

Candlelight Homecare Services Limited

Candlelight Homecare

Trowbridge Area Office

Inspection report

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11 May 2017

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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

Candlelight Homecare Trowbridge Area Office provides personal care and support to approximately 60 people in their own home.

This inspection took place on 10 and 11 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector and an expert by experience.

A registered manager was employed by the service who was present on the second day of the inspection. 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.

People received care and support from staff they knew well and had built trusting relationships with them. Comments from people were extremely complimentary about the staff who visited them.

People were treated with respect and dignity and were encouraged to make choices.

Staff felt very supported and received training they required to carry out their jobs.

People who used the service felt safe with the staff who supported them, and received the care and support as they expected.

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 agency's robust recruitment procedure and staff training helped to minimise the risks of abuse to people.

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.

People who used the service felt safe with the staff who supported them, and received the care and support as they expected.

Staff felt very supported and received training they required to carry out their jobs safely.

Is the service effective?

Good ●

The service was effective.

People told us their care and support was provided by staff as they expected, and in the time allocated

The agency's robust recruitment procedure and staff training helped to minimise the risks of abuse to people.

People were supported to maintain good health and had access to healthcare services as required.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff they knew well and had built trusting relationships with them, comments from people were extremely complimentary about the staff who visited them.

People were treated with respect and dignity and were encouraged to make choices.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responsive to people's individual needs.

People knew how to make a complaint and were confident any issues raised would be investigated and resolved.

Is the service well-led?

Good ●

The service was well led.

There was a stable management team who took appropriate action to make sure they provided a safe and reliable service for people.

The agency used feedback from people to monitor the quality of the service and identify how improvements could be made.

Candlelight Homecare Trowbridge 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 was a comprehensive inspection and took place on the 10 and 11 May 2017 and was announced. The inspection was carried out by one inspector and an expert by experience who carried out telephone interviews to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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 used a number of different methods to help us understand the experiences of people who use the service. We spoke with six people who used the service, and six relatives about their views on the quality of the care and support being provided to their family member. We spoke with four staff. We spoke with the registered manager and a senior care staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included six care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

Is the service safe?

Our findings

People described how they felt safe as being "I have same staff mostly for the morning call, there are several different ones (staff) but I have got to know them all, new staff always introduce themselves and check the book." and "I have regular people whom I know well, if they have a new member of staff they come with an experienced carer and shadow, I feel very safe."

Each person told us they had their care and support needs assessed by Candlelight Homecare before care was provided. One person said they "had a full assessment in the beginning." Staff explained this was to make sure the care could be delivered safely.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments we saw covered areas such as moving and handling. We looked at six care plans. Each included detailed information for staff about how to support the person with their care needs, such as personal care. Staff were able to describe the importance of having these plans in place to minimise risks, and how to support the person appropriately. One person recalled having a "risk assessment in the beginning" and how it had been updated.

People's medicines were managed so they received them safely. Staff had been trained to administer medicines safely and training records confirmed this. Medication administration record (MAR) sheets had been completed and signed by staff appropriately. Everyone we spoke with was able to manage their own medication, however one person told us "they (staff) get them for me, check I have taken it and record in the book."

We looked at the arrangements in place for safeguarding vulnerable adults and the way the service managed any allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. The registered manager and the staff we spoke with explained how they would report safeguarding concerns to the appropriate person. Without exception, each of the staff we spoke with said they were confident any concerns raised would be listened to and acted upon. We saw records to show the local authority had been informed as appropriate of such concerns, and where necessary action had been taken in order to keep people safe.

We looked at the staffing rotas and saw there were sufficient staff to cover the visits. A senior carer showed us a computer system which identified the visits needed and staff availability and produced a rota. People told us they received a rota in advance of their call times and staff showed us their rota they received electronically via their work mobile phones. One person said "There is a rota so I always know who is coming, occasionally someone else will come instead if they have gone off sick or had a problem with a previous call." People we spoke with had not experienced a 'missed call', when staff have not turned up as expected, however, two people described how there "can be problems with timing- due to traffic", and that they are usually notified if staff are running late. Everyone said the staff stay for the expected time, and "sometimes they stay a little longer-they are very good."

