Inspection Report

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 November 2013

Date of Publication: January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ 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'.

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 29 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We also spoke with an external social care professional.

What people told us and what we found

Lighthouse Homecare is run and managed from The Lighthouse Rehabilitation Centre by the same provider. The two services share policies as well as systems and processes. At the time of the inspection the homecare service was providing care and support for three people in supported living at the rehabilitation centre and four people living out in the community. We spoke with three people who used the service and one relative. We also spoke with two members of staff and the registered manager. Following the visit we spoke with an external social care professional.

People told us that they felt well involved in their care and support. They told us that they could make decisions and that these were respected. One person felt they had, "Done fantastically."

Staff worked closely with other agencies and we saw evidence of good access to health and social care professionals.

We found effective recruitment processes in place. Staff told us they felt well trained and supported in their roles. Record keeping was found to be accurate and up to date.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with three people who used the service. They all told us that they felt fully involved in their care and support. They participated in their care plan reviews and said that they made decisions for themselves. They told us that staff always asked them what support they needed. We also spoke with an external social care professional who said that people, and their representatives where appropriate, were always involved in any reviews of care and support.

Staff we spoke with described how they worked together with people who used the service and negotiated the agreements and care plans. Staff demonstrated knowledge of the consent process and were aware that no-one can give consent for another adult. We saw that staff were trained in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We were told that where agreement was not possible, for example for someone not to drink alcohol, then the involvement of local alcohol support groups was sought. Staff said that the consequences of breaching agreements on people's health and well-being were discussed with each person individually. This meant that care and support were provided in accordance with people's knowledge and agreement.

We looked at four people's care plans. We saw examples of negotiated agreements in place. We were told that the signed copy was held by the person at their own home. These reflected the risk assessments. We also saw examples where people had signed consent for their information to be shared. We observed discussions during the day where support was offered and accepted. One example was with medicines management for a person going on home leave.

The first 'Lighthouse News' was published in November 2013. The newsletter was for people, their friends and relatives as well as for staff and other professionals. The first topic was about consent with the title 'Silence does not = consent'. The article explained the importance of understanding and agreeing to anything that may be written or produced about them in the newsletter that could identify them. It described the process and said

that consent would never be assumed. The article also reminded people that consent 'is in all areas of your life'.

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 and care and support was planned and delivered in line with their individual care plan.

We spoke with three people who used the service. They were all very positive about the care and support they received. One said, "I've got no complaints, none at all." They said they loved where they lived and felt they had progressed and were more independent. Another told us they were happy living there. The visitor we spoke with said that they could, "See the difference" since their relative had come to the service. People told us that they received support when they needed it.

We looked at four people's care plans and related documentation. We saw that the care plans were signed and reviews undertaken. The reviewed care plans and agreements in place reflected the risk assessments. We saw that specific risks were detailed together with how they would be managed to protect both the people and the staff supporting them. Staff described flexible ways of working with people to enable them to retain and improve their independence as much as possible. We were told that the signed up to date care plans were kept by people in their homes and came back to be filed in the office following the next review.

We were told that all staff on shift met together every morning and evening. Staff told us that this provided, "Really good handover." Staff felt that everyone took these meetings seriously so that they worked well and, "Things get done." We saw that the handover book contained relevant information about people who used the service.

One person we spoke with described their involvement in the community. An external social care professional told us that staff had supported the person both emotionally and practically. This had enabled the person to access opportunities for further independence. We also heard from two people how staff supported them with respect to managing their medicines. Each person had an individual medication plan that was agreed with them. This meant that the support required was regularly assessed to ensure people's safety and well-being.

Another person told us that they regularly saw their relatives. They described their plans in place for Christmas that included a local dinner dance. We spoke with one relative who was collecting someone to stay for the weekend. We saw family contact recorded in the care plans we looked at.

The service was developing an 'Individual daily activity monitoring' (IDAM) system that would be put in place for each person. We saw one example that showed the person's participation in a variety of activities. This included personal care, laundry, preparing meals, shopping and community activity. Once the system is fully in place it will also demonstrate staff input.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Two of the people we spoke with told us how the staff at the home worked together with their individual social workers. People told us that they felt able to speak to both their social workers and staff at the home if they had any concerns.

The care plans and other documentation we looked at demonstrated good access to health care and other professionals. We saw examples of referrals made to other professionals as well as evidence of working with social workers, GPs and community mental health teams. To 'work in partnership with other agencies as required' was one of the key tasks on a job description we saw.

