

Light and Hope (UK) Limited

# LIGHT AND HOPE

## Inspection report

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Hertfordshire  
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Tel: 07713621523

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13 March 2023  
22 March 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Light and Hope is a care home providing accommodation for up to four people who require personal care some of whom may be living with a learning disability. At the time of our inspection there were two people living at the service.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

Support plans were not always kept up to date with the most recent information to support people with their care and support needs. People were not always encouraged to plan for aspirations and goals. People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The service did not provide care and support within a homely and well-maintained environment. Parts of the home needed repair and people's rooms and communal areas were not decorated in line with people's preferences or to reflect their personalities. People received their medicines as prescribed, although medicines had not been managed effectively. Staff competencies to administer medicines were reviewed.

### Right care

Staff acted promptly to protect people from poor care. Incidents or concerns were reported but some incidents involving people did not trigger a review of the care they received. Staff had training on how to recognise and report abuse. We have made a recommendation that the provider reviews themes and trends and takes appropriate action. People were not always supported through planned person-centred practices. Care and support plans did not contain personalised plans or outcomes for people with achievable goals. We have made a recommendation that the provider develops links for advocacy to ensure people have an independent voice. People were not always encouraged to take positive risks. Keyworker meetings did not support people in positive risk taking to achieve personal change or growth. Further development was required to manage risks in ways which improve the quality of life of the person, to promote their independence or to stop deterioration if possible.

### Right culture

People did receive good quality care in their day to day care support and treatment. People could lead more

inclusive and empowered lives which the provider continued to work towards. The quality assurance processes were not always effective and failed to identify and address shortfalls in a timely manner. Safe recruitment processes were followed to ensure suitable staff were employed.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 12 August 2022)

We served the provider warning notices in relation to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also served requirement actions for breaches of regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12. The provider remained in breach of regulation 9 and regulation 17 in relation to planning person centred care and effective risk management and effective governance and oversight.

This service has been in Special Measures since 11 August 2022. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service between 04 July 2022 and 12 July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safety, person centred care and governance.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Light and Hope on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We have identified a continued breach in relation to governance, provider oversight and monitoring at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# LIGHT AND HOPE

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by 1 inspector.

#### Service and service type

Light and Hope is a "care home". People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Light and Hope is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager was in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and

received feedback from health and social care professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service about their experience of the care provided. We observed how staff interacted with people in areas such as the lounges and dining areas. We spoke with 2 members of staff, the provider and the registered manager.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to review variety of documents relating to the management of the service, including audits and quality assurance documents were reviewed. We liaised with the local environmental health service and local authority commissioning team.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection systems were not robust and did not ensure risks were mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People said they felt safe with the support provided. One person said, "I love it here, I think it helps me stay safe in one place and I can be settled for the first time in my life."
- Risk assessments were in place for identified needs, although development required around personalisation and detail to instruct staff. For example, one care plan noted, "In the future I would like to become more independent." However, there was little information in how this would be achieved.
- One person had specific support needs and had a risk assessment in place that had been developed with professional input. Staff were aware of how to support this person using a variety of techniques and regularly reviewed risks when incidents occurred. Improvements continued to be required following an incident to ensure a review of the care plan was carried out at that time.
- The provider was engaged with a local training provider to develop the staff support role to carry out key worker functions. A Keyworker is a named member of staff who has a central role in planning, developing and delivering a person's care and longer-term support plans. However, key work did not support people to make positive risk decisions to improve the quality of life of the person, to promote their independence or to stop these deteriorating where possible.
- Other risks to people's safety and welfare had been assessed. These included areas such as continence care, mobility, nutrition, and risk of falls.
- Environmental risk assessments had been completed. Staff completed regular fire safety checks and drills and evacuations were carried out. The registered manager had responded to the previous inspection concern regarding fire doors being propped open. However, by closing the doors and not considering automated systems, they had impeded people's ability to freely move around the service. The provider told us they would review this following the inspection.

### Preventing and controlling infection

- The home was clean and fresh; however, the provider had not registered with the local environmental health team. As staff prepared people's meals, this is required to ensure their hygiene standards meet legal



requirements.

- Following a change in guidance staff were no longer required to wear face masks in the service, however for the ongoing protection of people staff continued to wear face masks. Personal protective equipment [PPE] was available if needed.
- People were encouraged to maintain a high standard of personal care including hand washing often.
- Regular checks were carried out by the manager to maintain cleanliness and ensure staff followed appropriate guidance to minimise cross infection.

