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Lantern Care Services

Inspection report

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15 May 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place over two days on 14 and 15 May 2018 and was announced. We announced the inspection at short notice because we needed to ensure managers were available when we visited and also to arrange consent from people to carry out visits and telephone calls.

This was Lantern Care Services' first inspection since becoming registered.

Lantern Care Services is a registered with the Care Quality Commission to provide 'personal care' to people living in their own houses and flats in the community. It provides a service to people of different ages with a variety of care needs. The office base is located in Crewe, Cheshire.

At the time of our inspection the service was supporting 16 people. However, only ten people were receiving the regulated activity of personal care. Our inspection was based on the care of those ten people only.

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.

Medication systems and processes were not always safely managed. The majority of medication records indicated that people had been supported to take medication as prescribed. However, one set of records were incomplete and contained inconsistencies regarding a change in medicine. We made a recommendation regarding this.

Staff were not always recruited safely in accordance with requirements. Four of the five recruitment records that we checked did not have a complete employment history. We made a recommendation regarding this.

People were protected from the risk of abuse or neglect because effective safeguarding procedures were in place. Staff had completed training in adult safeguarding and understood their responsibility to report any concerns.

We saw evidence in care records that risk was assessed at an early stage and appropriate plans put in place to minimise any potential harm. However, risk assessments were not always dated so it was not clear from records how often risk was reviewed.

The service had a system in place to records accidents and incidents. The records that we saw contained information regarding; the date, time, location and description of incidents to aid analysis.

Staff were supported to develop their skills, knowledge and competencies by completing induction and developmental training. Induction for new staff was completed in accordance with the principles of the Care

Certificate. Staff spoke positively about the support that they received from senior managers in the form of informal and formal supervision.

Staff worked effectively with other organisations and in particular healthcare services to ensure that people's needs were met. We saw good evidence of joint-working with commissioners, families and healthcare professionals that resulted in improved health and wellbeing for people receiving care.

The service was delivered in accordance with the principles of the Mental Capacity Act 2005. We saw examples of capacity being considered in relation to a range of decisions including; receiving care and the administration of medicines.

The people that we spoke with were extremely positive about the quality of care they received and the caring nature of the managers and staff. Positive, professional relationships with people receiving care were promoted at every level. The registered manager and other senior staff regularly completed shifts as a carer to help maintain these relationships and monitor the quality of care provided.

People's needs in relation to equality and diversity were considered as part of the assessment and care planning process. People's care records contained a good level of personal detail that helped staff to get to know people and their needs well.

Lantern Care Services had a detailed complaints procedure which was accessible to people using the service. The majority of the people that we spoke with knew who to contact if they needed to make a complaint. However, there had been no complaints in the previous 12 months.

People spoke positively about the management of the service and the quality of communication. The systems for monitoring safety and quality were adequate for the size of the service and had proven effective in identifying areas for improvement.

The service had a record of working effectively with the local authority and healthcare professionals to develop packages of care. In response to a request for information prior to this inspection, the local authority raised no concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Some records relating to the administration of medicines and staff recruitment were not completed correctly.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their plan of care. However, some records were not dated which made it difficult to establish if they were current.

People told us they felt safe in the way staff supported them and had confidence in the service.

Is the service effective?

Good

The service was effective.

Staff were trained and supervised to ensure they had the skills and support required to complete their duties.

Staff supported people to access a range of healthcare services in a timely manner.

We saw evidence that staff supported people with their diet and nutrition if they required this.

Is the service caring?

Good

The service was caring.

People spoke positively about the quality of care received and the attitude of staff and managers.

Staff knew people well and had positive, professional relationships with them.

People's rights to privacy and dignity were enhanced by the way in which care was delivered.

Is the service responsive?

Good

The service was responsive.

People were involved in assessment and care planning to ensure their personal needs were understood.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service.

We found that if people were in need of end of life care this was managed appropriately and with compassion.

Is the service well-led?

Good

The service was well-led.

People spoke positively about the management of the service and the quality of communication.

Systems and processes were in place to monitor safety and quality, and were appropriate for the size of the service.

The service worked effectively with other organisations to provide positive outcomes for people.

Lantern Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was carried out over two days, 14 and 15 May 2018. We gave the provider notice of the inspection in order to ensure people we needed to speak with were available and to arrange consent for visits and telephone calls we made. The inspection was conducted by an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make. We also contacted the local authority who commissioned some services to ask for their views. We used this information to plan how the inspection should be conducted.

