Candlelight Homecare Services Limited

Candlelight Homecare Service Limited (East Sussex)

Inspection report

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Date of inspection visit:
01 November 2017

Date of publication:
19 December 2017

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

This comprehensive inspection took place on 1 November 2017 and was announced.

Candlelight Homecare Service Limited (East Sussex) was registered with the Care Quality Commission (CQC) in April 2014 as a domiciliary care agency. It provides personal care to a range of older and younger adults living in their own houses and flats in the community. These included people living with dementia, a mental health illness, a physical disability, a learning disability, people with substance misuse, sensory impairment or an eating disorder. The service was also registered to provide care for children from 0-18 years; although at the time of inspection no children were receiving a service.

At the time of inspection, there were 82 people receiving a service from the agency with 450 care hours carried out each week. Although the majority of people using the agency received a regulated activity, approximately 25 per cent did not; 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 time of visits ranged from 15 minutes to one hour and the frequency ranged from once every two weeks to four times a day. There were 22 staff employed.

There was no registered manager in post. The acting manager was in the process of applying to the CQC to be the registered manager for the service. They had undertaken a formal interview on 27 October 2017 and were waiting the outcome. Following the inspection, we were informed their application had been successful and they were now the registered manager for the agency. A registered manager is a person who has registered with the CQC 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 were happy with the service they received. People had built up meaningful relationships with the care workers who supported them and felt comfortable with them in their homes. Comments included, "The service is excellent … I have the best carer I have ever had … she is very good indeed … I have the same carer all the time", "The carers do what they need to do and chat and make me laugh while they are doing it" and "They're all really nice young girls with a 'can do' attitude … they whizz round in the time that they're allowed." However, people did not always know who was coming in to their home as they did not receive a staff rota.

People were kept safe and cared for by care workers who were aware of their safeguarding responsibilities. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse. Care workers were safely recruited, trained and supervised in their work. Care workers enjoyed their jobs and felt included and listened to in the running of the agency. Comments included, "I've been here a while and feel I'm well trained and respected" and "I feel they know I can do my job well and they ask me to attend training when it's due."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrive way possible; the policies and systems in the service supported this practice. Care workers had received training on the Mental Capacity Act 2005. They ensured people were asked for their consent before they carried out any care or support. However, mental capacity assessments were not always carried out. We have made a recommendation about following the guidance on the Mental Capacity Act 2005.

Each person had risk assessments and a care plan in place. People were involved in the planning of their care and were regularly reviewed. One person commented, "I was consulted about everything, what time I wanted them to come and what I wanted them to do … they wrote the care plan and I was asked to look at it to be sure it was what I wanted."

Care workers had been trained to give people their medicines safely and ensured medication administration records were kept up to date.

People were supported to eat a nutritious diet and food and drink of their choice. In between care visits, care workers always made sure people had snacks and drinks available.

People were encouraged to maintain their independence as much as possible and care workers encouraged them to maintain their health and well being.

Regular social activities and networks were planned by the agency throughout the year and people were encouraged to attend and enjoyed community links.

People and relatives were overwhelmingly positive about the staff and management of the service. They felt listened to and confident any concerns they had would be addressed and resolved.

There were some quality monitoring systems and processes in place. However, these needed to be more regularly carried out to ensure continuous development of the agency. We made a recommendation about regular quality monitoring of the service to ensure the service continually improved.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Candlelight Homecare Service Limited (East Sussex)

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 checked 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.

The previous inspection of the service took place in February 2015. It was rated as good in all areas.

This inspection took place on 1 November 2017 and was announced. We gave the agency 3 days' 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 27 October 2017 and ended on 7 November 2017. We visited the office location on 1 November 2017 to see the manager and office staff; and to review care records and policies and procedures.

This was a routine comprehensive inspection carried out by two adult social care inspectors and two experts 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.

The inspection was informed by feedback from questionnaires completed by a number of people using the service. The Care Quality Commission sent out surveys to 30 people and their relatives. We received a response from 16 people and two relatives. This confirmed overall satisfaction with the agency but negative comments were received regarding the lack of rotas supplied and people not knowing who was coming into their home. We also sought feedback from three commissioners and three health and social care professionals. No responses were received.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included previous inspection reports, safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We met and spoke with the acting manager, the community team manager, a community team manager assistant, care co-ordinator and one care worker. We visited and spoke with two people in their own homes. Before, during and after the inspection, we spoke by telephone to a further 15 people, three relatives and eleven care workers. Following the inspection, we discussed our findings of the inspection with the operations manager.