Staff we spoke with felt there was enough staff on duty to meet people's needs and could seek additional support if required. The service had access to an on-call service to ensure management support and advice could be accessed at any time.

Safe recruitment and selection processes were in place to protect people from the risk of being cared for by unsuitable staff. We looked at the files for four staff members. We saw appropriate checks such as seeking references from previous employers relating to the person's past work performance had been carried out. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Staff were aware of the need to wear protective clothing whilst carrying out personal care or cleaning tasks. We saw protective equipment was available. Staff explained that during their observation, their line manager checked they were wearing their ID badges, correct uniform and observed their conduct to ensure safe delivery of care to people. We saw records to confirm this.

The service has a 'zero tolerance of bullying and harassment policy' in place for both staff and people who used the service. The policy was communicated to all staff and people service via the staff handbook and Service Users guide.

Is the service effective?

Our findings

People told us their care and support was provided by staff as they expected, and in the time allocated. One relative said "One of my concerns was continuity but they have allocated one person to take work with Mum." Three out of six people stated they had 'a variety of carers, and that "most of the carers knew their needs well." A third person said "we have several different people come, they never rush, all very good." Everyone agreed to new staff being introduced to them before they started providing care.

The needs of people using the service were met by staff who had the right knowledge, skills, experience and attitudes. New staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. The induction period also included staff shadowing experienced staff members. Records we saw didn't always correlate with the training staff had received. This was because the registered manager wasn't always informed when staff had received training workbooks, and was therefore not able to ensure staff were completing them as required. The registered manager said they would ensure this would be investigated. Each of the staff we spoke with were confident they had received the necessary training to enable them to meet the needs of the people using the service. People said "Yes they (staff) are aware of my needs," and "There is one in particular who is outstanding-always asks if there is anything else she can do -most will go that extra mile-she goes half a dozen miles". One relative told us "I think they are very well trained."

People were supported by staff who received regular supervision and support. Staff received regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. Staff we spoke with said they received good support from the registered manager and nominated individual. There were senior support workers employed by the service. This meant staff had access to guidance and support from a range of experienced people. One staff member told us staff received a debrief after there had been an incident involving people using the service. They said this gave staff an opportunity to reflect on the situation and review if there were things that could have been done differently. They said this also ensured that staff received support to explore their feelings about the incident. People were supported to maintain good health and had access to healthcare services as required. This included GPs and specialist nurses. One person said "Nurses come in frequently-my skin is very fragile, they (care staff) will arrange for other healthcare professionals to be called". We saw contact with health professionals was recorded in people's records. This showed people's day-to-day health needs were met.

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. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. The registered manager and staff demonstrated they understood the principles of the MCA and put them into practice. Before people received any care and treatment they were asked for

their consent and care staff acted in accordance with their wishes. People's individual preferences were acted upon, such as how they wanted their personal care delivered. One person told us "yes- they will ask (consent)" another person described the staff as "attentive and listen- always ask before doing anything for example they ask if I am ready to have a wash-ask what I would like to eat-let me do things I am able to do for myself." Staff told us they had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This was to ensure that staff had the skills and knowledge to be able to act in accordance with legal requirements to protect people's rights if they lacked mental capacity to make certain decisions.

Staff provided assistance to some people in the preparation of food and drinks and this was detailed within their care plan. People told us "they (staff) get me breakfast- I have ready meals for lunch-they ask what I would like" another person said "mostly microwave food, soup,-lots of liquid." A third person explained how the staff cook meals "from scratch".

Is the service caring?

Our findings

People described the staff as being "always very professional and polite, very friendly and caring and have time to chat." One person said the staff had "a very positive caring attitude who always respect my dignity". Staff knew people and their needs extremely well and had developed caring relationships. Everyone we spoke with said they didn't feel rushed, and that staff had time to chat with them and were friendly and had caring attitudes.

