Sand Care Limited

Aram House

Inspection report

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Tel: 01895477033

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27 April 2017

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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

The inspection took place on 24 and 27 April 2017 and the first day was unannounced. This was the first inspection since the service was registered with the Care Quality Commission in March 2016.

Aram House provides accommodation for up to five people with mental health needs. The service offers a residential living environment, with a view to people regaining their independence and then moving onto more independent living after a period of 12 to 18 months. The personal care the service provides is to administer people's medicines. Each person has their own room with en suite toilet and shower facilities and there is a separate bathroom available. There is a spacious open plan kitchen and living area and a well maintained garden for people to access. At the time of inspection there were four people living at the service and one person visiting for a trial period.

The service is required to have a registered manager. 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. The registered manager is also the provider for the service and has been in post since the service first registered in March 2016.

We identified some shortfalls in medicines management, which the registered manager addressed at the time of inspection and improved the monitoring processes to ensure medicines were managed safely.

Systems were in place to safeguard people from the risk of abuse and staff understood the action to take if they had any concerns.

Risk assessments and action plans were in place for individual risks so these were minimised.

Staff recruitment procedures were being followed to ensure only suitable staff were employed by the service.

The numbers of staff on duty were determined by the support each person required each day and were appropriate to meet these needs.

Staff received training to provide them with the knowledge and skills to care for people effectively.

The people who we spoke with and received feedback from, including people living at the service, a relative and health and social care professionals were happy with the support being provided at the service.

We found the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). People were able to come and go independently from the service and could be accompanied by staff if they so wished.

People were able to make choices with their dietary needs and were encouraged to eat healthily.

People's healthcare needs were identified and were monitored and met by the GP and other healthcare professionals when required.

Staff understood the individual support people needed and this was provided this in a friendly and caring manner.

Care records were personalised and were reviewed each month to keep them up to date.

People were able to access activities and work outside the service and there were also activities within the service that people could participate in. People's religious and cultural needs were respected.

There was a complaints procedure in place and people were confident they would raise any concerns they might have.

The registered manager wanted to provide the best service they could to support people to improve and regain their independence. They kept up to date with current good practice and provided good support to the staff and to the people using the service.

Processes were in place with additional systems being introduced to audit and monitor the service effectively.

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.

We identified some shortfalls in medicines management, which the registered manager addressed at the time of inspection and improved the monitoring processes to ensure medicines were managed safely.

Systems were in place to safeguard people from the risk of abuse and staff understood the action to take if they had any concerns.

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Staff recruitment procedures were being followed to ensure only suitable staff were employed by the service.

The numbers of staff on duty were determined by the support each person required each day and were appropriate to meet these needs.

Is the service effective?

Good

The service was effective.

Staff received training to provide them with the knowledge and skills to care for people effectively.

People were happy with the support being provided at the service.

We found the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). People were able to come and go independently from the service and could be accompanied by staff if they so wished.

People were able to make choices with their dietary needs and were encouraged to eat healthily.

People's healthcare needs were identified and were monitored and met by the GP and other healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff understood the individual support people needed and this was provided this in a friendly and caring manner.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and were reviewed each month to keep them up to date.

People were able to access activities and work outside the service and there were also activities within the service that people could participate in. People's religious and cultural needs were respected.

There was a complaints procedure in place and people were confident they would raise any concerns they might have.

Is the service well-led?

Good

The service was well led.

The registered manager wanted to provide the best service they could to support people to improve and regain their independence. They kept up to date with current good practice and provided good support to the staff and to the people using the service.

Processes were in place with additional systems being introduced to audit and monitor the service effectively.

Aram 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 24 and 27 April 2017 and the first day was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with all the people using the service, the registered manager who was also the nominated individual, and two care workers. Following the inspection we sought and received feedback from a relative, three health and social care professionals, those being a GP, a social worker and the administrator for a support organisation accessed by people using the service, who we refer to collectively as professionals in this report.

We viewed three staff recruitment records, care and medicine management records for three people using the service, policies and procedures and a selection of maintenance and servicing records.

Good

Is the service safe?

Our findings

On the first day of inspection we viewed the medicines management in the service. We carried out a stock check of fourteen boxed medicines and identified one discrepancy. The registered manager investigated this and was able to account for this as the person had missed a dose that had been signed for. All other medicine stocks we checked tallied with the number of tablets that had been signed for. For one medicine, the instructions on the boxed medicine did not tally with the dose being administered. The registered manager explained that the dose had been increased in accordance with the GPs instructions. Although all medicines were being securely stored in a metal cabinet, for one medicine that was classed as a controlled drug (CD) the medicine administration records (MARs) were completed, however the CD book had not been completed. Where people were given medicines to take with them when on leave from the service, this had been identified on the MARs but a risk assessment for this was not in place. The registered manager said they carried out an audit of all the medicines each weekend and although the stock of each medicine was recorded after each administration, the audit checks had not been highlighted as such.

