading. Care plans lacked any details to demonstrate how to safely monitor and manage their catheters. One person had their care plan recently reviewed however there was no risk assessment. Their care plan just stated, "Empty catheter morning, lunchtime and evening." This meant there was limited guidance for staff to follow in line with guidance to keep them safe from infections.
- People at risk of choking lacked written guidance on how to mitigate this risk. One person had a special diet recommended by a Speech and Language Therapist. Their care plan lacked any information about which foods were unsafe. This placed people at risk of choking or aspiration.
- People were placed at risk of potential harm when being repositioned due to being at risk of pressure ulcers. For example, 1 person's care plan mentioned that a slide sheet should be used to help reposition them. No guidance to mitigate risks about how this should be done was in place. The only information was about how frequently the slide sheet should be replaced.
- Risk assessments to demonstrate consideration for people's home environments were not always in place; when they were they lacked detail. This included, whether there were any potential risks to people or

staff whilst they were receiving or providing support in the home.

People were placed at risk of potential harm because risks had not been assessed and guidance was not in place to mitigate risks. This is a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff working regularly with people knew how to mitigate risks when they talked through individual support. This was because they knew the people they supported well and had received training in line with their needs. Checks were completed by senior members of staff observing staff support being received by people.

Using medicines safely

- Medicines were not always managed safely. Records were not clear whether medicine had been administered in line with prescriptions from health professionals. For example, 1 person's medicine records stated they had not been administered, whilst daily notes said staff had been there. This meant systems could not assure that people received their medicine as prescribed. No harm was identified.
- One person was at risk of choking or aspiration because they had been administered tablets whilst on a specialist soft diet. No instructions were in place to demonstrate how the tablets were to be safely administered. Neither was there a record the GP or pharmacist had been consulted to see if an alternative form of the medicine was available.

People were not having risks considered about medicine administration and systems were not ensuring medicines were administered as prescribed. This is a breach in regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had their competency checked around medicine administration on a regular basis by senior staff in the service. New staff were shadowed and received training prior to administering medicine.
- People requiring support to apply topical creams had clear guidance in place. This included body maps showing where the creams should be applied.

Preventing and controlling infection

- People were supported by staff who understood how to prevent infections spreading. The provider had assured staff had access to personal protective equipment such as gloves and aprons.
- Relatives comments included, "[Staff] do use disposable aprons and gloves", "They do wear gloves and aprons. Some wear masks" and, "[Staff]...keep the house spotlessly clean. They treat the house with respect." However, some felt staff were not washing their hands enough such as before preparing food and staff arrived with gloves on.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to keep accurate records of staff training and supervisions which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection in relation to training and supervision and they were no longer in breach of regulation 17 for this aspect.

- People were supported by staff who had received regular training, competency checks and supervisions. Systems were in place to provide regular training including the use of a hoist and modern appliances which may be new to some staff.
- Comments from those important to people included, "I think they are able to care for [person]", "I feel that the carers are trained to be efficient and effective" and, "I think the [staff] are very well trained to look after [person]. They treat [person] with respect."
- One of the directors who designed and led the training was proud of what they offered staff. They made it clear that because many staff were coming from overseas they spent a long time acclimatising staff to living and working in a new country. This included teaching them about differing expectations and equipment they may come across.
- Staff were positive about the support they received. Comments included, "[Director] is always preaching about training... There is room to develop within the company" and, "The first two weeks you are taken for training. There is a hoist and microwave used during the training. It is so helpful."
- The provider promoted personal development and encouraged staff to follow their dreams. One staff member talked us through how they were being supported to become a nurse. Another staff member told us how they had progressed through more senior roles whilst working at the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were having their needs and choices assessed when starting to be supported by the service or when their needs changed. Comments included, "I was involved in the sorting of [person's] care needs and how they were to be met" and, "We discussed [person's] care plan as a family and we got the package we asked for, making changes as when required."
- However, records were not always reflecting discussions and changes that had taken place. Nor were they in line with current standards guidance and the law. Examples were seen where care plans for people with

medical conditions were not in line with best practice. This meant there was a risk people may not receive care in line with current standards, guidance and the law from new or agency staff.

