

Candle Flame Care LTD

# Candle Flame Care Ltd

## 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?	Good ●

# Summary of findings

## Overall summary

Candle Flame Care Ltd is a domiciliary care agency providing care and support to children and adults living in their own homes. They are registered to provide personal care.

The provider also provided support to people in a supported living service and an outreach service supporting people in their own homes with general welfare and social support. At the time of the inspection, the service was supporting 13 people, only one person was receiving a regulated activity.

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

Candle Flame Care Limited was providing support to one person with personal care at the time of the inspection. In the last twelve months they had supported two other people. Relatives spoke positively about care and support they received from Candle Flame Care Limited. Care was person centred and people were asked and involved in how they wanted to be supported. The registered manager spent time with people to find out what they wanted from the service.

People were supported by consistent and familiar care staff. Staff received a comprehensive induction and ongoing training to enable them to support people safely. Staff knew how to keep people safe and free from avoidable harm. Staff were confident in the management of the service to act on any concerns or suggestions they may have.

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.

The registered manager and staff had a good understanding of supporting people safely during the current pandemic. There had been sufficient personal protective equipment, staff training and regular updates throughout the pandemic. Regular COVID-19 testing was in place for all staff and results were passed to the management team.

Relatives and staff spoke positively about how the service was managed. Systems were in place to monitor the quality of the service. This included gaining feedback from people who used the service or their representative. Staff felt supported and valued in their roles.

The registered manager regularly worked alongside the staff to provide personal care. The service was still in its infancy and recruitment was ongoing as new referrals were being received. There was a plan to recruit field support workers as the business grew.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 01/05/2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection to provide the service with a rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### 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 well-led.

Details are in our well-led findings below.

Good 

# Candle Flame Care Ltd

## Detailed findings

### Background to this 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 completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. They also provide care and support to people living in a shared housing (supported living) setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 30 September 2021 and ended on 4 October 2021. We visited the office location on 30 September 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. 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 a relative of a person who used the service about their experience of the care provided, this was because the person using the service were unable to tell us about their experience.

We spoke with 3 members of staff including the registered manager. We sought feedback from two health and social care professionals about their experience of working with Candle Flame Care Ltd.

We reviewed a range of records. This included one person's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted a relative who had previous experience of using the service.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care that was safe. Staff were aware what they needed to do to keep people safe and would report to the registered manager any concerns they may have.
- The provider had policies to keep people safe from abuse. People received care from staff that were familiar to them.
- Safeguarding concerns were dealt with appropriately. This included working with the person, their relatives and health and social care professionals.
- Staff completed safeguarding training in adults and children.

Assessing risk, safety monitoring and management

- People were kept safe. Before receiving a service, the registered manager met with people to ensure they could meet the person's individual needs. This was an opportunity to discuss any risks and any equipment that may be needed.
- Environmental risk assessments were completed to ensure the home was safe. These were kept under review, including the safety of any equipment such as hoists. Clear plans of care were in place in respect of moving and handling. Staff had received training in moving and handling, first aid and health and safety.
- Information had been gathered on people's health conditions. Some examples included information to support a person with epilepsy and the monitoring of skin integrity. These assessments included what staff needed to look out for and the action to take if a person was unwell to ensure they were safe.

Staffing and recruitment

- The provider completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- Recruitment was ongoing as the provider was building up the business. People would only commence a service once suitable staff were appointed.
- People were cared for by suitable numbers of staff. People were supported by a small consistent team of staff. A relative confirmed they had three consistent staff that supported their loved one and no visits had been missed since starting the service. They confirmed staff were punctual and stayed for the full hour that had been commissioned.

Using medicines safely

- At the time of the inspection, there was no one receiving personal care that needed support with their medicines.