#### Using medicines safely

- People received their medicines as the prescriber intended, by staff who were trained. The registered manager regularly observed staff practice. However, closer monitoring of the administration continued to be required. For example, daily records showed a medicine administered at differing times between 08:00 and 10:00am. Although given with food as directed, the administration timings required to be consistent and this had not been picked up in the auditing of records.
- We counted physical stocks against the medicine administration record [MAR]. People had received their medicine as prescribed, however, two MAR systems were used and these did not tally. We spoke with the registered manager about this who had identified this through their auditing. We discussed the risks of using two systems and they told us they would review this immediately.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Policy and procedures were in place for staff to follow and report any safeguarding concerns. Staff had received appropriate safeguarding training and were aware of how and when concerns should be raised. One staff member said, "Safeguarding is protecting their interests and taking care of their wellbeing, making sure we protect them from harm. If I saw anything I would talk to my line manager."
- Staff and the registered manager confirmed they received debriefing and support following any incidents. One staff member told us, "We look at it from the perspective of what can be done for the future to avoid it happening again. We use the staff meeting to discuss and we involve [People] so we can all have a view and share the learning among us all as a team."
- Incidents and accidents were monitored and reviewed regularly to identify necessary actions and then learning was discussed with staff. However, we found that auditing did not include a review of themes and trends to identify potential patterns and enable staff to work in a preventative manner. We recommend the provider reviews their auditing of daily notes to ensure that any themes and trends are identified and appropriate action taken.

#### Staffing and recruitment

- People and staff said there were sufficient staff available. One staff member said, "We have no agency, and we all do days and nights together. We always have 2 staff at night, more during the day so we can do things with people and because [Person] needs 2 staff to help with their care."
- Staff were recruited safely. Recruitment procedures were in place and application forms, employment history and disclosure barring service (DBS) checks were obtained prior to staff starting work.
- Where possible, people who lived at the service were involved in the recruitment process.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection people were not supported in a person-centred manner. People were not engaged throughout the day, and people's individual likes; dislikes and preferences had not been sought nor considered. This was a breach of regulation 9 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection although the provider had made improvements they remained in breach of this regulation.

- People told us they were happy with the support provided and said it met their individual needs and wishes. They told us they had a choice over how staff supported them. One person said, "There are all sorts of things I can do, and I know they [staff] will help me do whatever I want. I want to do some cooking; I like cooking and I can do if I want." However we found that staff limited the activity as they thought it unsafe to do so.
- People were not always being encouraged to develop their daily living skills, such as helping with the preparation of meals or snacks. The registered manager said, "We can't give [Person] a knife as they shake and will cut themselves." However, this person had told us they enjoyed cooking and wanted to do more, yet an appropriate risk assessment or referral for specialist equipment to enable them to cook had not been completed.
- Staff were able to describe people's individual likes and dislikes which were documented within their care records. Support focused on people's quality of life outcomes. However, these were short term focused and further development was needed to ensure support planning considered longer term goals and aspirations.
- Staff helped people to have freedom of choice and control over what they did. People went on trips out of the service, although these were usually to the same local venues. Aside from a weekly visit to a local church group, further consideration of meaningful engagement to support people's independence had not been considered as part of longer-term support planning.
- Staff helped people to have freedom of choice and control over what they did. People went on trips out of the service, although these were usually to the same venue [local shopping precinct]. Staffing levels during the day could enable people to engage in a much broader range of activity or pursuits, as opposed to what was always local. The provider said they would make better use of the staffing level to engage in pursuits that met people's needs and were not just local.

The continued lack of planned person-centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People took part in activities in the house together, such as arts and crafts and movie nights. People had formed good relationships within the house, both between themselves and with staff.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.
- Information was available for people in an easy read format.
- Staff offered choices to people using a communication method appropriate to that person. Staff spoke knowledgeably about tailoring the level of support to individual's needs.

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

- People could raise concerns and complaints and staff supported them to do so. Appropriate policies and procedures were in place.
- People were happy with the quality of care received and had not raised any recent concerns. However, people told us they would speak with the registered manager if they needed to. One person said, "If I am not happy I can talk to [staff member] or [Registered manager], they will make things better for me if I wasn't happy."
- The service did not have links with an advocacy service. We recommend the provider develops links for advocacy to ensure people have an independent voice if required.