The registered manager took action to address all the issues and by the second day of inspection a full audit of medicines had been carried out, assessments for people taking medicines out of the service were in place, MAR charts and medicine box labels were accurate and the CD book was in use. The registered manager had also sought advice from the dispensing pharmacist and said they would be meeting with them to discuss medicines management and monitoring, so that robust processes were put in place and followed.

A medicines policy was in place and covered each aspect of medicines management and administration procedures. All medicines received into the service were recorded and medicines were being stored securely at the service. Staff responsible for administering people's medicines were confident to do so and had received training in medicines management. People confirmed they received their medicines as prescribed and at the time of inspection staff were responsible for the administration of each person's medicines. The registered manager said they would be working with people so that as part of regaining their independence, they became confident in self-administration of their medicines.

People felt safe living at the service. A relative confirmed they felt their family member was safe living there. Safeguarding and whistleblowing procedures were in place and information about reporting concerns was displayed. Staff recognised different forms of abuse and were clear to report any concerns to the registered manager. They were confident the registered manager would take appropriate action. We asked what staff would do if for some reason action was not taken and they knew they could contact outside agencies such as social services, the police and the Care Quality Commission.

Risks were assessed so these were identified and action could be taken to keep people safe. Risk assessments were in place to identify any risks associated with each aspect of a person's care and support needs, such as mental health and well-being, anxiety, medication non-compliance/overdose/suicide, physical health and dietary needs, social networking and community access, cultural and spiritual needs, employment and training, hobbies and leisure, benefits, budgeting, domestic environment/daily living skills,

relationships and advocacy. Where risks were identified the section was completed clearly. Where there was no identified risk this was also recorded. There was also a house risk assessment covering mobility, fire, electrical, cooking, laundry and cleaning, plus a personal emergency evacuation plan (PEEP) for use in the event of a fire. This meant that risks to individuals had been identified and action plans put in place to mitigate them. Staff understood the different risks to individuals and worked with them to keep them safe whilst promoting their independence.

Accidents and incidents were recorded and staff knew the action to take in the event of an emergency. They were able to describe the emergency action to be taken in the event of someone becoming physically very unwell or if a person's mental health suddenly deteriorated, as the two required specific actions to be taken. Staff were able to demonstrate that they knew the appropriate action to take to address each type of emergency situation.

Staff recruitment procedures were being followed to ensure only suitable people were employed by the service. Staff told us that prior to working at the service checks such as references from previous employers and Disclosure and Barring Service (DBS) checks were carried out, which we saw in the files we viewed. Staff had completed application forms with accompanying employment histories, medical questionnaires and had provided proof of identity and the right to work in the UK. Some of the references had been obtained via email and were not signed, however the registered manager printed off the accompanying emails to evidence who had supplied these references. Photographs were included on copies of passports and the registered manager said she would take a photograph of each member of staff to keep on the service records, which she commenced during the inspection.

Staff confirmed there were enough of them on duty to meet the needs of people using the service. One said, "There are always enough staff." We saw the staff rota for April 2017 and this identified who and the times staff were on duty. The staffing was flexible to meet people's individual needs, for example, where staff accompanied people to activities such as attending the gym, enough staff were available to cover this. The service had flexible staffing during the day and a waking member of staff on duty overnight, so the service was being staffed at all times.

Maintenance and servicing of systems and equipment was carried out to ensure equipment was working properly and safely. Servicing records were seen for gas safety and the fire alarm, fire extinguishers and emergency lighting systems. Weekly fire alarm tests were recorded. There was a fire risk assessment in place for the service and personal emergency evacuation plans (PEEPs) for each person at the service. Monthly fire drills were carried out and recorded and any issues noted were recorded alongside the action taken to address them. There was a cleaning schedule in place and people were supported to keep their rooms clean. The service was clean and being well maintained throughout.

Good

Is the service effective?

Our findings

People and relatives were happy with the service. One person told us, "[The staff] are very well trained." Staff said they had received training and updates and we saw certificates in staff files. These included a variety of topics including depression, safeguarding, food hygiene, confidentiality, medicines in care homes and deprivation of liberty safeguards. Staff undertook the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. This had been completed by five staff and other staff were undertaking the training. Staff said they received a good amount of training and were able to request additional training if they identified areas where they required it. Staff said they received supervision every six weeks and they discussed their work and career development and goals. Staff said they felt supported in their work and demonstrated a good knowledge of people's individual needs and how to support them. The registered manager said they would be arranging annual appraisals for staff as they reached the first anniversary of their employment at the service.

