

The Candle Trust

Candle House

Inspection report

3 Hargood Terrace
Stoke
Plymouth
PL2 1DZ

Tel: 01752562026
Website: www.candletrust.org

Date of inspection visit:
08 February 2020

Date of publication:
17 March 2020

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Candle House is a residential care home providing personal care and accommodation to one person. The service is registered to provide support to one person only.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The person using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service was set up to accommodate one person and support them with their specific needs.

There were enough staff to meet the needs of the person living in the service and staff had worked there for several years. Staff were recruited safely using a robust process.

The building underwent regular safety checks and maintenance issues were resolved promptly. Risks the person faced and those they posed to themselves and others were assessed in detail and reviewed regularly.

The service was spotlessly clean, dust free and tidy. The environment was set up to encourage stimulation in some rooms and have a calming effect in others. It was highly personalised.

Staff were gentle and kind, and used touch, tone of voice and gesture appropriately to encourage and support the person living in the service.

Care plans were detailed and personalised and there were thoughtful and detailed records of support given. The person was supported to access the local community and take part in a range of activities.

The service was well-led. Regular checks were completed on the quality of the service, the day to day running was highly organised. There was no registered manager in post, but the covering manager was intending to apply for registration.

The person 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.

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.

The outcomes for the person using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The persons support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 4 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Candle 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Candle House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 observed the person living in the service during lunch and whilst being supported with an activity. We

spoke with the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included the person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safeguarding, complaints and health and safety records were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who work with the service and contacted and received feedback from three further staff.

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

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to keep the person living in the service safe and had all completed training in safeguarding adults. Safeguarding information was on display in the service.
- There was a safeguarding policy and process for reporting any concerns. There had been no concerns in this area since our last inspection.
- Restrictions placed upon the person to safeguard them from harm were carefully assessed and discussed with professionals involved in their care. One professional said, "I have no concerns about the welfare of [name of person]."

Assessing risk, safety monitoring and management

- The service had a dynamic risk assessing process which they recorded, where they would assess the weather, mood of the person, and what they needed before every activity, so they were prepared for most eventualities. One staff member said, "We made sure he is safe all time in and out of the premises...we made sure his surroundings are safe for him."
- Risk assessments regarding health and social care needs were thorough, regularly reviewed and considered the person's rights. For example, the person living in the service needed constant close supervision due to a condition which placed them at risk. Staff supervised the person but did not crowd them and allowed them to move freely around the service.
- The building was regularly checked for key safety aspects such as fire equipment and safety, gas safety, and slips and trips hazards.
- Maintenance issues were reported and actioned promptly.

Staffing and recruitment

- There were enough staff to meet the needs of the person living in the service, both when they were in the service and out in the wider community. One staff member said, "I think the staff levels are about right."
- The staff team were experienced and consistent and had all worked in the service for several years. Agency staff were not needed or relied upon.
- Recruitment records showed recruitment processes were robust and each employee had gone through application, interview, reference and DBS (police safety check) stages before starting to work in the service.

Using medicines safely

- Medicines were stored safely and in date.
- Staff were trained, and competency checked before administering medicines.
- Records to evidence the administration of medicines were all complete and up to date.

Preventing and controlling infection

- The service was spotlessly clean in all areas we viewed.
- Staff had completed infection control training and used personal protective equipment such as gloves and aprons appropriately.
- Handwashing facilities were available where needed. There were systems for chopping different foods and separating dirty laundry to ensure the risk of cross-contamination was limited.

Learning lessons when things go wrong

- The manager was reflective and open during the inspection.
- The service had learned over time what worked for the person living in the service and how to read their needs through their behaviour. This ensured they were able to learn where a support approach did not have the desired outcome.

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

- For the person living in the service their needs were holistically assessed. Their care plan was reviewed regularly but also their mood, behaviour, body language, and sounds they made to express emotion were assessed on an ongoing basis.
- The service referred to best practise guidance in its policies and had it on display.
- Staff worked together with other professionals to ensure the person's needs were met promptly and without disrupting their routine. One professional said, "I have always been very impressed by their practises...Communication is very good, both verbally and the records that they keep."

Staff support: induction, training, skills and experience

- Staff told us they felt supported. They said, "I am fully supported by my manager" and, "I feel supported from my work colleagues."
- Staff had regular supervision which was recorded. Staff discussed training needs, best practise in social care, safeguarding and the needs of the person living in the service.
- Training records were up to date and all staff had completed mandatory training well within the timescales stipulated in the service's policies. Staff had completed training in safeguarding, autism, health and safety and fire safety and equality and diversity.

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

- We observed lunch on the day of our visit. Staff cooked a delicious smelling meal from scratch the person had chosen.
- There was a record of what meals and fluids had been provided and consumed. The person living in the service was offered healthy options and supported to maintain a healthy weight.
- During meal times a staff member sat with the person to mitigate the risk of choking and to encourage them to take their time and chew their food. They were encouraging and supportive and were able to pre-empt the person's needs around food and drink.

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

- The environment had been set up to meet the specific needs of the person living in the service. The building had a bedroom, two bathrooms, a lounge, activity room, and sensory room.
- Each room had been set up to encourage specific activities the person enjoyed in line with the routine they enjoyed and helped them to feel calm. Rooms were accessorised with plants and soft furnishings and ornaments.

