The Five Lamps Organisation

South Thornaby Community Resource Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 12 and 14 March 2018. The inspection was announced which meant that we gave 48 hours' notice of our visit. This was because the location provides a domiciliary care service and we needed to be sure that there would be someone available to support us with the inspection.

This was the first time the service had been inspected.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger adults and people living with a dementia.

Not everyone using South Thornaby Community Resource Centre receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager in place. They had submitted an application to become registered manager and that process was underway at the time of our 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.

People, and their relatives, told us they were happy with the care they received and believed it was a safe service.

The management team ensured there were enough staff to safely meet people's needs. Staff rotas were planned in advance and sent to people on a weekly basis so they knew which staff would be visiting them. Wherever possible people had regular staff who visited and they were informed if staff were running late. Staff had received safeguarding training and were clear about how to recognise and report abuse.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

People who needed help taking their medicines were appropriately supported by staff however records were not always completed accurately.

The provider ensured appropriate checks had been completed before staff were employed to ensure they were suitable to work with vulnerable people.

Training records showed staff had been provided with all the necessary training and this was scheduled to

be refreshed regularly. Staff told us they were happy with the training they had received. Staff completed a thorough induction programme prior to providing people's care. The induction of new members of staff included work shadowing and complied with the requirements of the Care Certificate.

Staff told us they enjoyed their work and were well supported through supervision and appraisals. In addition 'spot checks' by management were completed regularly to help ensure each member of staff was providing appropriate standards of care and support.

The service was working within the principles of the MCA. Staff had received training in this area and we saw evidence of best interest decisions being made and recorded in people's care plans.

Staff treated people respectfully and asked for consent before delivering care.

Staff were knowledgeable about the people they cared for. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. However, this information was not always captured within care plan documents. There were documents within people's care plans that had not been fully or accurately completed.

The provider was working to reduce social isolation and loneliness amongst people using the service. They promoted local activities and held events at their premises.

People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to. Any complaints received were handled in line with the provider's policy.

There were systems in place to monitor the quality of the service provided and to seek people's views about the service. The management welcomed feedback and used the results of surveys and any complaints to drive improvement. However the audits being undertaken had not picked up the issues that we had identified during the course of the inspection.

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.

Staff had training on safeguarding and knew how to report concerns.

The provider had a robust recruitment process in place.

Staff had access to personal protective equipment in line with infection control procedures.

Is the service effective?

Good

The service was effective.

People and relative's felt staff were appropriately trained. Staff completed a range of training to meet people's needs.

Staff received regular supervision and support from the provider.

People received support to access health care where necessary.

Is the service caring?

Good

The service was caring.

People and relatives felt the staff were caring and kind.

Staff supported people with respect and ensured their privacy and dignity.

The provider had information on advocacy services available should people require it.

Is the service responsive?

Good

The service was responsive.

People and relatives were involved in the writing and review of care plans.

The provider worked to reduce the risk of social isolation.

People and relatives knew how to use the provider's complaints process.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records were not always accurate or up to date.

The audits being undertaken had not picked up on the issues we found.

Feedback was regularly sought from people using the service and staff.

Staff felt supported by the provider.

South Thornaby Community Resource Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 14 March 2018 and was announced.

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 started on 12 March 2018 and ended on 14 March 2018. We visited the office location on these dates to see the manager and office staff; and to review care records and policies and procedures. We also made telephone calls to people who used the service and their relatives.

The inspection team consisted of one adult social care inspector and one 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.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales.

We also contacted the local authority commissioners for the service, the local authority safeguarding team and the local Healthwatch team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection visit there were 75 people who used the service. During the inspection we spoke with the chief executive, director of corporate services, manager and six members of staff including care staff and office staff. We also received completed questionnaires from a further five staff members. We spoke with 16 people who used the service and two relatives.

At the location's office we viewed a range of records and how the service was managed. These included the care records of five people supported by the service, the recruitment records of four staff, training records, and records in relation to the management of the service including a range of policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us the service kept them safe. One person said, "I've no issues regarding safety most of the carers are really nice." One relative told us it was a "huge relief" to know that there was someone supporting their relative on a regular basis. Another relative told us, "There are really excellent staff that always do their best to make my relative feel secure and cared for."

