

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lighthouse Homecare

The Lighthouse Rehabilitation Centre, 60-62
London Road, St Leonards On Sea, TN37 6AS

Tel: 01424430111

Date of Inspection: 29 May 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Alliance Medicare LLP
Registered Manager	Mrs Patricia Anne Turner
Overview of the service	Lighthouse Homecare provides care and support to adults with mental health conditions and problems with substance misuse. The care and support is provided to people in their own homes as well as in supported living accommodation.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Staffing	9
Supporting workers	10
Assessing and monitoring the quality of service provision	12
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 May 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We also contacted and spoke with social care professionals employed by placing authorities.

What people told us and what we found

Our inspection team was made up of one adult social care inspector. We answered our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

We looked through the care records of six people that used the service. We spoke with three members of staff, spoke with two people that used the service and three relatives of people using the service. We also spoke with three social care professionals who had some involvement with the support of people who used the service.

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

People told us they felt safe. Safeguarding procedures were clear and staff understood how to safeguard people they supported. Staff knew about risk management plans and showed us examples where they had followed them. People had the opportunity to make choices and remained in control of decisions about their care and lives.

People benefited from safe care and support, due to good decision making and appropriate management of risks to their health, welfare and safety. The service had been led effectively to manage risk.

Is the service effective?

The staff rotas reflected people's care needs in terms of staff qualifications, skills and experience. This helped to ensure that people's needs had been met. People told us that they were happy with the care they had received and felt their needs had been met.

We learned from speaking with people who used the service and their relatives and social workers that the staff and registered manager understood people's care and support needs. One person told us that, "...going to the homecare service had been a very good move. It has paid dividends". One carer was described as, "...right on the ball. Top hole. Very good in meetings and very well organised".

Is the service caring?

The service had placed the needs, wishes, preferences and decisions of people using the service at the centre of their work. One of the people we spoke with told us about support which had been provided which was, "...off contract, beyond their hours and out of the kindness of her heart". We were told that the service deserved a, "...pat on the back", for helping to resolve problems quickly and efficiently.

Is the service responsive?

People's needs were assessed before they received care and support from the service. We found that people had been given the right support and had been helped in areas that were important to them. Records illustrated that people's preferences had been recorded and care and support had been provided that met their wishes. People had been supported and cared for in a way that helped them to be as independent as possible. One person we spoke with told us that the registered manager had been very approachable, and had listened to and acted on comments made about how services had been provided.

Is the service well led?

The registered manager and care staff had a clear understanding of the ethos of the service. Quality assurance processes were in place. We saw that people had been asked for their feedback on the service they received and that they had filled in satisfaction surveys. They confirmed they had been listened to and where needed improvements had been made to the quality of care provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed. Their care and support was planned and delivered in line with their individual care plan.

We found that people who were using the service had an assessment of their needs before the service was provided. We saw that the assessment process had involved these people. We saw that that the service had also consulted with and had considered information provided from other people and/or agencies that knew the person well. One of these people told us they had been involved, "...without a doubt", that they were told what support would be provided and had contributed to the planning of the roster of carer's visits.

The care records that we reviewed showed us that the planning and delivery of care and support had been based on assessments carried out. We saw that support plans had been reviewed and amended when it had been appropriate to do so. This meant that the care plans reflected any changes and progress being made. We spoke with one person with their social worker. They described how they had both been involved in the review and development of the care plan. They described to us how the support provided had helped the person to prepare for and demonstrate skills to live more independently.

Risks had been assessed. The service had worked with people to balance safety and effectiveness with people's rights to make choices. Each assessment had taken into account people's capacity to make those choices and their right to take informed risks. People using the service and others that knew them well told us that the support provided helped them to be as independent as possible. An example of this included support to develop skills around self-care and budgeting.

We found that the manager and staff had a good understanding of the care needs of people who used the service. This was reflected in the comments made by people we spoke with; people using the service, their relatives and social care professionals. One of

these people described the service as having been, "...supportive, understanding and helpful to clients and social workers". Another person told us that, "...going to the homecare service had been a very good move and it had paid dividends".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Procedures were in place to respond appropriately to any concerns or suspicions of possible abuse. We spoke with staff and found that they had an understanding of the types and signs of potential abuse. We were told of examples where concerns had been shared with the right person when such signs had been noticed. The registered manager shared with us records that documented how these concerns had been responded to and acted on. This meant that people using the service had been safeguarded against the risk of abuse.

We spoke with social workers and relatives of people using the service. They told us that they were confident that people had been safeguarded from the risk of abuse. They told us that they thought people were safe when care workers had visited them.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We were told by the registered manager that there had been no instances where people who used the service had been restrained. Staff had an understanding of the importance of effective communication in preventing behaviour that presented a risk.