- Systems were in place to ensure this was done safely should people require support with their medicines. This included policies and procedures, staff training and routine spot checks to ensure staff were competent.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff confirmed they had access to sufficient PPE and had received infection control training.
- People's care plan included information on how to keep them and staff safe during the pandemic.
- We were assured that the provider was accessing routine testing for staff in line with government guidance and for the people they supported when showing symptoms. The provider had used some COVID funding to purchase uniforms for staff where they were supporting people with personal care.

#### Learning lessons when things go wrong

- The provider had systems to investigate incidents and accidents and then learn from them. Any changes required to care planning documents were implemented and communicated with staff. This included communicating with the person and their family. There had been very few accidents or incidents.

# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people received a service, their needs were assessed. This was to ensure their needs could be met. This enabled the service to plan the resources the person needed to keep people safe and ensure they were matched with the right staff.
- Care plans including people's preferences and choices. A social care professional told us, "The registered manager takes the time to get to know people, they clearly want to get it right for the person".
- Policies and procedures included the links to the standards and the law. They were also linked to other guidance such as NICE guidelines.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction before they supported people. This was in line with the care certificate and covered training to enable staff to keep people safe. A system was in place to ensure staff received regular training updates.
- Staff confirmed they were supported in their role with regular supervision. One staff member said they worked regularly with the registered manager to support a person.
- A member of staff said they had weekly team meetings, which was an opportunity to include some learning and reflective practice to enable them to do things better.
- A relative confirmed the staff had the skills and competency to support their loved one. They said they had confidence in the staff, and they were very professional.

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

- At the time of the inspection, the service was not supporting people in receipt of personal care with eating and drinking. However, this level of support could be provided such as meal planning, shopping and meal preparation.
- The assessment and the care plan included a section to describe the support the person needed in this area. It was evident from talking with the provider that advice from health and social care professionals would be followed, such as from the speech and language team.

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

- From talking with the registered manager, it was evident they worked with relevant health and social care professionals. This included attending regular reviews for people and making referrals as needed.
- Daily records were completed for people and these were electronic, which meant the registered manager and the care coordinator could monitor these in real time. Staff confirmed if they were concerned about a

person's wellbeing the registered manager would take appropriate action.

- Staff had received training on first aid and what to do in the event of an emergency.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff were knowledgeable about the Mental Capacity Act. Staff had received training in this area to ensure they were working within the principles of the Act.
- Policies and procedures were in place covering the legislation relating to both adults, young people and children.
- People and their relatives were very much a part of the decision-making process. Staff said they always asked the person if they were happy to proceed with any personal care.

# 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

- A relative told us, "The staff were friendly, and their professionalism meant we had complete trust in them at a time when we were both needed help". Another relative said the staff were very professional and approachable.
- Staff had received training in person centred care and equality and diversity. People's diverse and individual preferences on how they wanted to be supported were captured in the care records.

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

- Electronic records had been completed detailing the care and support people had received. People and their families were able to obtain access to these electronic records, with the appropriate consent in place. This enabled them to see if visits had been completed and have an active role in the care provided.
- People and their relatives views were sought monthly on the care being provided via a short survey and through care reviews. It was evident people were listened to and their views taken into account.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. The care plan we viewed included what the person could do for themselves and where they needed support. People had been asked how they wanted to be supported and what was important to them.
- A relative told us how the registered manager had helped obtain a piece of equipment that had been really beneficial and had helped with treating their loved one with dignity. The said this had made their lives easier, when the service of Candle Flame Care was no longer required due to their recovery.
- Staff ensured people were treated with dignity. A member of staff told us how they promoted dignity by, "Ensuring the young person was covered in a towel, when manoeuvring them from the shower to the bedroom. I always ask before I do anything".
- People's privacy was respected. For example, their records were maintained securely to ensure they could not be accessed by others. Staff could only access the electronic records of the person they were supporting. Staff received training in data protection.

