

Sand Care Limited

Aram House

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

Aram House is a care home for up to 5 people who have mental health needs. There were 5 people living there at the time of the inspection. The service is operated by a private limited company, and this is their only location.

People's experience of using this service and what we found

People were happy at the service. They were safe and well looked after. The service specialised in supporting people to move back into the community after hospital with the aim of increasing their independence, skills, confidence and improving their mental wellbeing. They did this successfully and had supported people to move to their own homes. Professionals working with the service praised the work there, with one professional tell us, "This is our go to service for [people with these needs]."

People received support with their mental and physical health. The staff understood their needs and worked closely with other professionals to assess, plan for and review people's care. The staff made timely referrals and interventions when people needed support.

Risks were well managed with staff supporting people to make informed decisions about their lives and empowering them to manage their own risks. For example, people were supported to take responsibility for their own medicines, accessing the community and finances.

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.

There were enough suitable staff. They received the training and information they needed to care for people. They were well supported by the registered manager who worked directly with people and staff.

There were systems to monitor and improve the quality of the service. These included working closely with people using the service to understand their views and how they wanted to be cared for.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 11 December 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Aram House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 1 inspector.

Service and service type

Aram House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Aram House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met 4 people who lived at the service, the registered manager (who is also the director of the company) and 1 other member of staff. We spoke with 3 external professionals who work with people living at the service and the relative of 1 person.

We looked at records used by the provider for managing the service, including care records for people who lived there. We looked around the environment and observed people being supported, including support with their medicines.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguarding people from abuse. These included procedures for safeguarding and whistle blowing. The staff had training in these. They knew how to recognise and report abuse.
- People using the service were given information about safeguarding and who to contact if they had any concerns.
- There were suitable systems to support people to manage their own money. These included systems to help protect them from financial abuse.
- There had not been any safeguarding concerns at the service. The registered manager knew what to do if there was.
- People felt safe. They had often experienced challenging situations in the past before living at Aram House. The staff and registered manager understood this and offered reassurance within a safe environment. Because of people's vulnerability, there were clear rules about visitors to the house and access to alcohol and other potentially harmful substances. People had agreed to these rules.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were assessed, monitored and planned for. The staff supported people to be as independent as possible and to do things for themselves. They helped people to understand risks and plan for these. For example, accessing the local community and managing their own money. They also helped people manage risks within the home, such as independently cooking and access to cleaning products and knives. There were clear protocols for staff and people to follow to help keep them and others safe.
- The professionals we spoke with told us the service had an "excellent" approach to risk management and dealing with crisis. They explained the staff knew people well and responded quickly and appropriately when they identified a decline in someone's mental health or when their actions were placing them or others at risk.
- Some of the comments from professionals included, "Aram House cares for people with complex needs. There are risks to the person and others which the staff manage well", "One of the best things about the service is their crisis and risk management" and "They have a very good understanding of forensic needs and risks."
- The provider had systems to help reduce risks within the environment. These included checks on health and safety, fire safety and equipment.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. The staff supported people in a

person-centred way. The registered manager worked alongside staff to help support people. Staff leave and absences were always covered by the provider's own staff or the registered manager. The registered manager told us this was important because people were vulnerable and had experienced frequent changes in professionals and different services who had worked with them. They said they felt people needed consistent, familiar and knowledgeable staff to support them in their own home at all times.

- The registered manager organised extra staff to work when they were needed to support people with activities or a particular issue. Professionals confirmed this, explaining how the registered manager had supported a person overnight during a recent mental health crisis they experienced.
- There were systems for recruiting and selecting staff. These included checks on their identity and suitability. The registered manager interviewed potential staff and supported them through a comprehensive induction. During this they were able to assess their skills, knowledge, and competencies.

