

## Candlelight Homecare Services Limited

# Candlelight Homecare Service Limited (East Sussex)

### Inspection report

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Date of inspection visit: 18 February 2015

Date of publication: 25/06/2015

### 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 

### Overall summary

Candlelight Homecare Services Limited is an independent care provider offering a range of domiciliary services to older people, including those living with dementia, across East Sussex. We carried out this inspection on 18 February 2015. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager would be available to support our inspection, or someone who could act on their behalf.

A registered manager was in post. 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.

# Summary of findings

People spoke positively about the service they received. They told us they were well cared for and felt comfortable and safe with the staff who provided their support. One person told us “I don’t know what I’d do without them, they’re wonderful. I love them all.”

Staff were appropriately recruited, trained and supported. They had all undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting, including dementia awareness. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicine management. Staff understanding and competency regarding medication handling was subject to regular monitoring checks and medicine training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

# Summary of findings

## 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.

There were processes in place to help ensure people were protected from the risk of abuse and staff were aware of their responsibilities under the safeguarding procedures.

Staff were appropriately trained and knowledgeable about people's identified care and support needs.

Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice.

There were safe and robust recruitment procedures to help ensure that people received their support from suitable staff. People had confidence in the staff and felt safe when they received personal care.

Good



### Is the service effective?

The service was effective.

People received care from staff who were provided with appropriate training and support to ensure they had the necessary skills and knowledge to meet their needs effectively.

People said staff knew them well and understood how they wanted their personal care to be given.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant there were safeguards in place for people who may be unable to make decisions about their care.

Good



### Is the service caring?

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

Staff had a good understanding of people's identified care and support needs. Individual care plans were personalised and detailed how people wished to be supported and their care reflected their current needs, preferences and choices.

People and their relatives were involved in the planning and reviewing of their personalised care. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns. They were also confident they would be listened to and any issues raised would be taken seriously and acted upon.

## Is the service well-led?

The service was well led.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

Staff said they felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles.

The management regularly checked and audited the quality of service provided to help drive improvement and ensure people were satisfied with the service and support they received.

**Good**



# Candlelight Homecare Service Limited (East Sussex)

## Detailed findings

### Background to this inspection

We carried out this inspection on 18 February 2015, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. It was an announced inspection, which meant the provider knew we would be visiting. 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.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service

does well and improvements they plan to make. Before the inspection we checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with two care workers, two care staff managers (CSM), the registered manager and the operations manager. As part of the inspection process we also spoke, by telephone, with 12 people who used the service and six relatives. We looked at documentation, which included four people's care plans, including risk assessments, staff training files and records relating to the management of the service.

This was the first inspection of this location since it was registered by the CQC on 21 March 2014. We found that no concerns had been identified to us regarding the service during this time.

# Is the service safe?

## Our findings

People had no concerns about the service they received. They said they were well cared for and felt safe with the staff who provided their support and personal care. People and their relatives told us staffing levels were appropriate and they generally received care and support from a consistent group of staff. One person told us “I’m very happy and couldn’t fault them. They’re marvellous and I couldn’t do without them.” Another person confirmed there was always sufficient staff available to support them. They told us “I feel safe and very comfortable with my carers and when I need two for anything, like bathing, two will always arrive.”

Relatives spoke very positively about the service, they had no concerns about the way their family members were treated and felt that they were safe. One relative told us “No worries at all.” Another relative said the care was “all we could wish for” and they were “reassured” that their mother was safe and her needs were being met.

The provider had developed comprehensive safeguarding policies and procedures, including whistleblowing. We saw documentation was in place for identifying and dealing with allegations of abuse. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such abuse. Staff told us because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

Potential risks to people were appropriately assessed and reviewed. Care records contained up to date risk assessments which included personal care, moving and handling and supporting people to access their community. Staff told us they read the care plans before providing care to people to ensure they knew how to support the person safely. Staff also had access to an on-call system, should an emergency arise out of office hours.