Risk assessments and support plans documented that the service had an awareness of triggers and warning signs of behaviour that may have presented a risk. Examples included the sale of treasured possessions, missed appointments, unexplained changes in normal routines, presentation and habits. Care records indicated that staff had the skills and knowledge to respond at an early stage and that doing so had reduced the likelihood of this behaviour happening or recurring.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

We looked at the staff and care roster. This showed how many hours each day per week had been contracted for each person using the service. The roster also summarised the support provided to each person and by which carer.

We spoke with care staff. They told us that the amount of time spent on each visit had been planned and agreed with the person using the service and their social worker. They told us that the amount of time allocated was in line with each person's individual care plan and reflected the aim of encouraging and building independence. We found that, where people's needs had changed, this was taken into account when reviewing the hours which the service had been contracted to provide.

The registered manager was able to show us how staff had been deployed. From this we could see there were enough staff who knew the needs of people using the service. This meant that people who used the service could expect good consistency of care.

One person told us that since they had been using the service and by working with staff they had been, "...helped to learn how to look after myself. Things like cooking and cleaning and managing my money".

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff were able, from time to time, to obtain further relevant qualifications.

We looked at staff training records. We spoke with the registered manager about training that had been planned and training, that staff were supported to complete. We also spoke with staff about the training and support that they had received.

We found that all staff working for the service had attained a relevant National Vocational Qualification or Diploma in Health and Social Care. In addition to this staff had also attended training which covered their induction to the home, mandatory training topics and ongoing skills development.

Training in safeguarding; fire safety; food hygiene; first aid; health and safety; moving and handling; medication; behaviour support; and the Mental Capacity Act had all been undertaken by staff in the 12 months preceding this inspection. We knew this from looking at staff training records which had been reviewed and updated by the registered manager in April 2014.

The service had enabled staff to acquire further skills and qualifications that were relevant to the work they undertook. This meant that the health and welfare needs of people who used the service had been met by competent staff who had been properly supported to provide care and support.

All the staff we spoke with made positive remarks about the support and guidance provided to them by the registered manager. We were told that the registered manager was very approachable and responsive to feedback she received. One of these people told us that in their view she was, "...the best manager so far", that she was, "...very good even when under pressure".

Staff told us that the registered manager recognised the benefit of staff having a good home / work life balance. Staff told us that the registered manager had been supportive in making this a reality for them. We were told about reasonable adjustments that had been made in order to help them carry out their role. This included changes to working hours

and reallocation of shifts to cover sickness, holidays, training and child care commitments.

Arrangements had been made to review and re-establish an annual cycle of staff appraisals. The registered manager had recognised that this was needed to inform individualised learning and development plans for all staff. The registered manager showed us records which indicated to us that supervision had been offered on a regular basis. The registered manager showed us how the strategy to provide each member of staff with regular supervision had been reviewed. We saw that this had led to an increase in the frequency of supervision for each member of the care team.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who were using the service benefited from safe care and support, due to good decision making and appropriate management of risks to their health, welfare and safety. The service had been led effectively to manage risk and improve the quality of care provided.

We reviewed records relating to the quality assurance framework. This was used by the service as a measure to protect people who were using the service and others who may have been at risk. Matters which had been reviewed and evaluated included health and safety; infection control; food safety; environmental and fire risk assessments; the involvement of people using the service; the quality of managerial support; comment's compliments and complaints received; value for money; and punctuality of carers. The outcome of this exercise had been used to inform the ongoing development of the service. This showed us that the manager of the service had monitored the quality of service provided and taken into account and acted on comments received.

Consultation questionnaires were distributed by the service in March 2014. People who use the service, their representatives and staff were asked for their views about the operation of the service. These views were acted on. Examples included how people were involved in the development and review of care plans.

The service had shared with people information about how to make a complaint. This added to the systems in place to protect people and to monitor and improve the quality of care provided. No complaints had been made since the time of the last inspection. One person we spoke with told us that the registered manager was very approachable and listened to and acted on comments made about how services were provided.

An example of such changes included how support around cleaning and laundry had been managed. We were told by one person that they had asked for more support to be provided to deal with correspondence and managing appointments. They told us that they had been reassured by the registered manager's response. They told us that if there were any problems they could, "...ring the manager and she would deal with it".

We spoke with three social care professionals. Comments made included how the service had been prompt in seeking professional advice about meeting the individual needs of people using the service. They told us that the service had recognised there were benefits in doing so to enhance the care and support provided

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