The staff we spoke with said that they worked closely with learning disability and care coordinators as well as mental health professionals and social workers. Staff told us that they also raised any concerns regarding people's health and well-being with the registered manager. We saw evidence of the registered manager's email discussions regarding two people who used the service. One was working with social services to facilitate a medicine review with mental health professionals. The other was regarding a person's need for specific equipment. This meant that staff at the home worked in cooperation with others to protect the health, welfare and safety of the people who used the service.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the files for three staff recently recruited to the homecare service. We saw that there were completed application forms with full previous employment history.

The disclosure and barring security checks had been completed and were satisfactory. Staff did not commence work until these had been received. There were photographs, evidence of identity and current address. Two references had been requested and provided. We were told that one member of staff had previously worked with the registered manager and was therefore already known to her. The job description was in place. We saw that it showed clearly how all aspects of the requirements for the post would be assessed, for example, at interview. There was an interview process and staff had contracts of employment.

We saw evidence of existing qualifications in health and social care. Staff described the induction process and we saw evidence of completed induction documentation in one of the staff files. Other staff told us they were in process of completing their induction programme.

There were effective recruitment and selection processes in place.

Supporting workers ✓ Met this standard

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

The people we spoke with told us that they liked the staff and felt able to talk to them. One of them said that they knew the staff well and were, "Happy with all members of staff." We were told that staff provided appropriate care and support in line with people's care plans and their needs.

At the last inspection we found that training and supervision were not in place for all staff. All the staff we spoke with at this visit were able to describe the training they had undertaken and we found improvements had been made. The training matrix we saw was for August 2013 and showed the training already undertaken and that planned for September. This was confirmed by the certificates we saw in the staff files that we reviewed. Training included topics such as safeguarding vulnerable adults, MCA and DoLS, fire safety, first aid and health and safety. We saw that one member of staff had attended managing challenging behaviour. Another member of staff was continuing an Open University course about mental health that they had started prior to working for the service. Staff we spoke with told us they felt well trained for their role. They said they could request further training and development if they felt they needed it. The provider may find it useful to note that not all staff had specific training in substance abuse or mental health.

We saw that medication competency was included in mandatory training for staff. All staff had undertaken this except the newest member and this was planned as part of their induction. We saw evidence of completed competencies in the staff files we looked at. In addition, the manager had developed a 'Medication Knowledge' information pack to support staff in this area of their role.

We saw evidence of supervision in two of the staff files we looked at. The third member of staff had not been in post long enough but was aware that they would have supervision regularly. The manager told us that staff had six supervisions each year that covered training and any concerns that staff may have. They were a small staff team that worked closely together. The manager did not feel that additional annual appraisal was required in light of the regular and frequent supervisions. Staff we spoke with told us that they felt well supported by the manager and that she was approachable. One member of staff described the management of a concern that they had raised with the manager. They said that the

manager had listened to them and taken action whilst not breaching confidentiality.

Staff told us that team meetings were held every two months. The meetings were held jointly for staff who worked within the rehabilitation unit and for the homecare service staff. Some homecare staff also worked in the rehabilitation unit. Staff said that the meetings provided opportunities for staff to meet each other and discuss any problems or concerns. One member of staff said they felt the meetings were open and that they had, "Good discussions." We saw copies of the last two meetings. There were discussions on topics such as documentation to be completed, current recruitment and sickness management. We also saw that a reported incident had been brought to one of the meetings. Current practice was discussed, together with the process put in place to reduce the risk of the incident occurring again. This meant that staff were involved in learning from incident reporting. Staff told us that communication was good within the service.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The care plans and other documentation we looked at for people who used the service demonstrated generally good record keeping. We saw detailed, accurate and up to date records on specific risks for each person. The risk statements, support plans and agreements, where relevant, were in place. Pre-assessment records were available. There was clear guidance for staff to reduce risk to the people who used the service and themselves. We looked at two medication administration records and saw that they were well completed. This meant that people's personal records were accurate and fit for purpose.

Staff files we looked at contained relevant information on, for example, identity, application forms, qualifications, references, supervision and training. We saw offers of employment records as well as job description and contracts. This meant that staff records were accurate and fit for purpose.

We saw evidence of good record keeping in the staff communication book. An example of the information provided was in respect of one person going on leave and their medicines management needed for the period. There was also general information for staff. Staff were required to sign that they had read the entries and we saw that this was in place. The diary was used for specific appointments on the day. We saw one dentist reminder that had been ticked as completed. The handover book was appropriately completed. We looked at the fire safety file and found that the checks and information were completed and up to date. This meant that records relevant to the management of the service were accurate and fit for purpose.

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

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