We reviewed information about people's care and how the service was managed. These included: six people's care files and medicine records; three staff files which included recruitment records of the last three staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

Good

Is the service safe?

Our findings

People felt safe with the service they received and the care workers who went into their homes. Comments included: "I am happy with the help I receive and feel safe"; I feel the service I receive is adequate and safe"; "The carer is very nice and I feel safe letting her help me", and "I have had help from them for five years … that tells you how good they are. I would have asked to be moved to another agency if I didn't feel safe."

People were protected by staff who understood their safeguarding responsibilities. There were up to date local safeguarding policy and procedures in place to guide staff which contained all the information required. Care workers knew how to recognise abuse and who to report it to. Statutory notifications showed there had been three safeguarding concerns in the last 12 months. These had been appropriately dealt with and the correct procedures followed. Care workers commented, "We have safeguarding training regularly and I went on a recap course, "My safeguarding training is up to date" and "I'm due it (training) in two or three weeks' time." Care workers confirmed they were aware of a whistleblowing policy and the correct procedures to take. One commented: "I know the correct procedure and also I know the number to call to report something where it's anonymous."

Risks to people's personal safety were assessed and plans were in place in care records to minimise those risks, such as safe moving and handling, environment and medicines. However, some of the risk assessments in people's homes were a shortened summary of the full risk assessment which had been carried out and was held in the office. These did not contain all the information required to keep people and staff safe. We discussed this with the manager and community team manager who agreed the risk assessments were incomplete. The confirmed they had raised this issue previously as they both felt the forms were too vague. They said they would put copies of the full risk assessments into the care records in people's homes. We also spoke with the operations manager who confirmed they would organise further training in this area and that the current paperwork used was under review.

Where people had accidents or incidents these were recorded, reported and analysed by the manager who identified any trends. Copies were sent to head office who completed the necessary Care Quality Commission statutory notifications if necessary.

The agency took details and requests for care packages from the commissioning organisation. They assessed their staffing levels and took on new packages of care, where they were confident they had the staff available. However, the manager explained there had been a period of staff shortages in 2016 and a high number of new care calls which had pushed the agency "to breaking point". The manager had discussed the concerns with head office and on one occasion, they sent a care worker from another area to help and assist with care visits at a weekend. The manager was proud that during this period of unsettlement, there had been no missed visits and people had been generally unaffected. The manager said this period had now passed and they were building up the service again and increasing care hours due to new staff employed. The manager had recently employed three new care workers.

Feedback from people expressed concerns that they did not know who was coming into their homes. They

did not receive a regular staffing rota. Whilst some people said they knew which care worker was visiting, others did not. Comments included, "I have a team of regular girls and I get a rota every week of who will be coming"; "I do not always get a rota, when I do, a lot of the time someone else comes at a different time, or on my rota sometimes the call will say that 'uncovered'"; "The weekly rota doesn't always arrive", and "The service does not always let me know when I will be getting visits which makes planning the day out difficult." We discussed this with the manager who said only people who requested a rota, had one supplied. They confirmed they would take action to ensure those people who would like a rota, would have one sent. This was also confirmed by the operations manager.

People said care workers stayed the right amount of time. One said, "They sometimes go over time to help me". Other comments included, "They do stay for the whole time, never longer which is as it should be" and "They're all really nice young girls with a 'can do' attitude … they whizz round in the time that they're allowed." People said if care workers were going to be late, the office let them know; "Their timekeeping is quite good, traffic holds them up a little sometimes but they let me know if they are going to be significantly late" and "I get a call if they will be late … it's usually because they have been delayed with another customer … I don't mind too much and they are always apologetic in the office." A care worker said, "If we are too busy, we tell the manager and it will get sorted."

There were arrangements in place to keep people safe in an emergency and staff understood these. In the case of an emergency, such as poor weather and flooding, the manager and care workers knew which people required a priority visit. For example, this may be because they had complex health needs, no relatives or were isolated.

People and relatives knew who to contact if they needed to get in touch with the service. There was an out of hours service. This started at 6am until the office opened and then started again after the office closed and finished at 10.30pm. Six senior staff took part in the on-call rota to provide guidance and advice to staff.

Safe recruitment practices were followed before new staff were employed to work with people. This included obtaining a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. One care worker said, "I applied for a DBS before I started and waited for that to come back before I got offered work."