#### End of life care and support

- There was no-one receiving end of life care at the time of the inspection.
- Staff had not supported people to express their wishes around their end of life, and staff had not undertaken this training to support people if their needs suddenly changed. The provider was seeking training and support from a local training provider to address this.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated inadequate. At this inspection the rating has remained changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not developed quality assurance systems and processes to assess, monitor and improve the quality and safety of care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made since the last inspection the provider remained in breach of this regulation.

- The provider had developed a suite of various audits and checks to monitor the quality of care. However, these had not identified all the issues found during this inspection. The provider had not carried out their own formal assessment of the improvements required or safety and quality of care provided. They relied upon discussions with the registered manager and did not verify improvements through their own due diligence processes.
- The provider had not registered with the environmental health department which meant that, although they had a policy for food management, the safety processes had not been assured.
- Incidents were reported to the registered manager; however, an analysis of the themes and trends was not completed.
- The registered manager and provider had reviewed people's care plans to ensure these were accurate and up to date. However, audits and checks had failed to identify inaccurate recording of care provided. For example within medicine administration records as reported in the safe domain or people's risk assessments.
- Since our last inspection, action had been taken around a number of safety concerns with the building. For example, areas such as staff skills and fire safety knowledge, fire alarm testing, and safe use of fire doors. However, only one staff member in the team was a trained fire marshal, where the service is required to have a minimum of one on each shift.
- The registered manager carried out regular spot checks of staff performance. Staff had undertaken training that follows the care certificate pathway, however a greater emphasis on specialist training to support the specific needs of people was required. The registered manager was in the process of completing a robust assessment of staff skills and abilities with a view to identify where additional training was required.

However, this had not been completed. Since 1 July 2022, all registered health and social care providers have been required to provide training for their staff including how to interact appropriately with autistic people and people who have a learning disability. This should be at a level appropriate to their role. This new legal requirement was introduced by the Health and Care Act 2022. This level of training had not been sought at the time of inspection.

- At our last inspection, the provider had failed to create an inclusive and homely place for people to live. There was little room to socialise or enjoy sociable dining experiences. Although the provider had made improvements by converting a room to a dining / activity room, people's rooms and the wider home did not reflect their personalities. We spoke with the registered manager about this who committed to undertake a programme of decoration in conjunction with people. This would ensure the home reflected their personalities through colour, decoration, layout and access.
- At our previous inspection, people were not always supported to have maximum choice and control of their lives. We found at this inspection this has improved, however further work and development was required to meet the 'Right support, right care, right culture.' guidance and principles.
- This is the second consecutive rated inspection where the provider had failed to achieve a good rating as a minimum standard. This demonstrated governance systems were ineffective in addressing and sustaining improvements. Lessons had not been fully learnt to ensure improvements were made.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people living at the service. Peoples care records were not updated when care was provided and were not always fully complete. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during, and after the inspection, and took action to complete some identified requirements. These included actions with regards to fire marshals, training, recording and care planning, however we were unable to assess whether these improvements had been effective.

- The provider demonstrated an ambition and a desire for people to achieve the best outcomes possible. However, they were not clear whether this was best achieved within a care home setting or whether to develop the existing service to a supported living type model to maximise people's independence and autonomy.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider, registered manager and staff were committed to ensure people living in the service received good care. However, further development of knowledge was required to ensure this care was delivered in line with the principles of Right Support, Right Care, Right Culture. Staff valued and promoted people's individuality and protected their rights but needed further support and training to develop and maintain people's independence.
- People provided positive feedback about the care they received. Staff told us they felt supported in their roles. One staff member said, "Management are lovely, really nice and supportive. We are all working together, and our main goal is looking after the residents."
- People were involved with their care, were involved in decision making and had the opportunity to provide feedback. People's equality and diversity were respected, driven by a shared vision of the staff which centred around the people they supported. Staff relationships with people were caring and supportive.
- People were able to attend and participate in meetings with staff and the provider to discuss the care they

received, and any suggest improvements. One staff member said, "When the other inspector came in July we had a staff meeting and they (management) pin pointed all the different things we needed to do. We make sure we all understand our expectations and we discuss this monthly in the meetings."

- The registered manager attended regular meetings with other managers to review policies and procedures, share any concerns, and discuss any lessons learnt following incidents. However, their approach to organisational learning and improvement required further development.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Communication between other agencies was good and enabled people's needs to be met. For example, GPs and various specialists specific to certain conditions or health needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider had not ensured people were being provided with planned and appropriately assessed person-centred care in line with the principles of Right Support, Right Care, Right Culture.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) Good Governance</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p> <p>Peoples care records were not updated when care was provided and were not always fully complete.</p>