

The Candle Trust

Candle House

Inspection report

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Date of inspection visit: 3 July 2015
Date of publication: 19/08/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 3 July 2015 and was announced 48 hours beforehand. We last inspected the service on the 6 December 2013 and had concerns that staff were not supported fully to carry out their role effectively and not all records were clear to ensure care was appropriate. We reviewed these during this inspection and found the concerns had been rectified.

The service is registered to provide residential care without nursing. They provide a service to younger adults who have a learning disability and other associated needs. There was one person living at the service when we inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were having the right to consent to care respected. However, people were not always having their mental capacity and deprivation of liberty assessed and authorised in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards as required. The registered manager had identified this prior to our visit and put systems in place to address this.

Summary of findings

People were protected at Candle House by staff trained in recognising how to identify abuse and keep people safe from abuse. Staff were recruited safely. Staff underwent regular training, supervision and appraisal to ensure they were able to remain effective in their role.

Risk assessments were in place to assess and reduce the possibility that people may come to harm. Staff were trained in identifying and meeting people's specific, highly complex needs. There were clear links with risk assessments, care plans and training for staff to ensure people's needs were met as fully as possible. People's medicine was administered safely.

Staff treated people with kindness and respect. People's dignity was respected at all times. People were involved in planning their care and choosing how they wanted

their day to look like. People were supported to take an active role in their local community. Activities were provided to support people to meet their needs and for fun.

Staff worked closely with people and their families to ensure any complaints, concerns and feedback on the service were taken into account and responded to quickly.

The service is a charity and was managed by a management committee. There was clear governance and leadership in place. Staff told us the registered manager and committee were approachable and responsive to any new ideas. The registered manager ensured the quality of the service was maintained.

Summary of findings

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. People were looked after by staff who understood how to identify abuse and make sure they were protected.

People's medicine was managed and administered safely.

Risk assessments were in place to ensure the risk associated with people's needs were reduced as much as possible.

There were sufficient staff employed who were recruited safely.

Good



Is the service effective?

The service was not always effective. People's right to consent was upheld. However, people were not assessed in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards as required. The registered manager had put measures in place to address this.

People were supported by staff trained and supervised to carry out their role effectively.

People had their food and nutritional needs met. Their dietary needs were catered for.

People were supported to maintain good health and access medical services as required.

Requires improvement



Is the service caring?

The service was caring. People were looked after by staff who treated them with kindness and respect.

Staff ensured they understood people's needs and encouraged them to have control of their care by using specific communication methods.

People's dignity was always protected.

Good



Is the service responsive?

The service was responsive. People were supported by a care plan which was person centred and reflected their current needs. People and family were involved in planning the care.

People were involved in selecting how they wanted to spend their time at the service. Activities were provided which reflected choice and what staff knew people liked to do.

The service had a complaints policy available. Staff used different means to ensure people were happy and did not have any concerns to raise about the service or their care.

Good



Summary of findings

Is the service well-led?

The service was well-led. The service demonstrated the service was well managed with a good model of leadership and governance in place.

The registered manager ensured the quality of the service was maintained.

Staff told us the management were approachable. The registered manager demonstrated a commitment to a positive culture in the service for people and staff.

Good



Candle House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 3 July 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

One inspector completed the inspection.

We reviewed the care records of the one person and observed how they were cared for during lunchtime. We spoke to one relative. We also reviewed the records of how their medicine was administered.

We spoke with two staff and were supported during the inspection by the registered manager. A member of the management committee also came to speak to us. We reviewed three staff member's records including recordings of their application, training, supervision and appraisal.

We reviewed records held by the registered manager to ensure the quality and running of the service. This included policies, practice guideline to staff, audits of the building, audits of the medicine administration and records of the maintenance of the building.

Is the service safe?

Our findings

Family ordered and delivered people's medicine to the service. Staff administered one medicine to people which was used to control their epilepsy. Medicines were managed, stored and given to people as prescribed. Staff were appropriately trained in the safe administration and management of medicines. They were trained specifically in the administration of the medicine prescribed and what action to take if this did not work as prescribed. Medicines Administration Records (MAR) were all in place and had been correctly completed. Medicines were locked away as appropriate. There was no record in place to ensure the medicine which came into the service was accounted for and no record that this had been returned to the family minus the given dose. The registered manager addressed this immediately and put a process in place to ensure all medicine could be accounted for at all times.

There were detailed risk assessments in place covering every aspect of potential harm people could experience while living at Candle House. The risk assessments detailed the risk, how the risk could present itself and the action staff were to take at any time to reduce the likelihood of people coming to harm. The risks were regularly reviewed and were clearly linked to the care plans in place.