People's medicines were managed and administered safely. Comments included, "It's all written in my notes so everyone knows what they are giving me", "I have it all written down for me and my carer has it written down when I need to take them" and "I know what my tablets are for and they (care workers) remind me when I take them. They are always on time with them." Care workers were trained to manage medicines. One care worker said, "The medicines are in blister packs. I put the tablets in a pot and give to the client and wait 'til they have taken it. If they refuse, I write in their care notes and the client signs if they can". Medication Administration Charts (MAR) were completed appropriately. The Provider Information Return (PIR) stated three medicines errors had been made in the last 12 months. These had been recorded and the appropriate action taken to prevent a reoccurrence, such as refresher medicine training.

Staff had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. Care workers said they had plentiful supplies of gloves and aprons available. One said, "I use gloves and dispose of them after each thing I do." People said care workers always left their homes clean and tidy.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. Nobody currently using the service had such an order.

We checked whether the service was working within the principles of the MCA. Whilst assessments regarding best interest decisions had been made and recorded, there were no mental capacity assessments to record why these were necessary. We discussed the lack of these assessments with the manager who said they did not routinely take place; but they would ensure they did in future. The operations manager said there was a two stage mental capacity assessment in place which was required to be completed if necessary. They confirmed they would arrange for further training in MCA for senior staff and ensure the correct records were completed in the future. However, there was little impact on people as care workers had received training on the MCA and were aware of how it applied to their practice.

We recommend the agency follows guidance related to the MCA 2005 in relation to those people who do not have the capacity to make decisions for themselves.

People said staff gained their consent before carrying out any care or support. A relative said, "I hear them (care workers) talking to her sometimes when they are helping and it's always very polite and friendly … would you like me to do this, is that alright for you … that sort of thing." A care worker said, "You have to make decisions in their best interests, but if they refuse, that's fine

People and their relatives spoke positively about care workers who had the knowledge, skills and experience to meet their needs and had a positive impact on their lives. Four people said: "They are very good … trained well"; "They know what they need to do and get on and do it"; "I am a very satisfied customer … they're well trained … they are very good about training and improving staff", and "I get everything I need and they are nice too."

Records showed new care workers had a thorough induction and completed the Care Certificate (recognised as best practice training). One care worker explained they had a week induction that was office based and then four shadow shifts with another experienced staff member before working on their own." People said when new care workers started, they came with another care worker who had already visited so they were introduced. Two care workers commented, "I shadowed a senior member of staff for a few days" and "I worked with another carer for a couple of days". Care workers new in post were initially observed, such as how they addressed the person they were providing care for and how they managed medicines.

Staff were kept up to date in their practice by receiving regular training in a variety of subjects. These included: medicines; safeguarding; moving and assisting; infection control; food hygiene; first aid, and health and safety. Other specialised training included dementia and equality and diversity. The agency was supported by an in-house trainer who visited the agency regularly. The training plan was held electronically and colour coded. This showed care workers were up to date with their training and their names were flagged up when training was next due or overdue. Care worker comments included, "I've been here a while and feel I'm well trained and respected" and "I feel they know I can do my job well and they ask me to attend training when it's due." Four care workers were undertaking a formal qualification in care and ten people had already achieved a diploma.

Staff received regular supervision and an annual appraisal. These took place in one to one meetings, 'spot checks', competency checks and staff meetings. This gave an opportunity to discuss further learning needs and gave feedback on their work performance. A care worker explained spot checks on their work were unannounced. The checks included whether they were wearing the correct uniform, using equipment safely, following the care plan and behaving in a professional way. Outcomes of the spots checks were recorded in staff records. One read, "This was the first time (care worker) had been sent to this client so she was quite nervous but she was very good with her." Supervision records showed care workers had the opportunity to discuss feedback from the spot check, recent training and the impact upon their practice and what training they would like to undertake in the future.

People were treated in an individual way which respected their choices and decisions in their day to day lives and in their support. The agency responded in ways to promote equality, respect culture and avoid discrimination which referred to current legislation. For example, due to their religion, one person did not want a female care worker so was visited by a male care worker. The care worker commented, "We didn't go to him during certain times as it could be his prayer time." Another care worker said, "I have a lady who doesn't eat certain foods because of her religion and we plan her meals with her and respect this."

People were respected in the way they wished to live in their own homes and staff were non-judgemental if this was different to most people. One person said, "They respect my choices and my home." Another said, "I feel they respect my wishes and how I want to be looked after." Three care workers said, "I respect them (people) as I like to be respected and be aware of the detail of their individual needs", "I treat people with the care they require and make sure I do that to the best I can by learning all about them, staying updated and being good at my job" and "I treat everyone equally regardless of their culture or needs."

