

# Candlelight Homecare Services Limited

# Candlelight Homecare

# Glastonbury Area Office

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Candlelight Homecare Glastonbury Area Office is a domiciliary care service providing personal care and support for people living in their own homes in the areas surrounding Wells, Shepton Mallet, Evercreech, Glastonbury and Street. At the time of the inspection they were providing personal care for 146 people.

People's experience of using this service:

People were supported by a consistent and stable staff team who knew people's care and support needs well. Staff supported people in developing and maintaining their independence, which was evidenced in their care plans.

People received care and support that was safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people.

Risk assessments were in place to identify any risk to people and staff. All staff understood the actions to take to ensure people received safe and effective care and support.

People received care from staff who were kind and caring. Staff always respected people's privacy and dignity. Staff encouraged people to be involved in their care planning and reviews when they were able to.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised

People and staff spoke positively about the registered manager. Staff said they were valued and supported by the provider.

At our last inspection we rated the service good. The report was published November 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Candlelight Homecare Glastonbury Area Office

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and the support team from the CQC national contact centre who made the telephone calls to people and their relatives.

#### Service and service type:

Candlelight Homecare Glastonbury Area Office is a domiciliary care service providing personal care and support for people in their own homes.

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

#### Notice of inspection:

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care service and we needed to be sure that the registered manager and other senior staff would be available to speak with us. We also needed to ensure that people's consent was gained for us to visit them in their homes.

Inspection site visit activity started on 7 May 2019 and ended on 8 May 2019. We visited the office location on 7 May 2019 to see the manager and office staff, to review care records and policies and procedures. On 8 May 2019 we visited people in their homes and spoke with care workers.

What we did:

Before the inspection we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is how providers tell us important information that affects the running of the service and the care people receive.

We had requested and received a Provider Information Return. 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.

During the inspection we visited four people in their homes. We spoke with five people and six family members on the telephone. We also spoke with six members of staff, as well as the registered manager.

We looked at a range of records during the inspection, these included four people's care records. We looked at information relating to the management of the service including quality assurance audits and meeting minutes. We also looked at three staff files, the recruitment process, complaints, and staff training and supervision records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

People told us they felt safe when care workers visited them. One person said, "Of course I feel safe why wouldn't I? They [staff] are all lovely." Another person said, "Safe as houses, that's how I feel."

Systems and processes to safeguard people from the risk of abuse.

- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported, and action taken in a timely manner.

- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse.

Assessing risk, safety monitoring and management.

- Risk assessments were carried out at an initial assessment of needs, these included environmental risks and risks to people and staff.

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained explanations of control measures staff could follow to keep people safe. Risk assessments in place helped ensure people were cared for safely.

Staffing and recruitment.

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure.

- There were sufficient staff to meet the needs of the people. The provider was actively recruiting staff. The number of care workers employed depended upon the number of hours commissioned from the local authority and private customers.

- Using medicines safely.

- Medicines were managed safely and there were systems in place to ensure time crucial visits were highlighted.

- People were responsible for ordering and storing their own medicines. Staff prompted people where necessary.

- One person told us, "They are really good at reminding me to take my tablets on time. I need telling." Another person said, "They tell me when it is time to take my painkillers and get them out for me."

Preventing and controlling infection.

- Personal protective equipment such as gloves and aprons was provided, and staff used them appropriately. One person said, "They [staff] are very particular about wearing gloves and aprons, and they leave the kitchen nice and tidy."

Learning lessons when things go wrong.

- Staff told us they reviewed risk assessments and care plans following incidents to reduce the likelihood of a recurrence.

- Learning was shared with staff during staff meetings, or during a one to one meeting with their line managers.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

One person told us, "I think the girls [staff] are all very well trained." Another person said, "They [staff] seem to know what they are doing, and they are always talking about the training they are booked to go on."

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

- People's needs were assessed. Where appropriate, families were involved in planning and agreeing the level of care and support people needed.

- Staff worked with other agencies to ensure people's needs could be met.

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture and religion, which was recorded in their care plans.

Staff support: induction, training, skills and experience.

- All staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and training relevant to people's needs.

- One staff member said, "We are really lucky with the training, as the training office is here, so we can just pop in. I think they [the service] are really good at providing any training we need."

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

- Most people managed their own nutritional needs. Where necessary, staff helped people prepare their meals.

- People told us staff always made sure they had a drink and snack to hand before they left.