The provider had an up to date safeguarding policy in place. A whistleblowing policy was also in place and made available to all staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. A member of staff told us, "The safeguarding and whistleblowing policy and procedures are kept in the office. We can go and look at them anytime we want to or feel we need to."

Staff had all undergone induction training and safeguarding was covered within this. When we spoke to staff they demonstrated knowledge of safeguarding procedures. They were able to describe types of abuse and the signs to look for. One staff member told us, "Safeguarding is about protecting people from harm and abuse. If I had any concerns I would report it to the office." Another said, "We completed safeguarding training on our induction and the file is kept in the office but if we're worried at all we can just ask our supervisor." We saw that incidents of a safeguarding nature were appropriately handled, recorded and reported to the local safeguarding team. This meant that the service safely managed the risk of abuse of people.

We looked at the arrangements for managing people's medicines. The safe handling of medication policy was comprehensive and had been recently reviewed. Staff who administered medicines had completed up to date training and their competency was checked regularly as part of the spot checks undertaken by management. Staff we spoke with told us they felt confident supporting people with their medicines. One member of staff told us, "I have had level three medicines training and we always get a briefing if someone has any complicated meds like warfarin."

Medicines records we checked were not always completed accurately. We found some signatures missing from medicine administration records (MARs) however this had been picked up when the manager had undertaken their monthly audit of medication records. We found other errors on MAR charts that the audits had not identified. For example hand written MARs that did not accurately state the route or dose of administration. Some entries had been crossed out without explanation and some of the handwritten entries were difficult to read. We discussed the importance of accurate medicines records and the manager acknowledged that improvements were needed. They identified one member of staff who was particularly skilled with record keeping and said they planned to support them to share best practice with other staff. The provider was also looking at ways to improve the MAR template.

Everyone who used the service had a full assessment of their needs carried out prior to the start of their care package. People had individual risk assessments within their care files tailored to their individual needs for example around mobility, skin integrity and falls. An environmental risk assessment of people's homes was undertaken as part of the initial assessment but did not include fire safety, for example whether the property

had effective smoke detectors. Information such as emergency cut off points for utilities such as gas and electricity were not included either and when we highlighted this to the manager and provider they confirmed this would be reviewed.

The provider had business continuity and disaster recovery plan in place. This covered what action would be taken in the event of emergency situations such as extreme weather, no access to office, high level of staff illness or power failure. There had been a period of extreme weather shortly before the inspection took place and we saw evidence of the contingency plan successfully being put into action. A member of staff told us, "In the snow everybody got their calls." This meant the provider ensured people received appropriate support in emergency situations.

The provider had a home security procedure in place which gave staff specific guidance around gaining entry to a person's property in a safe way. Rotas were sent to people on a weekly basis and they included photographs of the staff who would be attending rather than just names. This enabled people to recognise staff when they came to the door.

The manager monitored accidents and incidents to help keep people safe. Any actions taken or lessons learned were recorded on the accident and incident log.

There was a recruitment policy in place which clearly stated the provider's commitment to equal opportunities. We looked at the recruitment records of four staff. Pre-employment checks had been undertaken prior to staff starting work. This minimised the risk of unsuitable staff being employed. These checks included seeking references and completing Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. The provider had also devised a recruitment risk assessment tool used to assess the likelihood and severity of risk if any concerns were highlighted during pre-employment checks. This evidence demonstrated appropriate steps were being taken by the provider to make safe recruiting decisions.

The office staff monitored staff attendance at calls on a computer system and would follow up if a call was late for any reason. Records showed there had been no missed calls. If a call was going to be more than 15 minutes late then the person was contacted and informed of this. Staff felt it was sometimes difficult to get from one call to the next as some calls were back to back with no travel time factored in. They explained that there was a 15 minute tolerance either way of the allotted time and this allowed for any slight delay and travel time. People we spoke with told us staff were mostly on time. One person told us, "They try to come when they say they will. I don't know how they do that every day." Another person said, "The staff mostly arrive on time and stay for the required time." A third person told us, "They are mostly on time. They try hard to get to me on time but they are not given travel time."

The manager told us they did their best to ensure people were visited by the same staff but when that wasn't possible they would inform people of the change. People we spoke with confirmed this happened on most occasions. One person told us, "I am often notified when a different carer is calling." Another person said "I don't mind different carers, as long as I know beforehand."