People were encouraged to stay healthy and supported to have access to healthcare services. Care records confirmed care workers monitored people's health and welfare conditions whilst reporting any changes to the relevant professionals in a timely way. People commented, "I do think the service is meeting my needs how I need them to. I am healthier now", "My health needs are met in that they do thinks that make it easier for me and as the GP said to do it – like eating properly" and "Well, I do as the doctor says … (staff) listen and ask the manager if we don't like something so I get a say."

People were supported and encouraged to eat a balanced diet and have a meal of their choice and type. Where people required assistance to eat or drink they were happy with their support. Meals were prepared, cooked and served as they should be. Three people said, "They heat my food for me or they make me something light like an omelette or poached egg or a salad. They always make sure I eat something I like and have a drink", "They buy my snacks for me but they make sure I don't have too many and that they are ones I can eat. I have a low sugar diet and they keep an eye on me" and "The meals are nice and they make sure I have enough and help me to order more things that I like to eat." Two care workers said, "I plan meals with them and what they like and we organise food deliveries. I make sure I read the risk assessment and

dietary needs info" and "I do shopping with some people and make sure it's a good diet with a few nice things." People confirmed care workers always left them with snacks and drinks available between care visits. One said, "They always leave me a drink and something to eat before they go." A care worker said, "I chat with clients and find out what they've had and when and if they would like anything. I leave soups, sandwiches and a drink in reach."

Good

Is the service caring?

Our findings

People were treated with privacy, dignity and respect when receiving care and support. Comments included: "I ask for privacy when I use the bathroom and they give me that by turning their back when needed or standing outside … they always knock and call out to me"; The girls stand outside of the shower … they help me get washed and dry … but I wash my face myself"; "I only have them here to supervise me in the shower … they always ask me what I want them to do", and "The carers are respectful of me and my home."

People and relatives spoke of how close they were to care workers and how they had built up positive and meaningful relationships. Care workers knew the people they were supporting well. One person said, "We have a laugh … they have a 'can do' attitude but do it with a sense of humour … I can't speak highly enough of them." Three relatives commented, "The help they give my wife is invaluable. They sit with her and provide companionship for her. They are very capable, trustworthy girls", "Amazing girls that are so kind and careful with (family member). She really looks forward to them coming" and "I'm very impressed with the people … they are kind to her and listen to her. They are fantastic."

People were unanimously positively of care workers. They described them as kind, caring and chatted to them which made them feel at ease. People's comments included, "They are very kind to me … they do chat as they go along … it's a bit of company for me every day"; "The service is excellent … I have the best carer I have ever had … she is very good indeed … I have the same carer all the time"; "The carers do what they need to do and chat and make me laugh while they are doing it", and "They always treat me with kindness and respect … my experience has been very good." One person commented in their care review, "(Care worker) is perfect … she is a joy to have."

People said care workers were trained to support them in a compassionate way. Whilst they told us care workers were busy, they also said they are never rushed and always had time to support them in the planned way. One person said, "… It's very much doing things my way and I never feel rushed." Care workers had enough time included in to their rota, which took into account how far they had to travel between people's homes.

Family members were involved in people's care wherever possible. Three relatives commented, "They are very caring to both of us and always make sure I'm kept fully informed of anything that has happened", "They are doing a brilliant job … it has made my life easier … they're like a breath of fresh air … they are so kind and friendly … I am indebted to them" and "They are very respectful … they make him laugh and he enjoys their company … he is happy and always smiles when they arrive … he looks forward to them coming … he loves them."

People and relatives were involved in making decisions about their care and support; staff respected people's individual choices and preferences in line with people's equality and diversity rights. For example, one person had requested certain visit times to fit in with their church meetings and another had requested only female carers and commented, "So far this has been the case." A third person said, "I do all my things and go out and they know my times and come around those."

Whilst care workers assisted people with their care and support, people were encouraged to maintain their independence as much as possible. For example, helping with their personal care and moving with appropriate walking aids. Comments included: "When I first found I needed help we talked it through … I like to do what I can for myself but the help they do give me is really good at helping me stay in my own home"; I like the service and carers I have and I think they have helped me to be a bit more independent"; "I feel like I'm respected and have independence still", and "They are very good at encouraging me to do things I can do for myself. She (care worker) tells me to try."

