

Aran Homes Limited

Aran Homes Limited Head Office

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

Aran homes limited is registered to provide domiciliary care and support to people with long term mental health conditions at two houses based in Westcliffe on Sea and Haringey. There were 19 people using the service at the time of our inspection. However, the registered manager told us that only two people were in need of support with personal care. Only the provision of personal care is regulated by the Care Quality Commission.

This was the first inspection of the service that was registered in April 2017.

The service had 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.

There was good overall feedback about the service, from people using it and their relatives. We found people were treated with kindness and compassion, and that they were given emotional support when needed. The service ensured people's privacy and dignity was respected and promoted.

People's needs were identified and responded to well. The service was effective at working in co-operation with other organisations to deliver good care and support. This included where people's needs had changed, and where people needed ongoing healthcare support.

The support staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated

Staff told us they really enjoyed working in the service and spoke positively about the culture and management of the service. Staff described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

Medicines were managed safely. The provider had systems in place for the recording and storing of medicines and regular weekly audits were taking place. Medicines training had taken place for all staff.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks

had been completed before staff worked at the service.

People participated in a range of social activities and were supported to access the local community.

The registered manager and staff ensured everyone was supported to maintain good health.

Staff were well supported with training and supervision which helped them to ensure they provided effective care for people.

People and those important to them, such as their relatives or professionals were asked for feedback about the quality of the service.

The registered manager and staff knew what they should do if anyone made a complaint.

The service was well led. There was a clear set of values in place which all of the staff put into practice. The management team had developed robust quality assurance checks, to make sure standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

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 protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found that medicines were administered safely.

Good ●

Is the service effective?

The service was effective. The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Good ●

Is the service caring?

The service was caring. Managers and staff were committed to a strong person-centred culture.

People who used the service valued the relationships they had with staff and were satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Good ●

Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable

Good ●

about people's support needs, their interests and preferences in order to provide a person-centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

Is the service well-led?

The service was well-led. The service promoted strong values and a person-centred culture.

Staff were supported to understand the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service.

Good ●

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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.

This inspection took place on 30 October 2018 and was undertaken by one adult social care inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often at one of the supported living schemes as part of their managerial roles. We needed to be sure that they would be available for the inspection visit.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

During the inspection, we spoke with two people using the service and one relative, two support staff, the business manager and the registered manager.

We reviewed the care records for two people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at personnel records for three members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the

management of the service, including quality assurance processes, to see how the service was run.

Is the service safe?

Our findings

People we spoke with told us how they felt safe within the service. One person said "I feel safe staff treat me well and support me, I had a few dizzy spells and staff were very good at getting me to the hospital. There is always a member of staff to accompany me to appointments."

Staff we spoke with demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "We look out for people's wellbeing and ensure they are not harmed in any way." They explained that if they saw something of concern they would report it to their manager immediately.

Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

People had individual risk assessments to enable them to be as independent as possible and to promote and protect people's safety in a positive way. These included falls, self-harm, smoking and substance misuse risk assessments. Risk assessments were reviewed on a regular basis and information was updated as needed. Risk assessments had been signed by the person using the service or their representative.

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks

Most staff had been working in the service for some time, and staff turnover was very low, thus providing a good continuity of care for people using the service

Safe recruitment practices were in place. We saw the provider checked the suitability of staff prior to employment. Staff files had all the required documentation in place. They included two references from previous places of employment and Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.

People were supported with medicines administration. Medicines in the houses were stored in a lockable cupboard in the office. For people who required support with their medicines an administration record was kept in the staff office. Staff told us that they always signed the medication administration records (MAR) after giving medication. We looked at MAR charts and noted they were fully completed with no gaps or omissions. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. A relative told us "staff assist my mum with meds and she gets them on time."

The service protected people by the prevention and control of infection. Staff were aware of infection

control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

The service maintained a record of incidents and accidents to monitor trends and keep people safe. Each accident record showed the action taken immediately after the incident and any future action required to prevent the situation happening again.

Is the service effective?

Our findings

Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through regular staff supervisions and appraisals and we saw this in the staff supervision files. We reviewed the individual induction and training records for staff. The registered manager confirmed that suitable new staff were enrolled on an induction training programme to ensure people received continuous effective care. The registered manager told us "we don't let staff work with people until they have had all their relevant training. "One person commented "I think staff are adequately trained and staff always meet my needs in doing medicines and things like that".

Individual staff supervisions were planned. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision notes we noted supervision gave staff the opportunity to discuss any issues relating to the people who used the service, feedback from colleagues and managers and their own personal development and wellbeing.

Training records showed that staff were up to date with their mandatory training. There was also training which enhanced staff understanding of the issues which may be presented by the service user group they supported. This included challenging behaviour, personality disorders, epilepsy, bipolar and obsessive compulsive disorder.

The manager would have oversight of all staff training and reminded staff of any training was overdue. A number of staff had also been supported to gain recognised national qualifications in care and had been supported to gain promotion within the organisation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in supported living schemes, 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Mandatory training for all staff included The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People currently using the service had capacity and could make decisions about their care and support.