The manager told us that travel time between calls was factored in to the rota and staff were also paid for this time. This was confirmed by staff who told us they had sufficient time allocated to travel from one call to another. They said where two staff were required this level of support was always provided. They told us that sickness and annual leave was generally covered by staff working additional hours and this worked well. One staff member told us, “People get regular carers, who they know – and who know them and how they like to be supported – and I think that’s important.” Another member of staff told us “We have enough time to do whatever needs doing and I also like to spend some time just talking to people, because sometimes we’re the only faces they see.”

Staff told us they had received training in handling medicines. They said this was updated regularly and checks were carried out by the CSMs. This was supported by training records we were shown and through discussions with senior staff. Individual care records contained clear information about each person’s medicines and the support they required. The manager told us that as part of the client assessment pack, people are asked to sign a consent form, confirming their agreement to staff assisting or administering medicines. We saw completed client consent forms to support this.

The manager told us any accidents and incidents were reviewed and monitored monthly. This was to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation, including care plans and risk assessments to support this.

People were protected by a safe and robust recruitment process. We looked at four staff files and saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

# Is the service effective?

## Our findings

People received care from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. b. People and their relatives spoke positively about the service, the staff and the care and support provided. One person told us “I look forward to them coming. It’s nice to have someone to talk to.” One relative was very pleased with the level of care their mother received. They described the specific care provided as “competent” and “always well managed.”

Staff confirmed they received appropriate support and the necessary training to undertake their roles and responsibilities. They also described how they ‘shadowed’ more experienced colleagues, when they first started work, until they felt confident and had been assessed as competent to work independently. One member of staff told us “Everyone here is so supportive and there’s no shortage of training. It’s so important that we all know how best to support people safely and consistently.” As well as a comprehensive induction programme staff received essential training both in-house and from external providers.

One of the CSMs, with specific responsibility for training, had attended a national course to become a dementia champion. They explained that, as part of this new role, they would be coordinating specific dementia training for all staff. The manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this. One

member described one of the benefits of their particular one-to-one meetings with their line manager. They told us “I like a moan sometimes to relieve the stress. But it works and if anything needs to get sorted, it does.”

People experienced positive outcomes regarding their healthcare needs. Staff had developed effective working relationships with people. They were aware of - and closely monitored - their routine health needs and individual preferences. Staff we spoke with also understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. Staff were aware decisions made for people who lacked capacity needed to be in their best interests. Mental capacity assessments had been undertaken where people were unable to make specific decisions about their personal care and support. We saw, where appropriate, family members and health and social care professionals were involved in these decisions.

All care plans contained a signed client services agreement and an individual contract that identified which services the person had consented to and received. People who were at potential risk associated with eating and drinking, including swallowing, were assessed using a screening tool. We saw in one person’s records a nutritional plan had been completed using this information. The plan included the person’s likes and dislikes and what foods to avoid as they may have an impact on the person’s medication. Staff told us they always read care plans before supporting people. We saw that people had signed to confirm their plan had been discussed with them and they agreed with the content.

# Is the service caring?

## Our findings

People and relatives spoke positively about the support they received and the caring and compassionate nature of the staff. Among the many comments we received, staff were variously described as “kind,” “caring,” “terrific” and “really lovely.” One person particularly appreciated the time the carer was able to spend with them. They told us “It means so much to me when she takes the time to just sit and listen, when I’m having a bad day and just need to talk.” People and their relatives also spoke of the “extra mile” that some staff went “above and beyond the call of duty.” One person told us about the kindness of her carers who went into their home to feed their budgie during their stay in hospital. They said “This was a great comfort to me and gave me such peace of mind.” A relative was particularly impressed by two members of staff, who between them ensured their mum was able to go to a Christmas party. They described them as “warm and loving.”

Staff were knowledgeable and showed a good awareness and understanding of the individual preferences and care needs of people they supported. People told us they were involved in making decisions about their care, treatment and support. Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant they were able to provide care and support to individuals and meet their assessed needs in a structured and consistent manner.

People felt ‘in control’ of their care and support and confirmed they had been included and “fully involved” in the writing of their care plan. This was supported by plans that we saw, which individuals had signed to confirm: ‘I have received a copy of my care plan and helped to complete it. My preferences, likes and dislikes have been taken into consideration.’ People were also consulted regarding any changes to their plan and directly involved in reviews. They told us they felt confident their views were listened to, valued and acted upon where appropriate. A relative described being present in the room during an assessment and remembered her mother being asked “what she wanted, when and how.”

