

House Of Light Trust Limited

Canna

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Canna provides residential care services to adults with learning disabilities. It accommodates up to four people. The home is located close to Rotherham town centre and has parking and public transport access as well as local facilities nearby.

People's experience of using this service:

Staff routinely promoted choice and independence, and spoke to people respectfully upholding their dignity. Care plans were highly personalised which indicated that staff understood people's needs well. Care was reviewed regularly to ensure it met people's needs, and where changes were required these were implemented. Each person had various programmes in place to assist them in developing skills and promoting independence. A visiting relative told us: "They have definitely empowered [my relative.]"

Staff were trained in relation to how to keep people safe from the risks of harm or abuse, and there was information available in the home for people using the service and staff about what action to take if abuse was suspected. Staff were recruited safely, with appropriate background checks being made. Records showed staff received training in a wide range of relevant areas, and staff told us training was plentiful and useful.

Medicines were well managed, although we identified one area for improvement in relation to "as required" medicines. We discussed this with the registered manager during the inspection and they described what action they would take to address this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People using the service were encouraged to be involved in meal planning and preparation, and their nutrition and hydration needs had been assessed and were monitored.

There was a system in place for monitoring the quality of service people received, and making ongoing improvements as part of the monitoring system.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Rating at last inspection:

The last rating for this service was good (published July 2017)

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Canna

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Canna is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people using the service about their experience of the care provided. We spoke with two members of staff, the registered manager and a visiting relative.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. We also reviewed a variety of records relating to the management of the service, including audits, policies and procedures

Is the service safe?

Our findings

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

At the last inspection, this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- Staff were deployed in sufficient numbers so that people received care when they required it. People told us there was enough staff to help them when they needed it. One person said: "They come when I want them, very quickly."

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place which contributed to minimising the risk of abuse
- Staff understood their responsibilities in relation to safeguarding and had received appropriate training. Information was available to staff about what action to take should they suspect abuse.
- People told us they felt safe at the home. One person described it as "very safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Each person using the service had comprehensive risk assessments setting out risks that they may present, or to which they could be vulnerable. They were completed to a high level of detail and were regularly reviewed to ensure they remained accurate and relevant.
- Appropriate action was taken in response to any incidents, for example, a change to risk management systems, or a referral to an external healthcare provider, if relevant.
- Health and safety within the premises was appropriately managed, with up to date testing and checking of the fire system and electrical equipment amongst others.

Using medicines safely

- There were secure storage systems in place to support people in managing their medicines.
- Medicines, and records of medicines, were audited frequently to ensure any shortfalls were identified.
- We noted where people required medication on an "as required" basis, often referred to as PRN, the provider did not hold information about the circumstances in which it should be administered, or what the desired outcome should be. The registered manager told us they would take steps to address this.

Preventing and controlling infection

- The provider undertook a regular infection control audit, and where the audit identified required action,

this was addressed quickly. The registered manager had a good oversight of this.

- Staff had received training in infection control, and we observed the premises was clean throughout.

Is the service effective?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider regularly assessed people's needs, to ensure the care provided was suitable.
- People told us they felt staff understood their needs well.
- Care plans were extremely person-centred. Care was planned and delivered in line with people's individual assessments.
- There was information in each person's care plans about good practice in relation to their needs, and staff had a good understanding of this.

Staff support: induction, training, skills and experience

- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service, as well as receiving regular supervision and appraisal.
- One staff member described their induction, and told us it focussed on the preferences and needs of people using the service, so they could work in a person-centred way.
- Staff told us they received a wide range of appropriate training, and said they felt this equipped them for their job.

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

- People's care plans contained information about their food likes and dislikes, and records showed this was adhered to. Staff had a good knowledge of people's preferences in this area.
- Staff encouraged people to be involved in decision making about food; the weekly menu reflected people's preferences, and during the inspection we observed staff supporting one person to assist in making lunch.

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

- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
- Information was shared with other agencies when people needed to access other services, such as hospitals. Appropriate records were kept in case someone using the service was admitted to hospital, so healthcare staff would understand their needs.