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 when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. There were no DoLS at the service at the time of the inspection. This was because everyone living there had capacity to make certain decisions about their care and treatment.

Staff were clear about people's rights to make decisions for themselves and that they would offer support to people if they needed guidance with making some decisions. People using the service had signed an agreement document that staff could assist them with making decisions in their best interest if the need arose. People using the service had capacity to make decisions for themselves and were encouraged to regain their independence. They were able to go out of the service and were accompanied by staff if they wished this, otherwise they were able to come and go freely.

People's food and drink needs were being met. The registered provider carried out a weekly shop for the bulk of the food supplies. They explained that they had tried out several different supermarkets and that the people using the service had then discussed and agreed which one they preferred, which was now the regular supermarket used each week. Standard food items were purchased and people also added any items they wanted to the shopping list, for example, someone had asked for shellfish and this was on the list to be purchased. The registered manager explained they encouraged people to eat healthily and supplied all food and drink apart from snacks such as fizzy drinks, cakes and sweets, which people could purchase for themselves if wanted.

People catered for themselves individually, preparing their meals with support from staff and this helped them to develop their cooking skills. People would also eat out and places were identified that served food from people's homelands, so people could experience and enjoy these foods. The service had food and fluid charts that were used if there were any concerns about people's dietary intake. We saw where someone's intake had been monitored for a period of time and this had assisted with ensuring the person was eating properly.

People received input from healthcare professionals and their health was monitored. Everyone living at the service was registered with a local GP who would see them to meet their general healthcare needs. The GP confirmed they had no concerns with the service. People attended clinics for reviews of their mental health and for monitoring of their medicines, including blood tests where required. The registered manager and the staff were knowledgeable about people's health needs and ensuring they attended appointments for reviews of their care and treatment. The service provided a monthly report so that health and social care professionals were kept informed of people's progress at the service. One professional said, "The staff have been excellent in providing feedback and handover when I visit; they communicate effectively with [person] and are able to challenge her around her behaviour when required." They also commented "They support her in accessing primary care services as required."

Good

Is the service caring?

Our findings

People confirmed they were being well cared for at the service. Comments included, "Staff are very caring", "[The staff] are brilliant", "All the staff are very helpful and give much care and support" and "I'm happy here. I can cook. Staff are no problem for me, the manager is nice and the home is nice."

We heard staff speaking with people in a friendly and polite manner, for example we heard one member of staff say, "Would you mind signing out? Have a good day." There was a good atmosphere in the service and staff supported people without being intrusive. For example, if someone wanted to stay in their room that was their choice. If staff needed to speak with them they would ring them, such as to remind them of an appointment or event. People could also ring the staff if they did not want to leave their rooms, or they could come and speak with staff and sit with them in the communal area or in private. This meant people were encouraged to be independent, in the knowledge that staff were available to support them if they required it.

Staff were happy working at the service and comments included, "It is a relaxed atmosphere, a family atmosphere." Feedback from professionals included, "I would be happy for other service users to be placed at Aram House." Staff developed good relationships with people using the service and held uppermost the importance of supporting people to improve their confidence and wellbeing. The registered manager had identified that with some activities people got more enjoyment and satisfaction from them if they had company, so a staff member could go with them, for example attending the gym or going out for a meal. Other activities might need staff to drop the person off so they got their safely but were confident to get home again unaccompanied. It was clear that the registered manager and staff recognised and provided the individual support each person needed.

People did not need support with personal care apart from the administration of their medicines and they were encouraged and supported with regaining their independence in each area of their lives.

Good

Is the service responsive?

Our findings

We asked people and the relative who we spoke with about the support received. Comments included, "Five stars! It is definitely a good place. My [relative] has progressed a lot." "Top class, [manager] is the best" and "They encourage you to do things and help you." The emphasis of the service was on supporting people to regain independence in their lives and people were clear about this. One professional told us, "Generally, the placement provides a pleasant contained environment. The staff have achieved a good balance between promoting independence and providing support."

Support plans were in place and were comprehensive, providing a good picture of the person, their support needs and how these were to be met. The support plan covered mental health/emotional wellbeing/challenging behaviour, medication, physical health/healthy eating, social networking/community access, cultural and spiritual needs, employment/training, hobbies/leisure issues, benefits, budgeting, domestic environment/daily living skills and advocacy. The plans included the support the person would like, what they would like to achieve, how long they thought this would take to achieve, who else might be involved and the desired outcome. This provided a clear structure and the support plans were compiled with each person so it reflected their wishes and goals. People signed to agree to their support plans. The daily records were comprehensive and recorded what each person did during each shift. All the records fed into the monthly reports compiled for health and social care professionals and showed the progress each person was making in becoming more independent.

In each person's care file there was a list of 'relapse indicators' relating to people's mental health, providing an 'at a glance' description of triggers, behaviours, protective factors and management. This provided staff with clear information so any concerns could be identified and action taken to manage the situation without delay.