The service had policies in place to safeguard people. Staff were trained in safeguarding people and demonstrated they understood how to keep people safe from harm and abuse. Staff also recognised the people they cared for were exceptionally vulnerable due to their communication needs and this meant they had to be extra vigilant. They were also aware the public could react adversely to people's behaviour. Staff were directed in the care plans and risk assessments to remove people from any negative situation and support them to remain safe. Staff stated they would discuss any concerns with the registered manager who they felt would take appropriate action.

The registered manager ensured there were sufficient staff on duty at any time to provide for people's needs in line with their care plan. People required two staff members at all times and this was provided. The registered manager ensured there was consistency of staff delivering care who people were familiar with as this reduced a number of risks.

Staff were recruited safely. All necessary checks were in place and staff underwent a probationary period to ensure they continued to be suitable for the role. Feedback on how people reacted to them was reflected on before making their employment permanent.

Is the service effective?

Our findings

When we last inspected the service in December 2013 the service was not demonstrating staff were fully supported to carry out their role effectively. On this inspection we found this had been addressed.

People living at Candle House lacked the ability to consent to their own care and were under constant supervision and control by staff in order to keep them safe. The registered manager understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and these were necessary in the case of people living at Candle House. We found all staff upheld people's rights by careful risk assessment, care planning and involving family and professionals as necessary. However, no MCA assessment had been completed and no DoLS application had been made or authorised. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager advised all staff were due to attend MCA and DoLS training on the 23 July 2015 and they had made initial contact with the DoLS assessor at the local authority. This was confirmed by the DoLS office.

Staff showed they always sought people's involvement in agreeing to every stage of their day to day care. Whenever a care task needed to be completed, staff were observed seeking the person's attention and cooperation at each stage. They did this in the person's time and waited for them to smile and indicate they wanted to be part of that task for themselves.

Staff were trained to support people effectively. All staff were trained in the provider's core training such as safeguarding, infection control, manual handling, first aid, food hygiene and health and safety. Staff were also trained in the specific needs of people. For example, all staff were trained in meeting the needs of people with epilepsy,

autism and PICA. PICA is an eating disorder, which is characterised by persistent and compulsive cravings to eat non-food items. There was a clear link between risk assessments, care planning and staff training to ensure staff could meet people's individual needs. Specialised nurses were brought in to support staff learning in each area and to answer their specific questions. Staff said this was really useful. Staff were encouraged to take higher levels of training in care and said they could ask for other training as required.

Staff supervision took place three times a year to reflect on specific training. Staff were supported to look at the training and what they had learnt from this. Staff felt this helped them to look back at the training. Staff confirmed there were opportunities to have informal discussions with the registered manager and team leader as necessary. Staff underwent an annual appraisal which supported them to review the past year and put in plans areas of personal development for the future.

People had their nutritional needs met. People were involved in planning what they wanted to eat on a weekly basis. People used pictures to help communicate what they wanted to eat each week. They were also involved in buying the ingredients at a local supermarket. The menu was reviewed each day to ensure the person was happy to have that meal. The person then placed a picture on a board to show what they would like staff to cook for them that day. Cooking with the staff was promoted as a weekly activity for people. A balanced diet was encouraged. People were supported to attend the gym and to take part in activities which encouraged them to maintain a healthy weight.

People had their health needs met. Staff were informed by the care plans and risk assessments what people's health needs were and how to meet these needs. Recorded within the care records were the specific mood-led signals that would lead staff to be concerned about people and how to recognise something may need attention. There were links with family, people's GP and health professionals to ensure their needs were met.

Is the service caring?

Our findings

People were supported by staff who were caring and treated them with kindness. People were comfortable in the company of staff and responded with smiles when staff were present. Staff recognised people's needs for a quiet, calm atmosphere to prevent unnecessary stress.

Staff supported people to be in control of their every day care and make choices that encouraged them to be as independent as possible. This was achieved by the use of pictures, assisted technology and the use of gentle prompts. People could choose how they wanted to spend their time which was built into a pictorial diary.

At lunch, as food was prepared, staff sat with people and used memory scrap books to go over past events to support them to remember times when they had enjoyed being out on trips, birthdays and attending events in the community. Staff and people sat and ate their lunch together which made it a sociable time for everyone.