The provider had an infection control policy which included information on effective handwashing and instructing staff to ensure they were 'bare below the elbow' when making home visits. Staff had an understanding of this policy and told us that there was a plentiful supply of personal protective equipment (PPE) such as aprons and gloves available to them at all times.

Good

Is the service effective?

Our findings

We asked people if they felt staff had the necessary skills and training to provide their care. One person said, "They appear to have had some training for this work I think that some have had more training than others though." Another person told us, "Not sure about the training but kindness doesn't have a certificate."

A comprehensive assessment of needs was completed before people started using the service. This process covered people's health and care needs along with any emotional and spiritual support needs.

Staff had undertaken an induction which covered all mandatory training. Mandatory training is training the provider views as essential. The induction includes completion of the Care Certificate. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. As part of the induction new staff also shadowed more experienced staff until they felt confident to work independently. A member of staff told us, "I feel I have been given full support and guidance. There is plenty of shadowing provided."

Additional training had also been undertaken by some staff and there was an ongoing training programme aimed at ensuring staff had all the necessary skills to meet the needs of the people receiving care. Courses included catheter and stoma care awareness, dental health awareness and percutaneous endoscopic gastrostomy (PEG), which is a means of feeding via a tube passed into the stomach.

If any specialist equipment was needed then this was supplied by the district nurse or occupational therapist and they also provided staff with the training necessary to use this safely.

Staff were happy with the training they received. One member of staff told us, "The training has been great. I am hoping for some training on diabetes soon. I have requested this and if there is any additional training you'd like to do you just have to mention it and they will do their best to arrange it for you." One staff member expressed concerns over the volume of e-learning involved and we fed this back to the manager who explained there is a mixture of e-learning and face to face courses but acknowledged people have different learning styles. Spot checks were carried out to ensure staff were demonstrating the necessary skills and knowledge when delivering care.

Staff were supported via supervision meetings and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One member of staff told us, "Every three months I have a one to one with the manager to discuss how I'm getting on. It is always good to get feedback and it's really good to get a pat on the back if you're doing things right. If I have a problem any other time I just have to phone them up."

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. We checked whether the service was working within the principles of the MCA. All staff had received an overview of MCA as part of their induction and a number of staff had also undertaken a dedicated MCA training course. Staff we spoke with demonstrated an understanding of the basic principles of the Act. One staff member told us, "This act is designed to protect and give power to vulnerable people who lack capacity."

Staff told us how they obtained consent and supported to make decisions. One member of staff said, "I talk to people and make sure I always get their consent before doing anything. I like to use a bit of humour to avoid embarrassment but it's important they understand what you're doing." Another member of staff told us, "You support people to make decisions if they can but sometimes you have to make decisions in their best interest. For example one person we look after has dementia and if you ask will say they don't want anything to eat. We can't force them but you find that if you prepare a meal for them anyway they will eat it." We saw evidence of best interest decisions being made and recorded in people's care plans.

The service worked with other professionals to maintain and promote people's health and wellbeing. One person told us, "If I were unwell they would call the GP if needed."

Some people received support with their food and nutrition. Where this was the case their nutritional needs and preferences were recorded in their care plan. People told us they were happy with the support they received. One person told us, "They get my meals for me and I choose what I want it is wonderful." Another person said, "I take my own tablets but I do get help with my food. It is not all microwaved a lot is prepared freshly so I really want to eat it and my appetite is coming back."

Good

Is the service caring?

Our findings

People spoke very positively about the care they received. One person told us, "Couldn't ask for better care they [staff] are so kind and lovely. They would not do anything that would make me feel awkward or uncomfortable." Another person told us, "I feel very well looked after and they treat me with courtesy and care." A third person said, "This is wonderful care and I feel very lucky."

Relatives we spoke with also told us they were happy with the care their family members received. One relative told us, "We all appreciate how good the carers are and how they treat our relative with such respect and kindness." Another relative said, "As a family we love the way the carers will sit and chat and they quickly become friends as well as carers." A third relative told us, "Without the carers my relative's life would be very lonely."

Staff had a caring and positive attitude to their work. One staff member told us, "It's a very rewarding job. I'm not going to get rich but I go home with a big smile on my face." Another told us, "It's important for people to be able to share their feelings and talk to people so they don't feel isolated, especially if they have no family." A third member of staff said, "I really enjoy getting to meet different people and helping them live a fuller life."