Taking part in activities including voluntary work was an important part of each person's day. One member of staff said about activities, "What is important to that person and having a structure specific to their own needs and wants." Feedback from professionals included, "We've been getting referrals from Aram House for the last few months. They've been making referrals to a wide range of social clubs/groups and activities which we run: social groups, peer support groups, art group and hearing voices group." The service found out about different activities and also voluntary work for people to access. People attended a gym and staff could accompany them, which made it more appealing and also provided structure to a person's day as there was an arrangement in place to meet staff there at a specific time. Some people were doing voluntary work in charity shops and felt they were supported by the staff at the service to have the confidence to undertake this work. Each person had an activities plan for the week and they took part in activities and work that interested them. They were encouraged to try different activities to gain a variety of experiences and so they could identify what they enjoyed doing.

People were able to visit family and friends as they wished and made their arrangements for this. We asked staff about people's religious and cultural needs and one said, "We respect their own choices and beliefs." People attended places of worship and their beliefs were respected by the staff who supported them with

accessing places to meet their religious and cultural needs. There were in-house activities also available such as jigsaws, arts and crafts, sewing and gardening so people could occupy their time when at the service. Everyone had collaborated on a large jigsaw that had been completed and then sealed and the plan was to display it in the service. People and staff said they had enjoyed taking part in this joint activity.

There was a well maintained rear garden and staff encouraged people to join in with gardening. They were growing a variety of vegetables and would be able to eat these once ready. The registered manager said they had allocated areas of the garden to individuals and this was currently 'work in progress'. There was a wide variety of information available via the large television in the communal room. This included music to help with anxiety, recipes that people could follow and make, a language course to help where people wished to improve their spoken English and wildlife programs that people said they enjoyed.

People said if they had any worries they would speak with the registered manager or other staff. Staff also felt able to voice concerns and one said, "I can voice my opinion. If there are any issues we discuss them and things are dealt with promptly." The service had a complaints procedure and this was displayed in the service and available to people and visitors. There had not been any complaints since the service opened.

Good

Is the service well-led?

Our findings

People and the relative expressed satisfaction with the way the home was managed. Comments included, "[Manager] is so easy to speak to; she's kind and I could speak to her and she would understand. It's hard to find someone so nice like her; she is so positive and friendly." "[Manager] is fantastic and so is her husband." The staff were also positive about the management and comments included, "The managers are very supportive", "I enjoy coming to work, I come to work because I want to", "I feel I make a difference and get positive feedback from people" and "Everything about this place is positivity."

We asked the registered manager what they felt were the most important things in providing a service to people. Their comments included, "It's about helping people feel their worth – having something to wake up for" and "A sense of leaving hospital, being in the community and being in an environment they want to live in." The registered manager was an experienced social worker, working in the field of mental health. They had identified a need to provide a service for people in long-term hospital placements who had the potential to be rehabilitated and regain their independence in the community. They had then worked with their partner to create a purpose built service to fulfil this need. The registered manager highlighted the fact people did not choose to live together and the importance of maintaining people's individuality so they each had their own activity plans and goals. However people could meet in the communal areas and come together for events if they so wished, for example, a festive celebratory meal for people and staff.

Systems were in place for monitoring the service to ensure it was being well maintained. Health and safety audits were carried out quarterly. We saw that hot water temperatures were checked and were 'ticked' to show they were satisfactory. We discussed recording the actual temperatures to evidence they were within the recognised safe range and the registered manager addressed this at the time of inspection. There was a maintenance schedule for 2016/2017 and this covered all areas of the service and identified the periodic monthly, quarterly and annual checks that were carried out. The registered manager was also introducing a set of audits to cover each aspect of the service and these were comprehensive. She explained that an external auditor would be carrying out the work to provide an independent view on how the service was functioning.

The service had a file of policies and procedures and staff signed to confirm they had read these. They had been reviewed in October 2016 and were to be reviewed annually unless any changes occurred that needed to be incorporated into a particular document. There was also an online 'staff drive' that contained useful information for staff including factsheets for different mental health disorders and reference guides for safeguarding and mental health. They also had hard copies of articles around mental health. The staff confirmed there were regular staff meetings and they were able to discuss any issues and work together to improve people's experiences.

The registered manager was a member of the National Care Association, Dignity In Care and Skills for Care organisations and could access information and received newsletters that were shared with the staff to provide them with guidance and updates. They also obtained information about courses that people could attend to improve their mental wellbeing, for example those run by the a local Mental Health NHS Trust.

We asked the registered manager about notifiable incidents and there had not been any since the service was registered. The registered manager understood the incidents that were notifiable to CQC and said they would ensure any such incidents were reported.