

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

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2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Alliance Medicare LLP
Overview of the service	Lighthouse Homecare provide 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.
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
<hr/>	
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
What we have told the provider to do	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Management of medicines	10
Staffing	11
Supporting workers	12
Assessing and monitoring the quality of service provision	13
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	14
<hr/>	
About CQC Inspections	15
<hr/>	
How we define our judgements	16
<hr/>	
Glossary of terms we use in this report	18
<hr/>	
Contact us	20

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 unannounced 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 12 February 2013, talked with people who use the service and talked with staff. We reviewed information we asked the provider to send to us.

What people told us and what we found

When we visited we spoke with two people being supported in the community. All people using the service had access to The Lighthouse Rehabilitation Centre, run and managed by the same providers as Lighthouse Homecare. Both people we spoke with told us the staff were good and that they were happy with the support provided. One person said, "The way I wanted things is the way it is now," and that being able to go to the rehabilitation centre was a really important part of their day.

The policies, procedures, staff training and meetings were shared between the two services. It was not clear whether the policies also applied to Lighthouse Homecare or where policies were specific to one service only.

There had been several changes in management over the last eight months. We spoke with the manager, the one member of staff employed for the homecare service at the time of the visit, together with one new recruit who was undertaking induction. Staff told us that it was important that people accessed community resources to enable better independence. There were agreed care plans in place relevant to each individual that were regularly discussed and reviewed. Medicines were managed safely with access agreed on an individual basis.

Limited staff training was in place. Staff recruitment and training was in progress. Following the visit we spoke with two external professionals who described how staff worked with each individual to support their needs.

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

What we have told the provider to do

We have asked the provider to send us a report by 02 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During the visit, two people being supported in the community came to the rehabilitation centre and we observed staff speaking respectfully to them and offering choice and support. Both people who used the service spoke positively of the staff and the support provided. They told us that they had been involved in the decisions regarding their support and access to their medications. One person said that the staff member, "Helps and we work together". The other person told us that they come to the centre whenever they wish to.

The five individual files were reviewed and the plans and work towards supporting independence for people using the service were regularly recorded, together with achievements and issues of concern. There was evidence of a focus on improving independence and support for people to manage their own care. There were individual arrangements in place for those who required prescribed medications. Staff told us that all the people this related to understood the process and took their medications unsupervised.

One person regularly refused the care and support available. There were clear records when this occurred that described the individual's reasons and lifestyle choices. The refusal was respected and the service worked closely with the relevant social worker.

There was evidence of opportunities and information for community involvement available at the rehabilitation centre as well as recorded activities such as going swimming, support with shopping and contact with family members.

Whilst staff had not attended specific training on privacy and dignity, they were able to describe clearly what this meant and how their practice reflected this when supporting people who used the service. Staff were aware of and understood the importance of confidentiality. The manager told us that a training programme for all staff was in development.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Some residents from the rehabilitation centre had progressed to living in the community and were therefore already known to staff and the manager. For other referrals the manager told us that they would carry out an assessment and have discussions with the person concerned, any family members and other professionals involved in their care.

The two people who used the service that we spoke with told us that they felt well supported and liked the staff. One said, "The way I wanted things is the way it is now". Another told us that they felt they had progressed well and were happy to have been able to move into the community.

Each person who used the service had an individual folder in their home with the latest care plan, risk assessments and daily records. There were also individual folders for each person kept in the office. We looked at four care plans in the office and one home folder that had been brought in so that the office copy could be updated.

There was evidence of individual needs and risk assessments in place. There were incident reports in some folders. Staff told us that the care plans were reviewed every two months and brought into the office to update the office copy. The office copies looked at were up to date. There was evidence of very recent reviews in four folders and four care plans were signed. One person's care plan had not been reviewed as they had refused care and support for over two months. The contacts were recorded and the service was commissioned as and when the person required it. This was confirmed in a subsequent telephone conversation with an external professional. This showed that the service were ensuring people's welfare and safety by carrying out assessments of their needs and planning and delivering appropriate care.

The risk assessment forms used by the service provided for the individual to also sign them. The risk assessments were not signed, however we did see evidence that these had been discussed.

Staff described the support provided which included emotional needs and day to day living tasks such as cooking, cleaning and paying bills. Some people had their medicines brought to them by staff and the home folder we looked at showed the medication administration record (MAR) sheet completed appropriately. People also had a diary to

help with attendance at appointments.

The daily record sheets included tasks people had undertaken to increase their independence as well as any concerns or worries they had. We saw records of activities undertaken as well as contacts with family members. There was also evidence of access to appropriate health care. Staff and the people we spoke with told us of regular contact with social workers and other external professionals.

In case of emergencies staff had mobile telephones and would call the office or the appropriate emergency service. This showed that there were procedures in place for dealing with any emergencies that might arise.

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 we spoke with told us they felt safe with their care workers and they knew how to contact the manager. They also had access to social services and other support contact numbers were seen in people's folders.

There was a safeguarding policy for the rehabilitation centre that was used by the homecare staff and we were told that they knew where the policy was and had read it. One member of staff working for their third day was aware that they were required to read the policy. Criminal records checks were undertaken on all staff. Other relevant policies were in place, such as a whistle blowing policy and lone worker policy for staff safety. This showed that the service took reasonable steps to identify the possibility of abuse and prevent it before it occurred.