We saw evidence of staff going out of their way to improve one person's quality of life. The person was a wheelchair user and the rear of their property was not accessible. The staff member had sourced a wheelchair accessible ramp to enable the person to access their garden.

The service had received a number of compliments and thank you cards praising staff for the care they delivered. One card read, "Staff are a cheery and helpful bunch of people and I was more than happy to welcome them into my home."

We were told that wherever possible the person will regularly be visited by the same care staff. This meant staff could get to know the people they supported and their needs. One member of staff told us, "I'm on the same round regularly which means I get to know people."

We were also given evidence of how the service accommodated people's religious and cultural beliefs. One person did not wish to have a male carer for cultural reasons and this request had been observed.

The manager told us how staff had recently supported a person who did not speak any English at all. They used a small staff team who were provided with flash cards and developed a way of communicating with this person using these along with body language and gestures.

Staff supported people with privacy, dignity and confidentiality in mind. One member of staff told us, "I do the usual things like keeping the bathroom door closed. I chat to people, you are doing very personal tasks for people but I find a laugh and a joke can take people's mind off things." One person we spoke with told us, "The care is good they always observe my dignity especially after personal care." Another person said,

"They deliver personal care whilst maintaining dignity and respect, which isn't easy."

People told us staff encouraged them to do tasks that were safe and manageable for them like helping with food preparation or making a cup of tea. Staff told us that they would promote people's independence wherever possible. One member of staff said, "I try to get people involved as much as possible. It's important not to just take over as people can rely on that and lose their independence."

None of the people using the service had, or needed an advocate at the time of our visit but the service had details of local advocacy services should anyone require this type of support. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Good

Is the service responsive?

Our findings

People were given the opportunity to be involved in care planning and review. Many of the people we spoke with had chosen to involve relatives in the care planning process and the provider had accommodated this. One person told us, "I don't want to worry about care plans, my family will deal with that side of things." Another told us, "I have been told about care plans but I am not involved because I don't want to be. I trust my family doing it for me." A third person said, "I always get my family involved in the care plan, I do not want the responsibility."

One relative told us, "Our relative looks forward to the carer coming and we feel relieved that the care is so good and person centred."

Care plans were clearly set out and easy to follow. Some plans included details of life history, likes and preferences. Other care plans were more task focused and could be improved by the inclusion of greater person centred detail. There were several documents that had not been fully or accurately completed. We were told that one of the people who used the service could display behaviour that challenged but there was no reference to this within their care plan. The manager and director of corporate services told us they had already recognised this was an area that required further work and a project was planned to improve care plan content. The provider acknowledged as a new service they were learning all the time and told us they valued the inspection process as an opportunity to make further positive change.

Staff told us that they found the care plans contained all the information necessary to deliver care to people. One member of staff told us, "I'm happy with the care plans, really happy. If the information on likes and dislikes is not included I will just ask people."

Staff told us how they offered choice and personalised care. One member of staff said, "It's so important to give people choice and ask how they would like things done. Some people like to get dried and dressed in the bathroom others prefer to do this in their bedroom. I always ask people what they would like so it's done right."

We reviewed some daily records and found they contained a good level of detail. For example, how the person's health had been, along with details of support offered and given. Staff also recorded comments regarding the person's health and well-being. The daily records were a good source of information and staff were encouraged and expected to read these at each visit. This was one of the things the manager looked for during spot checks.

One of the provider's key objectives was to reduce social isolation and loneliness. We saw ways in which the service offered support to meet people's social needs. Staff provided information to people about activities taking place in the local area that may be of interest. For example information technology groups and exercise classes for older people. The provider had also organised a lunch club where people were invited to the community centre and had a meal prepared for them by students from a local college. There had been a very positive response to this and there were plans to hold similar sessions in the future. The manager told

us, "We have the building and the facilities so we would like to make the most of it. Domiciliary care providers don't tend to be able to offer this type of thing but we have things like bingo and card making going on here so would like to involve more of the people who we provide care to."

The service had a complaints procedure in place and staff knew how to support people to make a complaint. People told us they were aware of how to complain if they wished to. One person said, "My son deals with everything and he would be the first to complain if he thought I wasn't getting good care." Another person told us, "Of course I know how to complain – I see no reason to be calling any one, as everything is fine." A relative said, "Yes I know how to make a complaint and I would be doing it on behalf of my parent. If it were needed - I wouldn't hesitate."