Using medicines safely

- People received their medicines safely and as prescribed. The aim of the service was to support people to be independent with their medicines where possible. The staff supported people to take responsibility for remembering when they needed to take their medicines and what these were for.
- Medicines were stored securely and there were suitable policies and procedures relating to these.
- We observed the staff supporting one person who took their own medicines. This support was appropriate and in line with procedures.
- There were suitable systems for receiving and disposing of medicines. On the day of our inspection, one person returned from a hospital stay. The staff carried out checks on the medicines to make sure they were aware of any changes to the person's prescription and to check the person had enough of each of their medicines.
- Staff kept clear and accurate records to show when medicines had been administered.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies, procedures, and staff training.
- Staff and people living at the service took responsibility for keeping the environment clean. There were regular checks to make sure this remained clean.
- The provider had reviewed their procedures regarding COVID-19 in line with government guidance. Staff and people living at the service were aware of these. There was enough personal protective equipment (PPE), such as gloves and masks, if people wanted and needed this. People and staff were supported to understand about COVID-19 and seasonal flu vaccinations. They were able to access these if they wanted.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. The staff had handovers of information each time they changed over. The staff also recorded important information so they could learn from each other.
- The staff worked closely with other professionals and people's care was reviewed regularly. This allowed the staff, people using the service, and professionals to review things that had gone wrong, changes which were needed and to learn together.
- We observed the registered manager discussing an issue with a person and member of staff. Together they planned how to help avoid a repeat of things that had gone wrong previously and how to keep the person safe.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People's needs and choices were assessed before they moved to the service and regularly reassessed by staff working with a team of external professionals.
- Assessments were used to help develop people's care plans.
- The professionals who we spoke with told us the registered manager carried out thorough assessments and understood people's needs well.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The provider worked with an external training company to provide a range of face-to-face training for all staff. Staff received a comprehensive induction.
- Staff felt supported because the registered manager worked closely with them. They provided individual training and mentoring as well as assessing their skills and competencies.
- There was enough information for staff to carry out their roles and meet people's needs.

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

- People had enough to eat and drink. Staff supported people to plan their own meals and what they wanted to cook and eat. The provider bought the food people requested. People then prepared their own meals and drinks. This was part of their individual plans to maintain and improve independent living skills. Staff offered support when needed.
- The provider prepared a weekly communal meal.
- The staff supported people to understand about healthy lifestyles and the importance of good diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met. The staff had a good understanding of people's mental health needs. They worked closely with other professionals to monitor changes in people's needs and make sure these were met.
- People were supported to access other healthcare appointments, such as dentists and opticians.
- The provider worked with people to help them understand about their own healthcare needs and make choices regarding these.
- Professionals we spoke with told us they felt people's needs were well met. They said the staff were sensitive to changes in people's condition and made timely referrals to get people the support and help they

needed. The staff had also responded well to emergencies, both with people's mental and physical health, to ensure people received the right support.

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

- The environment was suitable to meet people's needs. People had their own bedrooms which they could personalise. They were able to lock their own rooms. People did not have any specific equipment needs and did not have any sensory or physical disabilities.
- The communal rooms were light, comfortable, and spacious. There was suitable furniture. There was a garden which people could access if they wanted.
- People were designing and planning for one of the communal rooms to be made into a sensory quiet lounge. They were in discussions with the registered manager about the features they wanted in there.

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 MCA 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. 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.

- The provider was acting within the principles of the MCA. Everyone at the service had the mental capacity to make decisions about their lives and care. They were empowered to do this.
- Some people had been discharged from hospital with legal conditions when moving to the service. The provider worked with people and others to ensure these were understood and met.
- There were no other restrictions on people. The provider had made some agreements with people about the way aspects of their care were managed. For example, support with budgeting and medicines. There were also some house rules designed to help keep people safe, for example, specific visiting times and rules about alcohol and drug use. These agreements were regularly reviewed, and people had consented to them as part of their recovery plans.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. People were happy with their care. The relative we spoke with told us, "[Person] is happy with the service, they like the registered manager, and they are getting on well."
- People were comfortable with staff. We observed the staff treating people well, speaking with them in a kind, patient, and caring way. They offered them advice and allowed people to make choices.