Good

Is the service responsive?

Our findings

People and their relatives were involved in developing their care and support plans from the initial assessment. Care plans were individual and reflected people's needs and choices whilst remaining as independent as possible. Two people said, "I was consulted about everything, what time I wanted them to come and what I wanted them to do … they wrote the care plan and I was asked to look at it to be sure it was what I wanted" and "My daughter is kept up to date with what is going on with me because they will call her if there is a problem or write in my notes and she reads it when she gets here." A relative said, "I thought we would have to fit in with them but that's not how it works. We spoke to the manager and told her what we needed and this is what we get; it's made a huge difference to our lives."

People said care workers regularly read and followed the care plans and that they were regularly reviewed. Three people said, "My plans are to my exact needs", "My needs are met because everyone reads the notes" and "My care is just right … it meets all my needs". Two further people said, "Yes they do what I need to the plan and I can talk to them to change it if I want" and "The carer reviews it with me now and again but the carer asks me every few weeks if I'm happy with everything." Another person said, "They are busy … they use my plans and risk assessment all the time and remind me of it when I'm doing something that could harm me."

Staff were able to communicate with people if there were any barriers by ensuring the information on how to do this was recorded and shared with whoever required it. For example, staff supported one person who was hard of hearing. An initial assessment and care plan had been developed which gave clear guidance to care workers on how to communicate correctly with the person. Care workers ensured the person had their hearing aids in correctly, were working properly and switched to the right volume. This was clearly documented in the care plan and we observed a member of staff who communicated with the person in this way. We saw they also spoke to the person a little louder than normal as this was the person's preference. Another person, who was hard of hearing, was supported by a care worker to have their boiler serviced. They said, "I had a problem with my boiler and the carer was able to get in touch for me and sorted it out which was great because I can't always hear very well on the phone."

The agency organised some social events and activities for people throughout the year. These included a carol concert, a summer fete and charity events, such as children in need. Care workers encouraged people to take part in activities and they picked them up and took them to the events. The agency hired a venue, such as the village hall or the scout hut. People were served food, drinks, had a sing song, took part in a raffle and listened to music. At Easter, each person had an Easter egg or a bunch of daffodils. The manager said they had a budget for social activities and this helped get people together in the community who lived in isolation. People enjoyed the 'get together' and photographs showed people chatting, socialising, dancing and having fun.

People and relatives were very happy with the service and had no complaints. However, they knew how to complain if they needed to and were aware of the complaints process. They felt listened to and able to raise any concerns. There was an up to date policy and procedure in place to follow. People's comments

included: "I complained about a carer being late and they sent someone else the very next day" and "They sorted out my issues but it took a couple of days." There had been four complaints over the previous 12 months. Records showed there were clear responses and actions recorded.

The compliments folder included comments from people and families about the agency. These included, "Your help has been very much appreciated" and "Thank you for the excellent care for my mother."

The agency supported people at the end of their life. However, at the time of the inspection there was no-one receiving this type of service. The manager said, in the event of this type of support, they worked closely with the community nursing team, GP's and family to ensure people's needs were met in a timely way. Staff had not been formally trained in end of life care. However, the manager felt this was an area for staff to develop in the future.

Good

Is the service well-led?

Our findings

At the time of inspection, there was no registered manager in post. The current manager had applied to the Care Quality Commission (CQC) to be the registered manager of the service. They had worked at the service for many years and had progressed in their roles and responsibilities. Following the inspection, we were informed the manager had been successful in her application and was now the registered manager of the service.

The agency had a comprehensive quality assurance policy and procedure in place which was linked to the CQC regulations. The manager carried out some internal quality assurance checks, such as audits on medicines and care plans. They were supported by a regional operations manager who also had responsibilities for quality and human resource management. They regularly visited the agency to carry out audits and support staff. However, despite regular visits to the agency, dealing with issues and recent management changes, the operations manager had not carried out a full audit. The last one was completed in December 2014 and the last service improvement plan was dated August 2015.

There were regular area manager meetings where the registered managers of all the branches met. Minutes of meetings showed each manager discussed their individual branch, what the common themes were and solutions and ideas. There was a continuous improvement plan for each branch. However, the last one for this agency was dated August 2015. We discussed the lack of audits and service improvement plans with the operations manager. They were aware there had delays in the quality monitoring of the agency and their work had been focussed on more day to day issues at the time, for example staff recruitment and retention. However, they confirmed they would be undertaking a full audit within six weeks of this inspection and an improvement plan put in place if necessary.