The service had received a number of compliments about the service, comments included; "Thank you for going the extra mile" and for supporting people in the community and continued high level of care. Staff demonstrated their awareness of people's likes, dislikes and their care needs. People's care plans documented essential information on people's preferences and life experiences to help ensure people received person centred care in their preferred way. Everyone we spoke with described how the staff provided their care and support as they preferred. One relative said the staff "encourage X to do things for herself and just oversee to make sure she is safe."

Staff were aware of the importance of respecting people's rights to privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys.

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.

People were supported to maintain relationships with their family and friends

Is the service responsive?

Our findings

People explained they were involved in how their care was planned and delivered to ensure it met their needs. One person described the staff as being "flexible" another said how the staff "always listen and are willing." A third person said "they would do what was necessary if I had any changes to make." People's care records had all been reviewed and the information we saw was accurate and up to date. Comments from people such as "I have a review every 3-4 months, when there is a change they have explained everything to me" and "they will chat and ask how things are."

Staff told us they had access to people's care plans and understood the care and support people required. People received person centred care from staff who promoted each person's health, well-being and independence. Care plans were in place which detailed people's routines and preferences and how each person would like to receive their care and support.

The service was flexible and responsive to people's individual needs. They were committed to being creative and finding ways to enable people to live full lives and continue to be independent. There were arrangements in place for people to access social activities based on their preferences and interests. Recently everyone was invited to a celebration of a member of staff milestone birthday. Transport and staff support was arranged to enable people to attend.

People, relatives and staff were actively encouraged to share their views and raise concerns or complaints. Feedback was valued and the registered manager explained it was an important part of ensuring improvements were made where necessary. We saw a copy of the complaints policy. The registered manager told us that they had not received any formal complaints, and promoted the fact staff and relatives are encouraged to speak with her if they had any suggestions or concerns. Everyone we spoke with was aware of how to raise any concern or feedback.

We saw a variety of ways in which people, relatives and staff were encouraged to share their views of the service, from nominating staff for the carer award, to how people were involved in the transfer of a new care provider.

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. People received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive. Comments we received about how the service was managed were "very approachable staff and registered manager, We are kept fully informed" and "staff are very good and good communications both with management and staff." People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately.

People benefited from staff who understood and were confident about using the whistleblowing procedure.

The registered manager and staff demonstrated a commitment to continuously improving the service people received. The registered manager explained the importance for them of recruiting staff who shared their ethos and values which included staff "treating people as they would want a family member to be treated." Staff we spoke with understood the vision and values promoted by the registered manager. Each of the staff described the registered manager as either a "good role model", or "leads by example."

Every staff member we spoke with told us they thought the service was well managed and they enjoyed working there. Staff said they were encouraged to raise any suggestions about how the service was run and the care people received. Suggestions were supported that had a positive impact on people's lives so the service developed further. We saw minutes from staff meetings to confirm this, and where good practice and achievements had been recognised and celebrated. The provider had policies and procedures which made sure staff had access to up to date information about current good practice and legislation.

The registered manager attended a local provider's forum where they could discuss common issues and share knowledge and best practice with other providers of care services. They continued to work alongside other health and social care professionals to promote their understanding of what was current best practice.

The registered manager and staff worked in partnership with families and other health and social care professionals to ensure people received their care in the best way for them.

The provider had effective systems in place to monitor the quality of care and support that people received. The nominated individual conducted regular visits throughout the year to check on the quality of the service. The checks covered areas such as maintenance, infection control, staff training, care plans and observations of staff practices. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed.

Accidents and incidents were investigated and plans put in place to minimise the risks of re-occurrence. These were reviewed by the registered manager to identify if there were any trends or patterns. They recorded what actions they had taken to minimise the risk and also learned from mistakes by ensuring

actions were put in place to prevent re-occurrence. We had been notified of significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. There were systems in place to cope with difficult situations such as bad weather and staff sickness. 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.