The provider had produced a dignity statement, which all staff had signed, confirming their commitment to ‘ensure the respect, privacy, self-esteem and autonomy of our clients.’ People told us staff provided their care and support in a respectful and dignified manner. They described how, during personal care, towels were used “for modesty” and told us that carers would leave the room whilst they washed themselves intimately and they “always ask first before doing anything.” As part of their initial assessment, people were asked if they had a preference regarding the gender of their care staff. The registered manager told us that male carers were occasionally sent to female clients who required personal care; however this had not been identified as a problem. We spoke to people about whether this was an issue. One person told us they once had a young male carer, whom they described as “lovely – very discreet.”

# Is the service responsive?

## Our findings

People told us they felt listened to and spoke of staff knowing them well and being aware of and sensitive to their preferences and how they liked things to be done. They told us that “Someone from the office comes about every six months to make sure everything is going well.” People also told us they had also received telephone calls from the office and a “questionnaire type survey” to see if they were satisfied with the service. Two people who had recently started receiving support from the agency said they had had a visit a few weeks after their service started “to see how things were working out.”

The registered manager informed us that before anyone received a service from Candlelight Care, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific personal care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From this initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed how they

wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process.

People said they were fully involved in drawing up their personal care plan and confirmed that the plan accurately reflected their individual support needs. One person told us “The carers listen and do what I want – what’s in the care plan. They talk to me but don’t try and impose their opinions about my care on me.” A member of staff told us “I don’t go in there telling them we’ve got to do this or do that. It’s their home – and their care.”

The complaints policy and there was a clear procedure to be followed should a concern be raised. The registered manager confirmed that the complaints procedure was incorporated in the Candlelight Care information and services guide, which was provided to all people who received a service. They added that any concerns or complaints were taken seriously and acted upon. A complaints record detailed each complaint, as well as action taken and the findings of any investigation. We saw complaints were managed and investigated, in accordance with the provider's published procedures and resolved to the satisfaction of the complainant. People and their relatives told us they knew how to make a complaint, but this had not been necessary. They also confirmed that they would feel confident that any issues or concerns they raised would be listened to and acted upon.

# Is the service well-led?

## Our findings

People and their relatives spoke positively about the services provided and the trust and confidence they had in the registered manager. They said they were able to contact to the office by phone or email and would always receive a prompt response. One person told us “I’m happy to call the office and they’re always very helpful.”

Staff were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities. Staff told us that morale amongst their colleagues was “very good” and they said they felt “valued” by the registered manager, who they described as “approachable” and “very supportive.”

All staff were provided with a comprehensive handbook which contained the organisational structure and the values and vision of Candlelight Care. These were also clearly explained and discussed with staff during their induction programme. We saw that the company’s vision was also prominently featured in the Candlelight staff news-letter, which also included achievements and awards for staff in each of the branches. The handbook contained information on promoting independence, professional boundaries and confidentiality.

Staff spoke confidently and enthusiastically about the positive culture within the service and confirmed that “as a team” they shared values including honesty, compassion, safety and respect for people they supported. They also

confirmed they fully understood their role and responsibility to share any concerns they had about people’s care. They said they were aware of the provider’s whistleblowing policy and they would feel confident that any concerns raised would be acted upon.

The registered manager confirmed that the regional quality assurance manager regularly visited the branch and conducted quality assurance audits, in order to identify any shortfalls in the services provided and areas for improvement. A comprehensive annual audit was also undertaken by the local authority quality monitoring team, which also produced an audit report, including recommendations to improve service provision. Other systems to monitor the effectiveness and quality of the service provided to people included medicine audits, which incorporated competency assessments and regular environmental and health and safety checks.

Annual client satisfaction questionnaires were sent out to gather the views and experiences of people who received a service from Candlelight Care. In their report following the most recent survey, the quality assurance manager stated that ‘Once met, the clear objectives of the surveying programme will lead to improved performance.’ Amongst the feedback from people were the following comments: “Don’t know what we would do without you, don’t change a thing, you’re perfect!” “Carers are cheerful and very kind.” “I am very pleased and grateful for all the help given to me. Thank you.”