At the time of the inspection the agency was supporting ten people who required personal care. We asked in advance if anyone would prefer a home visit. The people that responded said that they would like to be contacted by telephone. We contacted three people who used the service to seek their views about the agency. We also spoke with two family members. As part of the inspection we also spoke with; the registered manager, assistant manager and two members of the care team.

We viewed a range of records including, care documents for four people who used the service, five staff personnel file and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People spoke positively about the safety of the service. Comments included; "I feel safer when they come in", "Nothing worries me at all. I see the same staff", "They let me know if anyone is running late" and "No concerns whatsoever."

Medication systems and processes were not always safely managed. Medication was only administered by staff who had received the relevant training and were assessed to help ensure continued competency. There was guidance in place for the administration of PRN (as required) medicines and topical medicines (lotions and creams). Medication administration records (MAR's) were audited to ensure that medication processes were being safely managed. The majority of medication records indicated that people had been supported to take medication as prescribed. However, one set of records were incomplete and contained inconsistencies regarding a change in medicine. We spoke at length with the registered manager about this and were subsequently provided with evidence that the medicine had been administered correctly. The confusing and contradictory information contained in the MAR sheets and associated records increased the risk of an administration error.

We recommend the service reviews its systems and records relating to the administration of medication to ensure that it is completed safely in accordance with best-practice guidance.

Staff were not always recruited safely in accordance with requirements. Each of the records that we saw contained photographic identification, satisfactory references and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. However, four of the five recruitment records that we checked did not have a complete employment history. We spoke with the registered manager about this and action was taken to ensure the records were completed correctly. We were provided with evidence that all staff files had been checked, and where necessary amended, following the inspection.

We recommend that the provider reviews its approach to recruitment to ensure that staff are safely recruited and records maintained in accordance with requirements.

People were protected from the risk of abuse or neglect because effective safeguarding procedures were in place. Staff had completed training in adult safeguarding and understood their responsibility to report any concerns. Staff were able to explain what indicators they would look out for and what action they would take. The service had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel confident in using it and that the appropriate action would be taken.

We saw evidence in care records that risk was assessed at an early stage and appropriate plans put in place to minimise any potential harm. The level of risk was assessed and rated before and after the introduction of control measures. Control measures detail safer ways of providing care. For example, keeping floors clear to reduce the risk of trips. Risk was considered in relation to; the physical environment, behaviours, falls and

health. In one example, we saw that staff were instructed to be observant of any signs that the person was in pain because they had a high pain threshold. In another they were instructed to help manage a person's anxiety by not overloading them with information. However, risk assessments were not always dated so it was not clear from records how often risk was reviewed.

The service monitored and assessed staffing levels to ensure sufficient numbers of staff were available to provide the necessary care and support for individual care packages. This included the provision of 2:1 staff for moving and handling tasks. People told us that the staff arrived on time and stayed for the full duration of the scheduled visit. Senior staff and the manager of the service were required to provide direct care as part of their duties. This meant that the service was able to provide familiar staff consistently and reduced the need to use agency staff.

Lantern Care Services took effective measures to ensure that people were protected from the risk of infection. Staff completed training in infection control as part of their induction and were provided with personal protective equipment (PPE) for use when providing personal care. The staff that we spoke with explained how they used equipment such as gloves and aprons to reduce risk.

The service had a system in place to records accidents and incidents. The records that we saw contained information regarding; the date, time, location and description of incidents to aid analysis. They were checked by senior staff or the registered manager for any patterns, trends or lessons learned. For example, a new system for checking for infections was introduced following an alert. Incidents were discussed at shift handovers to ensure that important information was shared.

Good

Is the service effective?

Our findings

People who used Lantern Care Services told us they were happy with the standard of care and support they received. People's comments included, "I can't find any faults. They're brilliant", "They're very good", "Staff have the right skills" and "They will do anything I ask them to do. I can't speak more highly of them really."

The registered manager and senior staff understood the need to monitor performance and deliver safe, effective care in accordance with the law and best-practice guidance. We saw examples of policies being mapped to regulation and best-practice to help people achieve effective outcomes in relation to people's; independence, behaviours, communication, activities and health. Outcomes were clearly recorded and monitored.

Staff were supported to develop their skills, knowledge and competencies by completing induction and developmental training. Induction for new staff was completed in accordance with the principles of the Care Certificate. The Care Certificate requires inexperienced staff to complete a programme of learning before having their competency assessed by a senior colleague. Staff also completed additional training to a recognised standard in a range of relevant subjects including; infection control, moving and handling and the administration of medicines. Training was a mix of e-learning and face to face teaching as appropriate for the subject. The records that we saw indicated that staff had been trained in accordance with the provider's schedule. However, completion and refresher dates were not always recorded. This meant that it would be more difficult to monitor compliance in this regard. Staff told us that they enjoyed the training and were given opportunities to develop further by accessing nationally recognised qualifications at level two and three.