We recommend the provider consider current guidance, standards and law are reflected in people's care plans and take action to update their practice accordingly.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy, balanced diet if it was part of the service staff were providing. However, care plans did not always contain enough detail to ensure consistent support was being provided. This included reflecting clearly when people required a specialist diet advised by a health professional. Regular staff knew how to support people with their eating and drinking.
- Comments from relatives and those close to people included, "At times they were not giving [person] options but since I took this up with them it has slowly improved", "I order ready meals for [person] to be delivered to their house and put them in the freezer for carers to heat up" and, "The [staff] make sure they have plenty of drinks and snacks."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to see a range of other health and social care staff. One relative said, "If [staff] notice any issues they tell me right away and I then seek the appropriate help."
- Staff could describe to us actions they would take when a person's needs changed. However, care plans lacked guidance to ensure consistent approaches were taken.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended the provider increase their knowledge on the MCA. At this inspection we saw evidence that the provider had made improvements.

- People's consent was considered prior to any support being delivered. Comments included, "They have got better at [asking for consent] especially regarding meals and medication" and, "They have always asked how [person] would like things done."
- Staff told us they would always seek consent from people prior to delivering care. However, people's care plans did not always reflect what we were being told or demonstrate people's capacity had been considered in line with current legislation.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

At our last inspection, systems were not in place to make sure people received safe and quality care which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service was not able to demonstrate the safety and quality of people's care was consistent. Some systems had been put in place since the last inspection. However, they were not identifying or rectifying concerns found at this inspection. The systems did not ensure that the provider's own policies and procedures were being followed.
- Audits which had been completed identifying actions needed to be taken to resolve situations were incomplete. For example, an audit in May and June 2023 had identified risk assessments had not been completed in care plans. By July 2023 this was still the case even in a person's care plan we were told had been rectified.
- Systems were not in place to ensure safeguarding and duty of candour had been followed fully. No suitable level of training had been completed by senior staff. We saw evidence that management had not followed all stages of the duty of candour in relation to an incident which had occurred.
- Information that should have been readily available was not accessible throughout the inspection. On the first day of inspection a comprehensive list of people receiving care was requested on 4 occasions. Following the first visit to the office, requests for documents to be sent had dates the information should be returned. No deadline were met.
- The provider was not following its own policies and procedures when running the service to ensure people received safe and quality care. For example, recruitment was still not in line with their own policies. Medicine management and assessing risks were both not fully in line with their own policies and procedures.
- Systems were not always ensuring practices at the service were meeting regulations for other bodies or organisations. For example, by having a staff member working without a valid British criminal check was not meeting the employment regulations for the Department of Business and Trade.

Failing to have effective systems in place to make sure people received safe and quality care was a continued breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection, some improvements were found demonstrating learning had happened. For example, all staff had a recruitment folder, supervisions and training records were now in place.
- The management demonstrated they were open and wanted to improve the service people received. They shared improvements they wanted to make during the inspection with us.

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

- People were supported in a service that was led by management who wanted to be open and inclusive. Comments included, "[The management] are both approachable and I would never be afraid to raise any concerns with them if something arose" and, "[Name] is really good at sorting things out."
- Staff were positive about the management and culture that they created. This was reflected in how fondly staff spoke about supporting people. Comments such as, "Helping people gives me joy" and, "Each and every month we have supervisions. They can be whenever you need to talk about everything. [The management] want us to give healthy care."
- Staff received regular supervision where they could discuss their practice and any concerns they have. These reflected on what was going well, what training was needed and any practices that required discussing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were treated like individuals. Staff knew them as individuals and how to adapt to their care needs. However, records did not always reflect this knowledge.
- People and those important to them were able to comment on their care and request changes. One relative commented how their preference for having at least one female staff member to support them was respected. However, another relative felt sometimes concerns they raised took too long to action and resolve.
- The management took pride in supporting staff new to living in the UK to adapt to a different culture. They put additional training and assistance in to help them adapt to learning about new equipment and practices they may not have come across before. One staff member told us they had to learn how to use a microwave for the first time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not in place to ensure risks were being assessed and ways to mitigate them in place. People were not always having their medicines managed safely.</p>

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 17 HSCA RA Regulations 2014 Good governance Systems were not in place or effective to ensure people received safe and quality care.

The enforcement action we took:

We warned the provider they needed to rectify this concern within three months and will follow up to check.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were not in place or effective to ensure staff were recruited safely.

The enforcement action we took:

We have warned the provider they need to rectify this within three months and will follow this up.