We recommend the agency ensures quality assurance systems are in place and regularly carried out to improve the service.

The provider sent out yearly formal questionnaires to people to gain their views of the service. The results were sent to head office who informed the agency of the outcomes and full details of the findings to action if necessary. The last one had been sent out in 2016 and the answers analysed. Any negative issues had been addressed. The 2017 questionnaire was in the process of being sent out.

People were regularly asked about their satisfaction with the service by telephone calls from the agency. If office staff were ringing to inform of any changes, they took the opportunity to ask people about their experiences. People commented: "They called a while back to ask me if I'm happy with the help I get and I answered a couple of questions about what I thought"; "They call now and again to check I'm happy"; "They are well-led. The manager rings to see if I'm alright. It's very personal", and "In my opinion I receive an excellent service. I am reviewed regularly by the office staff and I would definitely recommend them to anyone that needed care." A relative said, "They appear to be very well run, the office staff are very good, approachable, very accommodating and concerned. I would recommend them."

Candlelight was an independent family care provider with five locations. There was an up to date statement of purpose (SOP) which included the provider's values for the agency which care workers adhered to. The SOP stated the provider's vision was to "be the most professional, ethical, quality driven and client focussed care provider in any area in which we operate." This aim was reflected in the culture of the agency and was promoted by the manager within the staff team. One person said, "It (the agency) is extremely well-led with the right ethos." A care worker said, "We are a really good bunch of carers … we work well together and there's a good management team."

People and relatives spoke positively about the manager, the office staff and the service they received. There was good communication and confidence in the agency. They knew the manager's name and felt confident any issues would be dealt with appropriately. From the compliments folder, we saw a person had called the office to say they were very pleased the manager had been appointed and commented "… she's wonderful." Other people commented: "I've met two (managers) and they are quite personable; …she came to visit me when I started having the carers and she was very nice and explained everything and the carers I would have"; The office people are nice and helpful … they don't call often but I would call them if I had a problem; "The office staff are always helpful and understanding … It's a really good service"; "The office are quite quick at sorting out any queries", and "They (the service) appear to be well run, the office staff are very good, approachable, very accommodating and concerned. I would recommend them." A relative commented, "Whenever we've had any problems they seem to move heaven and earth to try and sort things out for us … It's a really good service."

Care workers enjoyed working for the agency, felt supported and valued. They said the agency had been in a period of unrest in previous months. However, they said this had now passed and they enjoyed their work. They spoke of an open culture and that regular staff meetings were held where their opinions mattered. Comments included, "The manager is approachable and available for a brief catch up", "I like my job a lot and I find the managers approachable and helpful"; "I feel they know I can do my job well and they make me feel confident"; "Feedback is welcome and the manager does make time to listen or calls you back", and "I like working here and the manager is supportive." The manager was supported by one community team manager and two assistant community team managers. They supported the manager in the office but also covered care visits, undertook care worker observations and people's care reviews.

The provider ensured contributions by staff were recognised. For example, any staff working for more than five years received a 'long service award'. The chief executive officer had visited the previous week and 11 of the staff had been presented with a certificate. There was a 'get together' for the staff and the news was also on the local radio and the agency's social media page. Staff were also awarded a certificate of recognition if they had done something well. This year anyone who used the service could nominate a care worker for a special award. One staff member from each branch would be awarded the prize, which included attendance at an awards ceremony.

The provider appreciated when staff members worked extra hours due to sickness or annual leave. Staff were allocated a raffle ticket for each time they worked extra hours worked and there was a draw at the end of each month where a financial prize was given.

The manager was aware of their duty of candour and how this was addressed in the agency's practice. When incidents occurred, the manager looked at why they had occurred, followed them up and put measures in place to prevent them happening again. For example, there had been one missed visit on a weekend. The manager had investigated why and how this had happened. They care visit had not been allocated to the care worker and the manager said, "It was not her fault … we forgot to tell her there had been a change to her rota, but now we have changed how we do things and we ring this particular care worker on a Friday to

confirm her shifts for the following week." Relatives had also been made aware of why this happened. Other relatives said they were kept informed of any issues where necessary.

The agency worked in partnership with other organisations to ensure people received 'joined-up' care, such as when more than one agency was involved in a person's care package. The manager liaised with the necessary professionals, shared information and involved them when needed, such as the local safeguarding team. Any changes they suggested to practice were put in place.