Staff had a good understanding of the MCA and confirmed that they had been provided with training. They said they recognised when a person's capacity to take specific decisions may need to be assessed whilst at the same time "enabling the person to take measured risks." One member of staff said they understood the need to seek people's consent before carrying out support and they demonstrated a good understanding of peoples' rights regarding choice. They told us "we ensure people make their own decisions."

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. We saw evidence on care records of multi-disciplinary work with other professionals and consultation with psychiatrists and social workers. We also saw that people were supported to go to their GP.

The service supported people to eat and drink enough and maintain a balanced diet. People were supported to shop and prepare their meals. Care plans detailed people's likes and dislikes in food and drinks. The service maintained daily fluid and food records for those who required support in this area. A person using the service told us "I get two hot meals a day and they are nutritious and delicious."

Is the service caring?

Our findings

People who used the service and their relatives were positive about the attitude and approach of the staff who visited them. Comments included, "when I need to be on my own I'm left alone and staff are always there for me." And said "staff are very kind and caring and are very talkative to mum. They help my mum with everyday tasks. Staff treat my mum exceptionally well."

Staff were clear that treating people well was a fundamental expectation of the service. One member of staff said that treating people with respect and maintaining their independence was "paramount." Staff told us that they would involve people in their day to day tasks according to their ability including light domestic tasks and laundry. A support worker told us "we encourage people to be as independent as possible for example, with their finances we encourage them to have their own bank account."

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

There was good evidence in the person-centred support plans we looked at that staff encouraged those who used the service to be as independent as possible. People's individual care plans included information about their cultural and religious beliefs daily activities,

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious.

Staff were able to describe the importance of preserving people's dignity when providing care to people. Staff told us they supported and encouraged people in closing their bathroom and bedroom doors to maintain their privacy

Staff told us that they were praised and rewarded by management for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were motivated and spoke with enthusiasm to us about how they could improve the experience of care and show compassion for people. This included being proactive about understanding when people may feel particularly sad or in need of extra attention.

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members were given. A relative said; said "I am involved in mum's care plan and what she needs, mums care plan is updated if her needs change they inform us and make any new adjustments as needed".

One member of staff told us caring was about "supporting people to be independent" and how when they

gave personal care "in a way which allows them to do as much as possible themselves."

We saw that staff did as much as they could to support people to maintain contact with their family. People had their religious and cultural needs respected and people's spiritual belief were recorded in their care plan. Staff understood that racism, homophobia or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs and gave us examples in relation to food preparation and preferences.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. The care and support people received was responsive to people's needs. Care records contained a comprehensive pre-admission assessment, which the registered manager told us formed the basis of the person's care plan. Records showed that information from the needs assessment was used to inform the care plan including the quantity of support hours. The plans contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and we saw that the service users had participated in the development of their care plan.

We found that care plans provided good information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met. They were retained safely and a copy was kept in individual's homes. The information was easy to locate, as the files were separated into individual sections for ease of access.

People's needs were being regularly reviewed by the service, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed the service had made changes to the person's support plan.

Discussions with the management team and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. For example, we saw that the service was supporting people with memory and continence issues. Records demonstrated the involvement of community health professionals where needed.

We found that feedback was encouraged and people we spoke with described the managers as "open and transparent". People confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. People who used the service told us they knew how to make a complaint if needed. We saw that there had been two recent complaints. We saw from detailed records that the complaints had been investigated by the registered manager and both had been resolved to the complainant's satisfaction. The registered manager told us that they encouraged people to express their views about the service and that they saw complaints as part of the quality monitoring process.

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the registered manager. Comments from people included "the service is very organised". And "yes the service is well-led and the staff are very attentive towards me for what I need."

One staff member told us, "The manager makes you feel comfortable you get all the help you need." Staff were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect in an open and non-judgemental way and without discrimination. When we discussed these visions and values with the management team it was clear that these values were shared across the service. Staff meetings were held regularly and staff told us the management were open and transparent and they could raise any issues they wanted to. They told us they liked working for the provider. A staff member told us "I really enjoy my job, it's a small company so you get to know people well."

Regular audits were taking place in relation to care plan documentation, medicine management, policies, accidents and incidents and general health and safety.

The managers of the service also carried out regularly spot checks the spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if support was being provided according to the person's wishes.

The registered manager was known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and could see that they were working to improve the service. Relatives confirmed that they felt able to feedback to the registered manager as and when they needed to and that the manager was responsive to their ideas and suggestions.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service. During our meeting with them it was clear that they were familiar with all the people who used the service and was very 'hands on' in their interactions with the people who used the service. Annual surveys were also recently sent out to people using the service and the responses were very positive. People using the service confirmed they were listened to, and that their support plans reflected their preferences, needs, goals and aspirations. A person using the service told us ""surveys are done on a regular basis".

Discussions with staff found they were motivated and proud of the service. We found that staff turnover was kept to minimum ensuring that continuity of care was in place for people who used the service.

The service worked in partnership with other agencies to support care provision and development. This included community mental health teams, local colleges, drug and alcohol services, and private landlords.