The provider had received four formal complaints since they had registered with CQC. These had been handled in line with the policy and appropriately documented. We saw that informal complaints were also logged and acted upon.

The manager told us they tried to ensure staff were matched well with the people they cared for but there may be times when this didn't work out. They told us, "Sometimes it can just be a personality clash. If someone tells me they just don't get along with a member of staff then we will do our best to accommodate this and make the necessary changes to the rota. There is no point in upsetting the client or the staff."

None of the people using the service were receiving end of life care at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

We asked people and their relatives about the management of the service. One person told us, "I know management do their best for the staff and us. It cannot be easy to please everyone." Another person said, "The management are available if I need to speak to them and they do return my calls eventually."

The manager spoke passionately about her new role. They told us, "I haven't been in the manager role a long time but the quality of work from the staff has really impressed me. I have seen the service grow and grow and I am proud of the relationships we've built. If there is a problem I will put on a uniform and help provide care. I really try to be supportive of staff."

Staff spoke positively about the culture and values of the service. One member of staff told us, "I've never worked for anyone else but I've spoken to other carers and I can say it's a good place to work. You get praised and supported by management and we get positive feedback from people who use the service."

We saw copies of letters that had recently been sent to staff thanking them for their commitment and dedication following a period of high staff turnover and sickness and the added pressures and work load this had caused.

Satisfaction surveys were conducted with people after 12 weeks, again after six months and then annually. People were also invited to give feedback on new staff. Staff surveys were also conducted annually. This meant the provider was seeking feedback regularly in order to monitor the quality of the service and we saw that action was taken to make improvements in light of feedback.

The manager carried out a number of audits and checks on a monthly basis. These audits had not picked up the issues we had found with medicine records and care plans. Some audit documentation was not correctly completed, for example some questions on medicine audits had been incorrectly marked as 'not applicable'. Where issues had been identified actions were recorded.

There was a comprehensive library of policies and procedures. These were all specifically tailored to the needs of the service and up to date.

The manager was supported in the day to day management of the service by the provider's senior management team. Office staff also worked well alongside the management team. The manager and office team supported staff delivering care during office hours and there was an on call system so that staff always had a point of contact if there was a problem. One member of staff told us, "Office staff are really good. If we get on with them it makes our job easier."

Some of the people we spoke with felt that staff were over stretched. One person told us, "I am so pleased to talk to someone from CQC because it means that you will know about some of the issues there are with the staff and service delivery. They try hard and are kind but run ragged." Another person said, "I do think the management need to look at the rotas and try and work with their staff rather than squeeze the last drop

out of them. They are kind and caring but very stressed." One of the staff we spoke with told us the provider was working on a project in relation to staff rotas. They told us, "The rota could be improved but the management have recognised this. It is a work in progress and they have involved staff in the changes. A small group of us have been working on this and I think it will make things much better." This is evidence that issues had been identified and action taken to rectify them.

Minutes from meetings showed that they were used as a forum to share information on people who used the service, training, staff changes and any other issues that staff wanted to discuss. This meant that staff felt supported by the service and had opportunity to give feedback.

Staff meetings had taken place three times in the previous eight months. They had become more regular recently with two meetings taking place in the last four months. We were told meetings had been less frequent for a period of time due to staffing issues that had now been resolved. Minutes showed topics covered included recruitment, rotas, safeguarding and confidentiality.

Although meetings had not happened often staff felt they were kept updated and had opportunity to raise any issues directly with management due to the open door policy. One member of staff told us, "Staff meetings used to be every six to eight weeks but have been less frequent lately so we get weekly roundup emails instead. It's an open office so you can always come in for a chat and a cup of tea. I never feel shut out and find the management team friendly and approachable." Another staff member said, "Meetings aren't that regular but you can drop into the office at any time."

A quarterly newsletter was produced by the provider and sent out to everyone who used the service. This included information about the service, good news stories and information on other agencies that may provide additional help, advice and support.

We found evidence of partnership working between local commissioners and health care professionals. There were no issues or concerns raised by any of the agencies we contacted prior to the inspection. The local authority commissioning team described the manager as "a very capable person."

The provider had plans and visions for the way they hoped the service would develop. The director of corporate services told us, "We want to grow but we're still learning. We want to make sure we do things right so don't want to grow too fast."