Staff spoke positively about the support that they received from senior managers in the form of informal and formal supervision. The records that we saw showed that staff met with senior managers regularly for formal supervision and appraisal. It was clear from conversations and observations that senior managers also made themselves available when staff needed informal support and guidance.

People were supported to eat and drink in accordance with their needs and preferences. One person spoke very positively about how staff had introduced them to a new food supplier and purchased a microwave to help them prepare a wider variety of meals. They said, "Lantern Care helped my get [brand] frozen foods. It made life more bearable. I was eating out of tins before that." Another person was supported to change their diet to address a health condition. This was done with the engagement and support of a dietician.

Staff worked effectively with other organisations and in particular healthcare services to ensure that people's needs were met. We saw good evidence of joint-working with commissioners, families and healthcare professionals that resulted in improved health and wellbeing for people receiving care. For example, one person endured a digestive problem that affected their mood and behaviour. Staff worked with a dietician to introduce foods to alleviate the condition and monitored the impact on the person's health and wellbeing. In another example, staff recognised a change in a person's behaviour and level of agitation. They sought medical assistance to confirm their suspicions regarding the cause and secured an

appropriate intervention to relive the person's discomfort.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's capacity to provide consent was considered and recorded in accordance with the principles of the MCA. We saw examples of capacity being considered in relation to a range of decisions including; receiving care and the administration of medicines. Where appropriate, people had signed to indicate their consent. In other cases best-interests decisions were recorded or people with legal authority to make decisions had signed to indicate their consent.

The people that we spoke with confirmed that staff always discussed their care and sought consent before providing it. The registered manager and staff demonstrated a clear understanding of the MCA and its requirements.

Good

Is the service caring?

Our findings

The people that we spoke with were extremely positive about the quality of care they received and the caring nature of the managers and staff. Their comments included; "The staff are all very nice", "They always treat me with respect", "They've been a dream. Very respectful. They've saved me from the depths of despair" and "They made it obvious they care."

We did not have the opportunity to directly observe the delivery of care as part of this inspection. However, it was clear from conversations with the registered manager and staff that they knew people and their care needs well and spoke about them in a respectful manner. Positive, professional relationships with people receiving care were promoted at every level. The registered manager and other senior staff regularly completed shifts as a carer to help maintain these relationships and monitor the quality of care provided.

The care records that we saw used language that was professional and respectful. Care plans were detailed and showed evidence of review. Staff accessed important information and guidance via a secure electronic application which was available to them on a smart phone. Staff were able to use the application to confirm that they had completed their duties and provide updates if required.

Staff were responsive when people required additional support. We were told of an example where a person with significant health problems who needed emotional support because they were concerned about their partner's upcoming birthday. Staff provided the re-assurance that the person needed and put plans in place to meet their needs. This showed that staff were prepared to go beyond their contractual obligations and demonstrated compassion at a time of emotional distress.

In addition to their presence in people's homes, the registered manager monitored quality by issuing questionnaires to people receiving care which asked them to comment on their experiences and areas for improvement. Each of the people that we spoke with told us that the registered manager and senior staff were approachable and available if they wanted to discuss any aspect of their care. They also confirmed that they were actively involved in making decisions about their care and were consulted by both staff and managers. The majority of people that we spoke with had not been with the service long enough to have their care formally reviewed. However, they did confirm that aspects of their care had been reviewed when their needs changed and they, or a nominated relative, had been fully involved in the decision-making process. We saw evidence that care had been reviewed in records.

Staff understood the need to protect people's right to privacy, dignity and independence when providing care. They described the practical measures that they took. For example, washing, drying and covering people's bodies one area at a time, encouraging people to do as much as they could for themselves and ensuring that doors and curtains were closed. They also explained how they demonstrated respect for people, by announcing their arrival and knocking on doors before entering.

We asked specifically about people's needs in relation to equality and diversity. At the time of the inspection, none of the people receiving personal care had any specific needs relating to their culture, faith or other

protected characteristics with the exception of their age or disability. The staff that we spoke with and the records that we saw demonstrated how these needs were fully and respectfully accommodated in the planning and provision of care. For example, one person's needs relating to their disability and communication were clearly recorded.

Good

Is the service responsive?

Our findings

People told us that they were involved in discussions about their care needs before the service started and after. One person said, "They check on various things. I spoke to [registered manager] just the other day." While a relative of another person told us, "I've been involved in the reviews."