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

- People were able to express their views and be involved in decisions. This was a key aspect of the care at the service with an aim for people to be empowered making decisions about their lives.
- People were involved in regular reviews of their care with the staff and external professionals. At these review meetings they made plans together.
- People were able to make choices every day about how they spent their time, what they ate and where they went.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They were able to spend time in their rooms, which they could lock. Staff spoke with people respectfully and offered them choices.
- People were supported to be independent and to gain confidence and skills. Part of people's plans for recovery included taking responsibility for different aspects of their lives, such as cooking, planning meals, remembering their medicines, and using the community independently. The staff supported people with these needs in an individual way to reflect their needs and wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received personalised care which met their needs and reflected their preferences. The professionals we spoke with all commented that the registered manager and staff had a good understanding of people's needs and the risks they experienced.
- There were numerous examples of how the service had successfully supported people to move to more independent settings, to access qualifications and work and to engage in new activities. One professional told us, "[Person] can be difficult to engage with. The staff have been quietly persistent with a proactive outcome and the person is doing well now." The relative we spoke with explained how much the person had achieved since moving to the service and how they were happy with this.
- The provider had an individual approach. People were supported to take part in regular reviews of their care to decide how they wanted and needed to be cared for.
- The provider continued to offer support for some people who had moved on. This included reassurance, support with planning and social contact. Some people who had moved on continued to visit the home when they needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. At the time of our inspection, people had the mental capacity and language skills to understand choices. Everyone understood and spoke English and could read and write. No one had sensory impairments.

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 were supported and encouraged to pursue individual leisure, social and educational activities.
- People were supported to plan their own activities and work towards a healthy lifestyle. The staff helped them develop plans and to access other services. For example, some people had been supported to apply for jobs and others had been supported to achieve qualifications.
- Whilst people spent most of their time pursuing individual therapies and activities, the provider organised some regular communal events which people were able to participate in if they wanted. These also involved

some people who had previously lived at the service and moved on. For example, a regular baking activity, communal jigsaws and games, and a visit from a therapy dog.

Improving care quality in response to complaints or concerns

- There was a procedure for responding to and learning from complaints. People were aware of this and knew who to speak with if they had any concerns.
- There had not been any complaints at the service. People felt able to speak freely to the registered manager and staff. Issues and problems were usually dealt with straight away before people felt the need to complain.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- There was a positive person-centred culture at the service. People were supported to be independent and to recover from mental health crisis. Part of this support was empowering them to make decisions and take control over their own lives. People felt well supported and happy.
- Professionals who we spoke with explained there had been positive outcomes for people. They were able to give examples of how the provider had helped people find work, undertake qualifications and to move to more independent settings. Comments from professionals included, "Aram House is the gold star standard service", "We always received good feedback from the staff dealing with the patients", "They have an individualised approach" and "I visit announced and unannounced. Each time the reception is the same, positive, and always consistent good care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour and had procedures in place. There had not been any incidents or complaints requiring the procedure to be implemented since the last inspection.

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

- The registered manager was also the owner of the company providing care. They were appropriately qualified and experienced. They worked with training providers and other professionals to keep their knowledge up to date. They had a good understanding of the requirements of legislation.
- Professionals told us the registered manager had a good knowledge of care and support for people with mental health needs. One professional commented, "[Registered manager] has a very good understanding of patients' needs"
- The provider had developed a range of policies and procedures which reflected legal requirements and good practice.
- The provider sourced an independent human resources support service, who helped to make sure staff recruitment, training and policies regarding staffing were appropriate.

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

- The provider engaged with people using the service and their representatives. People were empowered to make decisions about their lives and the home in general. The registered manager and staff supported people to become more independent in thinking, decision making and taking control of their own lives. This was confirmed by professionals who worked with the provider.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. The registered manager worked directly alongside staff supporting people and being involved in the day-to-day tasks at the home. This enabled them to get feedback from staff and people using the service, observe practice and respond when things went wrong.
- The provider had a range of different audits they carried out on the service. When they identified problems, they created a plan to make the necessary improvements.

Working in partnership with others

- The provider and staff worked in partnership with others. They worked closely with other professionals who visited the service to monitor people's care and wellbeing. Professionals we spoke with told us the staff always communicated clearly, made prompt referrals, and followed their guidance.
- One professional told us, "The staff are very proactive and are quick to alert us when things are not going well."
- The registered manager worked closely with a registered manager from another organisation, sharing good practice, guidance and lessons learnt. They collaborated to help make sure staff received a range of training and provided support for each other, including holiday and out of hours cover.