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

- The premises had been adapted to meet the needs of people with a learning disability, with picture signage as appropriate.
- Records showed people had been consulted on décor and design within the home, and people's bedroom décor reflected their tastes.

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

- The provider worked in an integrated way with external healthcare providers to ensure people received optimum care. Records we checked confirmed this.
- The provider had incorporated external healthcare providers' information and assessments into people's care plans.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked records to see whether people had consented to their care and treatment. People had given informed consent, and we saw this was regularly reviewed.
- Staff had received training in relation to consent and capacity, and the registered manager had a good understanding of their responsibilities in this area.

Is the service caring?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect, and treated as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care plans were initially devised, and this was regularly reviewed.
- Staff treated people respectfully and had a good understanding of their diverse needs.
- A visiting relative told us: "The staff couldn't be more welcoming and respectful."

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

- Day to day life within the service reflected people's preferences. People contributed to activity planners which set out each month's activities and was based on people's likes and dislikes. Staff practice routinely involved obtaining people's views and supporting them to make decisions.
- Regular meetings took place for people using the service where they were encouraged to share their views and opinions about the service. We saw they contributed to decisions about activities, holidays, food and décor within the home.

Respecting and promoting people's privacy, dignity and independence

- In our observations of care taking place we saw staff took steps to uphold people's dignity and privacy, providing support in a gentle and unhurried manner, speaking respectfully and warmly to people and creating an atmosphere of positive collaboration.
- Care plans showed people's independence was promoted, and we saw staff encouraging people to be independent in their day to day activities. One person told us: "I like it here, we chat and sort things out together. I'm going to grow vegetables here this summer and they [the staff] will help me." A visiting relative described how the service had "definitely empowered" their relative.
- Systems were in place to maintain confidentiality; people's records were stored securely within the home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection it remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration, and people were encouraged to take control over their lives.
- Staff we observed undertaking care tasks demonstrated that they gave people choice and control in their day to day activities. This was done in a collaborative and supportive manner.
- People told us they felt they had control over decisions about their care.
- The provider had appropriate arrangements in place to provide a good standard of end of life support.
- People's end of life needs and preferences were taken into consideration when their care plans were devised, and people were encouraged to share their thoughts where appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had carried out assessments of people's communication needs, and appropriate support was provided where needed.
- There was information in people's care plans about the specific ways they communicated, and what steps staff should take to best support each person in communicating.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records contained information about their social interests.
- People had activity calendars which showed they were supported to undertake a wide range of social activities, including visiting local facilities as well as specialist services.
- People's care records showed the provider supported people to maintain family and social connections.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received. However, we noted the policy did not direct complainants to the correct source of external remedy.

- The provider had not received any formal complaints since the last inspection.
- A visiting relative told us that when they had raised any minor concerns, they were addressed quickly and to their satisfaction. They said: "Any concerns, they are dealt with straight away, and they get back to you and tell you what they've done."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour responsibility

- The registered manager had a good understanding of care quality and delivering person centred care. It was clear this underpinned the philosophy of the service.
- Records showed the care delivered was provided in a person centred way. Staff spoke knowledgeably about this.
- A visiting relative told us the staff team and the registered manager were approachable and acted in an open and professional manner.

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

- The registered manager had a clear understanding of their responsibilities and how their work contributed to the effective running of the service.
- There was a range of audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and followed up. The registered manager maintained an oversight of all the audits which took place in the service.
- The registered manager was fully involved and engaged in supporting staff and people throughout the inspection.
- Staff spoke with pride about the service they provided, and gave examples of how they ensured it was of a high quality.

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

- People's feedback was regularly sought, and incorporated into the way the service was run. There was a system of meetings for people using the service, which enabled people to make decisions about day to day life in the home.
- Supervision records showed staff were engaged in how the service was run, and their views were sought.
- Staff described a collaborative approach within the service, with one saying: "They [people using the service] decide how things are done and that's how it should be."

Continuous learning and improving care

- Staff praised the learning opportunities available to them.
- The provider had systems and processes in place to continually learn and improve care following best practice principles for improving the lives of people living with a learning disability

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals and advocacy services. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.