

Lighthouse Professional Care Limited

Lighthouse Professional Care Ltd

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lighthouse Professional Care Ltd is a domiciliary care service providing personal care to seven people at the time of the inspection.

Not everyone who used the service received personal care. 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

Not all records were accurate or up to date. We found some shortfalls in training documentation. Not all monitoring systems were accurate and up to date, we found shortfalls in accidents and incident logs and notifiable events. The provider did not always operate safe and robust recruitment practices. These areas were a breach of regulation.

Consent was gained from people whilst planning, reviewing and delivering their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found shortfalls in training and in staff understanding of Liberty Protection Safeguards, which will become law in April 2022. We have made a recommendation about this.

The service was due to move office and was transferring data and documentation onto a new system for quality monitoring and training. We discussed this with the registered manager at the time of the inspection who told us these improvements would be made a priority.

People and the relatives we spoke with were very happy with the service they received. They told us the staff were very caring and listened to them. They told us the staff were cheerful and brightened their mood. They told us they felt safe and well looked after.

There had been no complaints since the service registered with CQC. People and their relatives knew how to complain but told us they hadn't needed to. They said communication was good and they knew the staff, including the office staff well.

Staff had access to training, supervision and day to day support. There were sufficient numbers of staff to meet the needs of the seven people they supported. The service was continually recruiting, but in the current climate of staff shortages was finding this difficult.

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

Rating at last inspection

The service was registered with us on 22 April 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

We have found evidence that the provider needs to make improvement. Please see the relevant key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to accurate and up to date record keeping, monitoring and training systems and recruitment documentation.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

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

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 a short notice period of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 October 2021 and ended on 29 October 2021. We visited the office location on 21 October 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people and relatives who used the service about their experience of the care provided. We spoke with the registered manager.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three professionals who work alongside the service but did not receive feedback.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

- We did not always see robust recruitment checks and safe recruitment practices. We were not able to view one staff members personnel file at the time of the inspection. Only one member of staff had all the required recruitment checks in place to ensure safety. For example, appropriate work or character references and complete application forms to ensure staff were of suitable character.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found no evidence that people had been harmed however, the provider had not followed up on their recruitment check list. Thorough systems were not in place to ensure safe recruitment practices were followed.
- The three staff records we reviewed had checks in place from the Disclosure and Barring Service (DBS). A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.
- The service had four members of staff supporting people, including the registered manager. There were sufficient numbers of staff in place to support seven people in the community.

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

- The service had a safeguarding policy and procedure in place. The contact details for the local safeguarding team were clearly displayed in the office.
- The registered manager had appropriately reported one safeguarding concern to the local authority. However, the details of this incident were not in the service safeguarding file, there were no actions or outcomes recorded. This meant the incident and any actions and outcomes were not effectively monitored and lessons were less likely to be learned.
- There had been no other safeguarding concerns recorded since the service registration date. However, the accident and incident log showed events which should have been reported to CQC as a Notification. We were not assured that all safeguarding incidences were recorded or referred appropriately.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Not all accidents and incidents were recorded. One incident was reported in the handover book but had

not been added to the log. The audit had not identified this omission. This meant lessons could not be fully learned from incidents and accidents that occurred. We discussed this with the registered manager at the time of the inspection who told us they would review the handover book and cross reference with the accidents and safeguarding logs.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The service was supporting one person with medicines administration.
- Only two out of four members of staff had received a medicines administration competency assessment within the last 12 months.
- There had been no medicines administration errors. However, the audits had not been completed for September and October 2021.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. The service had a risk management policy in place.
- People and their relatives told us they felt safe with the carers. Comments included, "I'd say I am safe with them", "Oh yes, he's very safe, very much so" and "Absolutely, safe."
- Individual risk assessments were in place for people who were at risk of falls or infection. Risk assessments gave staff guidance on how to minimise the risk identified.
- People had environmental risk assessments in place which covered areas such as, lighting, access to the property and pets.

Preventing and controlling infection

- The service had infection control procedures in place. Staff had access to plenty of personal protective equipment (PPE).
- We received positive comments from people and family members regarding staff practice. Comments included, "They wear their own apron and gloves; they keep changing the gloves", "I've seen them wearing all the plastics" and "They wear masks, yes. They wear gloves and aprons when needed."
- Service records showed three staff had received training in hand hygiene and infection control practice. The office had infection prevention and control guidance and information displayed for staff. The registered manager undertook informal quizzes to keep staff knowledge and awareness up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Only one member of staff was up to date with the provider's required training. Some certificates in personnel records had incorrect dates on them.
- The training matrix we reviewed did not correlate to the training certificates we saw in staff personnel records. We were not able to review one member of staff's full training record. We were not assured all members of staff had the required mandatory training as per the providers policy.
- Staff had received induction, supervision and service spot checks but these were not efficiently recorded. Two staff members induction competency checks were not dated. We were not assured staff support and checks had been received regularly.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the lack of recorded evidence, people and their relatives we spoke with said they felt staff were well-trained and able to do their job.

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 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.

- The registered manager told us no-one currently using the service lacked capacity to consent to their care. Not everyone had signed consent forms in their care records.

- Records showed only two out of four members of staff had received training in the Mental Capacity Act (2005).
- The registered manager did not give us assurances they fully understood the MCA, different legal representations or Deprivation of Liberty Safeguards procedures in the community. They were also not aware of the change in the law to Liberty Protection Safeguards, due to be in force from April 2022.

We recommend the provider re-visits current legislation on The Mental Capacity Act (2005) and seeks advice and guidance from a reputable source about Liberty Protection Safeguards.