Staff treated people with respect and appropriate humour. People had their dignity respected at all times. Staff ensured a regular programme of support was in place as this was recognised as important to people. For example,

people desired staff support them to maintain their continence and therefore their dignity. It also prevented people experiencing distress. This meant staff regularly prompted the person to go to the toilet. This was achieved discreetly throughout the time we were visiting the service.

Staff spoke about the people they looked after with affection and felt they were well looked after. Staff were observed to support each other and built compassionate care into all aspects of looking after people. Staff demonstrated they understood people's specific needs, moods and abilities. Staff told us they had worked at the service for a long time and worked well together. People and staff took part in sociable events together such as celebrating birthdays and anniversaries. Staff felt this extended the family like environment they felt was important.

The registered manager explained the importance of building a caring service. They explained it was necessary so staff understood the importance of meeting people's specific needs and ensured these were always met. They also stated it was important staff were looked after as the work could be stressful at times. Staff were therefore always supported to ensure they could meet people's needs.

Is the service responsive?

Our findings

When we last inspected the service in December 2013 the registered manager did not have care plans in place which ensured staff knew how to support people at night. On this inspection we found this had been addressed.

People had care plans in place which reflected their current needs. Family and specialist nurses were involved in supporting the service to put in place and review care plans to ensure they reflected current needs and practice. People were involved as much as possible in making choices about how they wanted their care delivered and this was reflected in their care plan.

The registered manager explained the care plan aimed to support people to learn and maintain as many independent skills as possible in order to maximise their development. The care plan also addressed the many risks associated with people's specific needs and how staff could both keep them safe and support people to learn new skills.

Activities were a main part of building people's skills. These were planned to maximise people's development and recognise how they liked to pass their time. People were involved in planning their activities. Staff used photographs of places, equipment and food so people could plan using a real reference what they would like to do. Staff always recorded activities and put together scrap books of their time together and used these to stimulate memories of past events.

People were supported to be active and maintain links in the community. For example, by using a local sports centre, pub and bowling club. Friends were supported to attend activities and celebrations of birthdays.

The service had adjusted to people's needs as required. For example, a sensory room had been developed to support brain function which was used at regular intervals in their weekly programme. Music was also used to support people's needs as both therapy and for fun. For example, when people were anxious it was used to support them return to a calm state. At other times, music was used to support an already happy mood. Staff were observed measuring the person's mood and providing the right level of music at the right time.

The service had a complaints policy in place. Family were asked at regular intervals if they had any concerns. A family member told us they could share any concerns with the staff or registered manager who they saw often. They felt any issues were resolved quickly and they did not feel the need for any change. They told us they were happy with the service and what it is achieving for their family member.

Staff told us they knew people well and supported them to let them know if they felt there was something wrong. They achieved this by using pictures and mood charts.

Is the service well-led?

Our findings

Candle House is run by the Candle House Trust who are a charity registered with the Charity Committee. There was a management committee in place who were responsible for the overall governance of the service. There was a registered manager supported by a team of full and part time staff who ran the service from day to day. The registered manager was supported by a team leader who took on the management role in their absence. All staff were clear about their role and that of others.

There was clear evidence of the role of the management committee in overseeing the service. They met every three weeks or more often if required. They had run the service for a number of years and presented as committed to maintaining the service long term. Minutes from a recent meeting recorded how they ensured the quality of the service and were striving for continuous improvement. Any issues were addressed quickly and progress recorded in the form of an action plan. For example, a quality audit by the local authority had suggested some areas for improvement. The management committee had met to discuss the issues and a plan of who and how they were going to address the action points created. Subsequent meetings had reviewed these to ensure they were being addressed.

Staff we spoke with felt the service was well-led and person centred, providing quality care for people. Staff stated they felt the registered manager and committee were

approachable and would listen to them if they had any new ideas about how the service could improve. People were involved in feeding back on the service by use of pictures and staff reading their body language to ensure they were happy.

The registered manager explained they were dedicated to providing the best quality service and reviewed with staff in regular team meetings that this was always the case. We were shown staff meetings took place once every three months or more often if they needed to address any issues.

The service was underpinned by a number of policies and procedures made available to staff. These were regularly reviewed. These supported the values of how the service should relate to people living at the service. Values around care, involving people, respect, dignity and equal opportunities were promoted in how staff treated people and each other. Staff told us this was reflected in Candle House being a good place to work and the team working well together.

The registered manager had audits in place to check the service was running along expected lines. They had recently refined their medicine audit. There were systems in place to ensure the building was safe and maintained. For example, staff ensured water temperatures were taken and the registered manager carried out monthly checks of all areas of the service. Appropriate contractors were employed to check the gas, electricity, appliances and remove waste from the property.