People's care records contained a good level of personal detail that helped staff to get to know people and their needs well. For example, one record contained very detailed guidance for staff regarding communication and routines such as; 'I take my prescribed medication with a glass of orange juice' and 'Too much information can be a trigger for behaviour that challenges.' We saw that people's care was considered in relation to a wide range of needs including; medication, personal care, nutrition and hydration and social inclusion. Each identified need was supported by a plan of care which was sufficiently detailed to instruct staff. The staff that we spoke with told us how they could access the information from their mobile phone, but it was clear that they knew people's needs without having to refer to care plans.

The level of detail provided and staff's knowledge of people meant that they could assess people's needs at any given time and respond appropriately. For example, a care record explained what to do to reduce one person's anxiety and behaviours that might challenge. In another example staff explained how they monitored the moods and behaviours of a person and adapted their approach accordingly. This had helped them to identify when the person was unwell and seek intervention from healthcare professionals.

We saw strong evidence of people being supported to access activities within their own communities. One person had a list of preferred activities which included; attending a volunteer centre, going to college and visiting the local cinema. Another person was supported to do their own shopping and baking by care staff. While a third person had a weekly plan of activities which was printed using photographs and images to aid their understanding. We saw other examples of plain English and personalised communication strategies in care records such as one person who used images on a white-board to aid their communication and reduce anxiety.

Lantern Care Services had a detailed complaints procedure which was accessible to people using the service. The majority of the people that we spoke with knew who to contact if they needed to make a complaint. However, there had been no complaints in the previous 12 months. We spoke with the registered manager regarding this and they confirmed that issues were resolved via regular contact at an informal stage.

The service did not provide specialist end of life care, but people's wishes were considered and recorded in care records where they wished. Staff worked with district nurses and other healthcare professionals to ensure that people's needs were met. Staff also made informal arrangements to ensure that people's level of anxiety were reduced at the end of their lives. In one example, a person had expressed concern that they would not live long enough to celebrate their partner's birthday. The registered manager explained how they subsequently discovered that staff had taken the partner flowers and a card on their birthday after the person receiving care had passed away.

Good

Is the service well-led?

Our findings

People spoke positively about the management of the service and the quality of communication. They told us they had regular contact with the registered manager and senior staff and were kept well informed. Comments included; "Periodically they bring a checklist about their care. [Registered manager] checks the form and runs through it with me to check they (staff) do what they're supposed to", "They're very good. I can't find any faults" and "Lantern Care means what it says, they care."

The registered manager and senior staff had a clear and credible vision for the development of Lantern Care Services. Their vision maintained a commitment to providing high-quality, person-centred care that improved the quality of life and level of independence for people with 24 hour care and support needs. The registered manager said, "We want people to be empowered."

At the time of the inspection the governance framework was not always clear because the registered manager and assistant manager were also regular carers. This was partly because the service was relatively small and could not sustain a large proportion of supernumerary hours. We spoke with the registered manager about this in relation to their plans for growth. They explained how they would gradually reduce their care hours to ensure that sufficient resources were available to manage and monitor the safety and quality of the service as it developed.

The systems for monitoring safety and quality were adequate for the size of the service and had proven effective in identifying areas for improvement. For example, in relation to changes in communication and infection control. The issues identified during this inspection were recent and had not been subject to an audit. Safety and quality were monitored through the completion of audits, care reviews, surveys/questionnaires and team meetings. Information gathered through these processes was evaluated and actioned by the registered manager. The feedback from the most recent surveys was positive. In response to the question, 'What I like about the service that I receive' comments included; 'Reliability, friendliness of staff and quality of care given' and 'Lantern Care, very helpful, caring and kind.'

Staff understood their responsibilities which were clearly defined in a comprehensive set of policies and procedures. Staff were required to sign to indicate that they understood and agreed to abide by guidance and instruction within these documents. The policies included: adult safeguarding, whistleblowing, administration of medicines and complaints. Each was provided and updated by an external specialist.

The registered manager was able to explain their responsibilities in relation to the Care Quality Commission. It was clear from the records we saw that they had acted in accordance with the requirements of their registration and submitted notifications to the Commission appropriately.

The staff and managers that we spoke with were highly motivated to deliver safe, effective care and spoke with enthusiasm about their roles and the people they provided care to. Staff said they were kept informed of developments at team meetings and through information mechanisms including social media.

The service had a record of working effectively with the local authority and healthcare professionals to develop packages of care. In response to a request for information prior to this inspection, the local authority raised no concerns. The registered manager demonstrated a commitment to continuing to work closely with commissioners and other stakeholders to improve practice and the range of care services available.