# 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 and 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 and their relatives were involved in the planning of the support that was needed and any reviews about their care.
- Care plan documentation we looked at was informative and provided staff with a good understanding of the person's individual needs and preferences.
- Staff took account of people's interests, pastimes and hobbies. For example, one person enjoyed singing and staff told us how they used this to communicate with the young person. Another person they had supported in the past liked to read from the bible with staff.
- A relative told us, "Candle Flame Care provided overnight care for both of us while I recovered". They also provided us with additional support when needed. We couldn't fault them in any way". It was evident from talking with the registered manager packages of care were tailored to the person whether that was for one hour or 24-hour care and were provided flexibly.

### 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 registered manager met the AIS and key information could be provided to people in alternative formats if necessary.
- Care plans included a section on how the person communicated. For one person, this included body gestures to enable the staff to determine whether the person was happy or upset which enabled them to adapt the care to suit what the person wanted.
- Staff told us how they observed the young person's body language to help them respond in an appropriate way, which ensured they were involved.

### Improving care quality in response to complaints or concerns

- Concerns were acted on before they became a complaint. There was a clear complaints policy. People and their representatives were encouraged to raise any concerns.
- There had been no formal complaints. However, the registered manager told us they had one concern, which was addressed immediately working closely with the family and included additional training for staff in the use of a continence aid.
- This was recorded in the care records of the person. Moving forward it would be recommended concerns

and complaints are recorded centrally. This will enable the registered manager to look for any themes.

#### End of life care and support

- At the time of the inspection, there was no one receiving end of life care. Staff received training and support to enable them to support people and their families at the end of their life.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team worked alongside staff to ensure people received person-centred care, which supported them to achieve good outcomes. The registered manager worked alongside the staff to enable them to get to know the person and to monitor care delivery.
- The registered manager was very passionate about providing care that was person centred. The service was still in its infancy. Plans were in place to expand the business by taking on new referrals. Although the registered manager was clear that as they expanded, they were very committed to getting it right for people and delivering care that was tailored to the person.
- A member of staff told us, "X (registered manager) is very person centred, and regularly works alongside all the team. It's a lovely agency to work for I feel very supported". Another member of staff said, "Very professional agency and X (registered manager) is very nice and good at her job".
- A relative told us, "Absolutely positive, a very professional service". They told us the management team were very approachable. A social care professional told us, "They listen and are really knowledgeable about care and want to get it right".

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 registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements of their role.
- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon.

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

- The management team consisted of the provider/registered manager, and a care co-ordinator and a team of care staff. At the time of the inspection there were 13 staff. As the service grows the registered manager was planning to recruit field supervisors to help with monitoring of the care and supporting staff.
- Staff were allocated specific areas to work, whether that was supporting people with personal care, the supported living service or outreach, which was supporting people in the community. It was evident people were supported by a consistent and familiar staff.
- Monitoring systems and governance of the service were effective in driving and sustaining improvements. The registered manager had good oversight of the service regularly working alongside staff. This included

reviewing and monitoring care, monitoring staff training and care records.

- They were aware that as the service grew more formal arrangements were needed such as maintaining records of the spot checks that were completed on staff. This was where staff competencies were checked to ensure they were supporting people in line with the provider's policies and procedures providing safe and effective care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Views of people were sought via a monthly survey. Feedback was positive in respect of people being treated with respect, staff conduct and turning up on time. It was evident from the surveys we viewed people and their relatives would recommend the service.
- Staff spoke positively about their induction and ongoing training and support. This included the registered manager working alongside them.
- A member of staff told us about how they used reflective practice at team meetings to improve the service. One area they were working on was to develop lead roles based on the skills of the team. Areas included champions in record keeping, medication and infection control/health and safety.
- Staff received additional training for their roles as champions and supported staff during their induction and ongoing training to compliment the e-learning staff had completed.

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care. These included occupational therapists, commissioners, health and social care professionals.
- One social care professional stated, "The support was working well and was what the family were hoping for" and another professional said, "Only good things to say, X (registered manager) goes totally above and beyond".