- Where any maintenance or building works were required, staff organised these when the person was out to ensure minimal distress to them regarding noise and strangers in their home.
- Cupboards and doors had been labelled with words and images.

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

- The person living in the service was supported to access healthcare services when they needed them.
- Staff knew the signs of when the person was unwell or in pain.
- Oral healthcare needs were assessed, and detailed guidance was available for staff on how to support the person to maintain good dental hygiene.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- A DoLS application had been appropriately applied for.
- Staff were continuously asking for consent and letting the person know what they were going to do.
- Decisions made in the person's best interests were assessed and evidenced.

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 involved as partners in their care.

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

- During our visit staff were kind, caring and considerate towards the person they were supporting. We heard lots of praise and positive reinforcement. Staff were smiling and calm. One staff member said, "I really care for him."
- A professional said, "The staff they have working there appear to have a good relationship with him and work well with him... It's a pleasure to visit and see how well [name of person] is looked after."
- Equality needs were considered and assessed. The staff team was a diverse mix of age and experience, and the cultural and ethnic background of the person living in the service was reflected in the staff team.

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

- The person living in the service was not able to express their views verbally, but they were able to indicate intention and emotion through body language and sounds they made and some gestures. Staff knew the person well and so were able to identify when the person did not want to take part in a task or if an element of their care needed to be reviewed. In this way they were able to make decisions about their care.
- The person living in the service was offered choice in what they ate that day, and what they might wear. Choices were kept simple, so the person was able to choose without becoming overwhelmed. A professional said, "There are also photos in place to assist him to make choices. He also goes out shopping and chooses his food."

Respecting and promoting people's privacy, dignity and independence

- Staff did not talk about the person they supported in front of them and were discreet in handing information over.
- Information was stored in lockable cabinets in a locked office to ensure confidentiality if any visitors should come to the service.
- The person living in the service was encouraged to complete everyday tasks for themselves with staff support for needed. Staff told us the person enjoyed hoovering. Staff had an attitude that it was their job to support the person to be as independent as they could rather than doing everything for them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has 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

- Care plans were very detailed and contained clear instruction for staff on how to provide personal care and when to ensure the person's needs were met with minimal distress.
- All staff had worked in the service for a number of years so knew how to support the person who lived there. One staff member said, "This home cater the person-centred approach. Everything we do, we think first if it's good for our service user or not."
- Care documents captured the person's likes and dislikes and the support journey they had been on in their life.

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 service had developed specific systems to ensure the person living there had their voice heard.
- There were local policies in easy read format and the menu was photographs of food the person chose each day, so they could have some control in how their day went.

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

- The person living in the service was supported to have daily contact with the local community and they went out at least once a day.
- Activities were set up in the house such as playing with a ball, listening to music, playing on the keyboard. There was a system of trays whereby the person living in the service would choose a tray to indicate which activity they would like to do.
- There was a structured timetable on display which showed a variety of community activities the person was supported to do. Daily notes evidenced staff had recorded the variety of activities they supported the person to take part in.
- There was regular family contact and the feedback between family and the service was constant, with a handover completed every time the person went home or returned to the service to ensure a continuous record of activity and interaction.

Improving care quality in response to complaints or concerns; End of life care and support

- The person living in the service was a younger adult who was not nearing the end of their life. They were unable to contribute to any care planning in this regard. The service would consult with the person's family as and when required in this regard.
- There was a complaints procedure and policy in place. No complaints had been made since our last inspection.
- The manager took any feedback from relatives seriously and implemented any suggestions that would improve the quality of care when they were made.

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 as good. At this inspection this key question has deteriorated to requires improvement.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. However, the service did not have a registered manager in post at the time of our inspection. This limited the rating to requires improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was very positive and calm and had a focus on making the person living there feel happy and be healthy.
- Positive outcomes had been achieved over time. The service understood the complex needs of the person and staff had supported them to reduce their episodes of heightened and self-injurious behaviour.
- A professional told us, "This service is well led, I have never found any fault."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager understood the responsibility to ensure all relevant parties were informed when things went wrong.
- There was a robust quality assurance system in place. Elements of care were checked and re-checked to ensure nothing was missed and care standards were high. Action was taken promptly if an improvement needed to be made.
- Although there was no registered manager in place the manager understood the regulatory requirements of the service.

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

- Staff were asked for feedback through team meetings and supervisions. Staff told us they were listened to and felt they contributed to the running of the service.
- Staff were supported around their needs too. One staff member said, "Whenever I have concerns about rotas, holidays, trainings, etc, whether she is at work or out of her working hours, she's there to help. She is very approachable in other words. She also give words of encouragement to help us grow. She also treat the staff fairly."
- The equality characteristics of people and staff were considered and assessed.

Continuous learning and improving care; Working in partnership with others

- The service worked with key professionals who were involved in the support of the person living in the service. They had a good reputation for listening to professional advice and following it.
- The manager was studying for a qualification in leadership in health and social care management. They told us they wanted to be able to do a good job before applying to be registered and part of this was studying and training, so they understood the responsibilities that a registered manager has.
- The manager was open to new learning during the inspection and demonstrated they wanted to continuously reflect on their practise and improve the service.