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

- People's needs were assessed prior to them receiving care and support to ensure they could be met.
- Assessments included people's life history, usual routines, what was important to them and what a good day looked like. People and their families were involved in the assessment.
- A Care and Support plan was developed to guide staff on how best to care for the person and meet their needs.
- Where people required additional assessments such as to check skin integrity, these were undertaken and the details recorded in care records.

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

- People were supported to maintain a good level of hydration and nutrition.
- Where people required additional assessments such as a MUST score (a Malnutrition Universal Screening Tool) to monitor intake and weight, these were undertaken and recorded in people's care records.

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

- The service worked alongside health and social care colleagues to provide a consistent and timely service.
- People and their relatives told us the communication between them, the service and other agencies was good.
- People were supported to access health and social care professionals such as their GP.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy with the consistency of carers and had no missed or late calls. People felt listened to and named staff with praise and positivity.
- People told us they felt supported and at ease with the care staff. One person said, "It's full of laughter when they are here" and a relative told us, "Mum didn't want a man initially but she loves him now."
- We saw compliments and thank you cards from people and their relatives stating how caring the staff were. Feedback was very positive. Comments included, "They are so kind and caring", "They're gentle and kind and I prefer them to the other agency we use", "[Names of carers] are all wonderful" and "What I have seen they are exceptional."

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

- People and their relatives were involved in their care reviews. One person commented that "It's all going smoothly" and the staff were always respectful to them and their home. Another person commented how the carers lift their mood when they come into her home happy and cheerful.
- People felt involved in their care and enjoyed the company of the carers. One person said, "They got to know me straight away, we talk about our families. They are amazing."
- We noted from feedback and from daily notes that staff undertook little extra's to care for people. On a person's birthday, staff took flowers and a card which was greatly appreciated. A relative said, "They've printed out the lyrics [of a song] so Mum can sing along" and "They absolutely know us, [name of carer] has even turned out for our cricket team."

Respecting and promoting people's privacy, dignity and independence

- The service promotes the 6 C's of care with their staff; care, compassion, competence, communication, courage and commitment. This is introduced as part of staff induction and is in the staff handbook. The 6 C's of care are revisited during supervision and staff meetings.
- Staff supported people to make their own decisions and choices and where required encourage people to maintain their personal care independently. Comments from people included, "They always ask me if I need anything else before they go" and "They're absolutely great, persuasive, but know when not to be."
- Daily recordings of care described interactions and responses of people as well as tasks they could manage independently. Daily notes were written using respectful language and terminology.
- People's records were stored securely in the office and the service used an encrypted messaging service to liaise and pass on important information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's individual care needs were met. Care and support plans were person centred and contained information specific to them and set out how they would like their needs to be met.
- People and their relatives told us communication was good from the service. Comments from relatives included, "They chat to me about dad, I feel listened to by them", "They're really communicative", "They notice things and let me know" and "They pick up on things and see things."
- People's spirituality, beliefs, hobbies and entertainment are recorded in their care plans. Staff are guided to chat to people about their interests and engage in friendly conversation. The pandemic has meant people have been restricted in their social activities. The service was aware of this and used their visits as a means of social interaction for the people they supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service supported people with sensory needs which were identified at assessment and incorporated into their care and support plans.
- The service was compliant with the AIS.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process in place, but they had not received any complaints since registration.
- People, relatives and staff were shown how to complain and had details in their home care plan. People told us they knew what to but hadn't needed to raise a complaint.

End of life care and support

- The service had a policy and procedure in place but was not currently supporting people with end of life care.
- The service had previously worked alongside community health and palliative care teams to support people remain at home for as long as possible at the end of their life.
- Staff have access to training in end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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;

- Whilst people gave us positive feedback and told us the quality of the care they received was good, the service records, documentation and management of regulatory responsibilities did not always reflect this.
- Training and personnel records were not always completed accurately. This did not give us full assurance that staff were well trained, skilled and knowledgeable at their jobs.
- Audits of service records and quality checks were out of date. These included supervision and spot checks on staff competence and monitoring of medicines administration.
- Not all accidents and incidents had been recorded in the service log. This meant any actions or learning from these events may not have taken place. Not all notifiable events had been reported to CQC.

These areas were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were in the process of transferring information to a new electronic data, training and monitoring system and as such not all records were up to date. We discussed this at the time of the inspection and they told us this would be made a priority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; 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

- The management team engaged with people and their relatives to develop a compassionate and caring service provision. They were proud of the quality of care they provided and feedback from people confirmed this.
- The management team were part of the care team and had good knowledge of what was happening out in the community. This meant they had oversight of care provision.
- The registered manager was aware of their responsibility under the duty of candour.
- The service worked well with the local authority commissioners and community health and social care professionals.

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

- People their relatives and staff were asked for feedback and had completed surveys. They were also encouraged to give feedback during reviews of care and spot checks on the service staff provided.
- Feedback was positive with many compliments about the caring nature of staff and the service being provided.

Continuous learning and improving care

- The areas for improvement were discussed with the registered manager at the time of the inspection and we were told these areas would be acted upon as a priority.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifiable events had not been reported to CQC.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Not all records were accurate or up to date. We found some shortfalls in recruitment and training documentations. Not all monitoring systems were accurate and up to date, we found shortfalls in accidents and incident logs, notifiable events and auditing.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Not all recruitment records had the required recruitment checks in place to ensure safety. We were not able to view one staff members personnel file at the time of the inspection. The providers recruitment checklist of personnel files showed shortfalls and documentation required which had not been followed up and completed.