Whilst staff had not attended safeguarding training they demonstrated awareness of prevention of abuse and would report any concerns to the manager. The manager told us that they understood that safeguarding training was mandatory for all staff and provided the Care Quality Commission with an updated action plan that reflected the ongoing work in this respect. The provider may wish to note that out-of-date safeguarding training may impact on staff care of people who used the service.

We were told that the staff did not use restraint, either in the person's home or when people visited the rehabilitation centre.

We saw examples of allegations of abuse. Incidents were investigated and agreed actions put in place. The local authority safeguarding team were informed where relevant, as was the Care Quality Commission. This showed that the service responded appropriately to any allegation of abuse.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements for the safe management of medicines were seen to be in place. All prescribed medication was delivered to the rehabilitation centre by the pharmacy. The manager told us that two members of staff checked in and logged all medicines received on each individual's medication administration record (MAR) sheet. The MAR sheets were reviewed at the visit. We saw that they were appropriately completed and had a photograph of the person on the front cover.

The medications were all stored in a locked cabinet in a locked medication room. There was a separate locked safe for controlled drugs with a well completed controlled drugs log seen at the visit and signed by two people. Keys were kept securely in a locked key safe in the office. The medication fridge had daily temperature checks in place.

Medications were either taken to people's homes or provided directly at the rehabilitation centre. Evidence was seen of discussion and decisions made in the care plans reviewed on an individual basis. One person we spoke with told us that their morning medication was brought to their home but that they collected the evening medications themselves. Another person told us that they collected their medications every three days. Staff said that they completed the person's MAR sheet in the folder in their home each time medication was delivered there. Evidence of this was seen in one home folder that had been brought to the office.

All people currently using the service who took medication were able to do so unsupervised. This was recorded in the relevant care plans and confirmed by the two people we spoke with.

Any medication that was prescribed to be taken when required was managed with each individual and recorded on the MAR sheet. Any medications that required disposal were taken by staff back to the pharmacy or the GP surgery.

In this way the provider was protecting people against the risks associated with the unsafe use and management of medicines.

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

Lighthouse Homecare had been operating for about a year. On the day of the visit there was one member of staff employed to support people who used the service and two new staff in training and therefore not included on the rota. The manager told us that until the new staff had been trained and all checks completed she was providing care and support to people. It was clear that recruitment and training were now underway.

We spoke with two members of staff. One told us that they felt there was sufficient time to support people most of the time and that they were training two new members of staff. The other member of staff was undergoing induction and training. We also spoke to one member of staff working at the rehabilitation centre. They confirmed that they had not recently been required to work with people in their own homes in addition to those resident in the centre and that this was an improvement.

Subsequent to the visit, we spoke with the social worker for one person who used the service and were told that there had been occasions where visits were cancelled because there were no staff available. We saw evidence of such cancellations in two of the care plans reviewed. The provider may wish to note that low staffing levels could impact on the service fully meeting people's needs.

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not always supported to deliver care and support safely and to an appropriate standard. Not all staff had received relevant and updated training. Supervision and appraisal were not in place for all staff.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The manager had been in post since December 2012 and had ongoing plans in place to improve support for staff. The plans covered staff from both the rehabilitation centre and Lighthouse Homecare. The first staff meeting was held in January 2013 and minutes demonstrated a good attendance that included the Lighthouse Homecare member of staff. Items discussed included updates on training and staff concerns.

There was no formal training programme, nor was there a skills or training gaps analysis in place. However training updates in food and hygiene, manual handling and fire safety had been held in January 2013 with safeguarding training planned in the next few months. The Lighthouse Homecare member of staff told us that the training in January had been useful. A staff member had not received all training and updates relevant to their role. However, they were responsible for supporting the two newly recruited staff members for the homecare service during their induction period.

We saw and it was demonstrated that there was ongoing work towards ensuring that staff training was updated, learning and development needs identified and formal supervision and appraisal introduced. Staff were getting more regular feedback and told us that they felt well supported. Staff knew who to go to for advice or any concerns. However, the processes were not embedded in the service and two of the homecare staff had not completed their induction.

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

Completed risk assessments were seen in all the care plans. These included risks to the individual, such as self harm, self-neglect and the potential of financial mismanagement or loss. There were general environmental risks included as well as assessments regarding lone working for staff. The risk assessments were reviewed and updated every two months in line with the care plans.

There was an incident reporting process in place and we saw evidence of appropriate reporting, investigation and prompt action taken. We saw examples of notifications to the local authority regarding safeguarding incidents and evidence of working together following investigation.

There was a complaints policy and process in place. No complaints had been received in the last 12 months.

There was no formal audit of care plans or MAR sheets. However, the folders from the people's homes were returned to the office every two months where the manager reviewed the record keeping and MAR sheet completion. As there were five people using the service, all folders were seen regularly. There was little evidence of formal systems in place. However, regular review of each individual's care plan and risk assessments, as well as close working with external professionals was demonstrated. This showed that the service identified and managed risk and monitored the quality of care for people who used the service.

All but one of the people who used the service were seen on a daily or very regular basis at the rehabilitation centre as well as at home. People were seen discussing activities and other support issues with different staff at the centre. This demonstrated opportunities for people to raise concerns and the knowledge and understanding that the staff from both services had in respect of those being supported and cared for.

It was clear in the care plans reviewed that decisions about the care and support were made by appropriate staff at the appropriate level and as part of a multi-disciplinary process.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers How the regulation was not being met: People were cared for by staff who were not always supported to deliver care and support safely and to an appropriate standard. Not all staff had received relevant and updated training. Supervision and appraisal were not in place for all staff.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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