- One person said, "I do my own meals, but they always make sure I have a drink at hand when they go." Another person said, "I choose what I eat, and they cook it for me, or do me sandwiches."

- Where necessary, staff recorded how much people had eaten and drunk in people's care plans. This meant the information was available for other staff who visited the person or their relatives.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff referred people to other health care professionals when necessary.

- One person told us how a care worker had helped them get a GP appointment when they were experiencing difficulties.

Adapting service, design, decoration to meet people's needs.

- Risks in relation to people's homes, such as access and equipment, were identified, assessed and well-managed.

Supporting people to live healthier lives, access healthcare services and support.

- Most people managed their own appointments with healthcare professionals. However, staff told us they would highlight any concerns to senior staff and would telephone for professional support if they were concerned.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Community Service:

- No-one receiving care and support at the time of the inspection was subject to a Court of Protection order.

- Where people did not have capacity to make decisions, staff told us how they ensured people were involved in decisions about their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff used people's preferred names and greeted them warmly. One person told us, "I know all the carers they are like one big happy family. Always happy and take the time for a chat."
- People told us they received good care from their care workers. One person said, "Can't run any of them down all kind, nice and caring." Another person said, "I consider all the girls my friends, highlight of my day."
- People told us some staff went above and beyond what they expected. One relative said, "Some of the girls have been particularly helpful, they go beyond the call of duty. One girl helped in getting [the person] to a friend's funeral, even on her day off".
- Most of the people we spoke with said they received care and support from a consistent and regular team of staff. One person said, "I have my regular carers coming in. I know them all." Another person said, "I have got to know them all over the years, a good bunch." However, one person said they would have liked to see a regular team of staff as they felt they had recently had to explain their needs more often as they had experienced a number of new staff.
- Everybody spoken with said that staff usually arrived on time, and always stayed the full length of time or sometimes longer. One person said, "If they are going to be late it's usually due to the weather or any crisis they might have had at the visit before. They always let you know."

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

- Staff enabled people to make decisions about their care and knew when people wanted help and support. One person told us, "I was involved from the start. I know about my care plan and they go through it with me every now and then." One relative said they had been involved in supporting their loved one during a review of their care plan.

Respecting and promoting people's privacy, dignity and independence.

- People told us they were treated with dignity and respect with staff remembering to close doors and curtains before providing personal care.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received support from staff who understood their needs, preferences and interests. Staff gave people choice and control. People told us, "They [staff] always ask, I never do anything I don't want to do or feel uncomfortable doing." And, "I am in control and all decisions are my own."
- People's information and communication needs were identified and recorded in their care records. If people needed support with information in alternative formats this could be arranged.
- Where care workers regularly visited the same people, they knew their likes, dislikes and preferences. They used this knowledge to care for people in the way they wanted.
- All the care plans reviewed were written in a person-centred way. They contained very clear guidance and instruction for staff about how to meet the needs of the person. Staff were able to review people's care plans before they entered their property through an electronic care planning system on their phones. This meant staff would know of any changes before they started to provide any care and support

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy which was available to people in their care plans.
- People said they were happy to raise concerns or complaints but told us they did not need to. One person said, "I know who to talk to but haven't needed to so far." Another person said, "If I wanted to complain I would pick up the phone, they are nice in the office." One person said, "I only had to say once I did not like one carer (nothing bad just personality clash) and they [the registered manager] sorted it for me."
- Complaints and concerns had been reviewed and action taken. The registered manager had responded to people's concerns and learning had been put in place.

End of life care and support.

- End of life support could be provided, and staff were supported by the community nursing team and local hospices. The service offered staff training in end of life care to ensure people's wishes were respected and they could have a pain free and comfortable death.

# 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.

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

One person said, "I know the manager, can't remember her name but she is really nice." Another person said, "I don't know the manager, but a senior comes around to look at the care plan and check up on the girls. She's lovely always time for a good chat." One person said, "I think Candlelight is very well run, I would recommend them any day."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people.
- The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- The service was well managed. Staff at all levels were aware of their roles and responsibilities. An on-call system was available, so all staff could contact a manager at any time for advice and support. A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff spoke positively about the registered manager. All staff spoken with said they felt listened to and involved in all aspects of the care and development of the service.
- Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings and unannounced spot checks by supervisors.
- Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.
- To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and their families could comment on the service provided. The quality assurance/operations manager carried out satisfaction surveys. Comments were largely positive. Where issues had been raised action had been taken and fed back to people or their relative.

Continuous learning and improving care.

- There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged.

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other managers within the organisation. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others.

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.