

House Of Light Trust Limited

Arran

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

Arran is a care home which provides care and support for up to three people who have learning disabilities or autistic spectrum disorders. The home is part of the House of Light Trust, which is a non-profit making organisation. Arran is situated near to Rotherham town centre with easy access to public transport and local amenities.

This unannounced inspection took place on 21 June 2017. The home was previously inspected in March 2015 when we rated it as 'Good'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Arran' on our website at www.cqc.org.uk

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they enjoyed living at Arran and were very happy with the care and support they received.

Systems were in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people and were able to explain the procedures to follow should an concerns be raised.

People were encouraged to be as independent as possible, while staff took into consideration their wishes, and any risks associated with supporting them. We saw people using the service received good support from staff who knew them well, and whose main aim was to support people to have the kind of life they wanted.

People received their medications in a safe and timely way from staff who had been trained to carry out this role.

The recruitment system helped the employer make safer recruitment decisions when employing new staff. New staff had received a structured induction and essential training at the beginning of their employment. An on-going training and support programme ensured staff maintained and developed their knowledge and skills.

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

People received a well-balanced diet that they were involved in choosing, shopping for and helping to prepare.

People's care files provided detailed information about the areas they needed support in and reflected their preferences, which enables staff to provide individualised care. Support plans and risk assessments had

been regularly evaluated to ensure they were meeting each person's needs, while supporting them to reach their aims and objectives in a safe way.

People had access to social activities and education which were tailored to their individual needs and interests. The people we spoke with told us they enjoyed the activities they took part in.

The provider had a complaints policy to guide people on how to raise concerns and there was a structured system in place for recording the detail and outcome of any concerns raised. This was also available in an easy to read version that used pictures to help people understand the process.

There was a system in place to enable people to share their opinion of the service provided. We also saw an audit system had been used to check if company policies had been followed and the premises were safe and well maintained.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Arran

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 was 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 21 June 2017 and was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also requested the views of professionals who may have visited the home, such as service commissioners and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were three people living at Arran. We spoke with two of them and observed how staff supported them. We spoke with the registered manager and three care workers, who all worked across the company's three homes. One was working at Arran on the day of our inspection and the other two were working at another of the provider's homes, Canna.

We looked at documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing two people's care and medication records, staff rotas, training records, three staff recruitment files, training and support records, audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. Records demonstrated that there was a risk management system in place to help to keep people safe. This included clear guidance for staff about managing potential risks to people. For instance, one person's needs had recently changed and additional aids had been introduced to assist their mobility. We also saw their fire evacuation assessment had been reviewed to take into account the change in their mobility. Another person had a risk assessment in place to minimise the risks of them having an electric kettle in their room.

We saw people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff we spoke with were knowledgeable about keeping people safe. They told us they would not hesitate to report any safeguarding concerns straightaway. They said they felt sure the registered manager would respond instantly if they raised any such concerns, but said if they did not they would take it higher up in the company or contact the local authority. Records and staff comments demonstrated that staff had received training in safeguarding of vulnerable adults procedures.

The registered manager explained to us that staff employed by the company worked across the three homes, which were all within easy walking distance of each other. We found staff worked flexibly to meet the needs of the people living at the home. A care worker told us, "It depends on the day [each day being different]. Today there is only one staff on this morning, but there will be another one later." They said this was to provide one to one support for one of the people living at Arran. They also told us the staffing numbers depended on what activities people were participating in. The people we spoke with who lived at the home were quite independent and said they felt there was enough staff to meet their needs.

There was a recruitment and selection process in place that checked potential staff were appropriate to work with vulnerable people. We found the company's formal recruitment process had been followed. This included face to face interviews, meeting people who used the service [so they could share their views on the candidates] and undertaking pre-employment checks, such as obtaining references and a criminal records check. However, we noted that the application form in use only asked for the person's last 10 years employment history, rather than a full employment history. The registered manager said they would ensure this was addressed as soon as possible.

We looked at the arrangements in place for the administration and management of medicines and found that these were satisfactory. Medication was securely stored and there was a robust system in place to record all medicines going into and out of the home. We found Medication Administration Records [MAR] were accurately completed and regular audits had been undertaken to check staff were following the company policy. We saw all staff who administered medication had received training in this topic. The registered manager told us they periodically observed staff to check they were following the correct procedures when handling medication. However, there was no formal system in place to record these periodic competency checks. The registered manager said she would introduce a formal system to record medication competency checks as soon as possible.

Is the service effective?

Our findings

We found people were empowered to be involved in decision making and they felt safe and happy living at the home. Both the people we spoke with gave positive feedback about the home and how staff delivered their care and support.

People were supported to maintain good health and to access healthcare services when needed. Records demonstrated people had accessed their GP, opticians and chiropodists, and staff had supported them to attend hospital appointments when necessary. We also saw evidence of people attending an annual medical review with their GP. People's weight and wellbeing had also been monitored regularly. Hospital assessments had been developed so that hospital staff knew how to appropriately treat and care for the person, if a hospital admission became necessary..

People told us they were very happy with the meals served at the home and they described how they were fully involved in choosing the meals they wanted. We saw one person helping to prepare lunch and snacks. Another person told us, "We all choose what we want and go shopping every Thursday. We cook meals together. I did a pasta bake last night." Staff demonstrated a good knowledge of people's specific requirements in relation to meeting their nutritional and hydration needs. They monitored what each person ate and drank to ensure they were maintaining a healthy diet and sufficient hydration.

We saw care records contained information about people's individual likes and dislikes in relation to food, as well as any particular dietary needs. This helped staff to make sure people received the diet they needed and preferred.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the mental Capacity Act [MCA]. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We saw evidence that DoLS applications had been submitted to the local supervisory body, but had not yet been authorised. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager had a good understanding about gaining consent and the process for making decisions in people's best interest, and this was reflected in the records we saw.

Staff told us people had been enabled to vote in the last general election if they wanted to. This showed staff respected people's right to vote.

The registered manager described to us how new staff completed a structured induction at the beginning of their employment. This included completing the company's mandatory training package and working alongside experienced staff until they were assessed as competent to work on their own. The registered manager said if applicable new staff were also expected to complete the company's 'Grey Matter' course that was similar to the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile

of staff working in care settings.

Training records, and staff comments, demonstrated that staff had completed the company's mandatory training, as well as some appropriate additional training. However, we noted that although staff were supporting someone with a specific medical condition, awareness training on this topic had not been provided. The registered manager said they would source suitable training as soon as possible.

Records also showed staff received periodic refresher training, one to one support meetings and an annual appraisal of their work performance. Staff told us they felt they had received all the training and support they needed. One care worker commented, "I have done lots of training either online, using workbooks, or at the training centre, and I usually have a supervision session every four to six weeks." They also told us they had completed a nationally recognised qualification in care at level two and three.

Is the service caring?

Our findings

The home had a relaxed and homely atmosphere with people going about their daily routines. For instance people were watching television, helping to prepare lunch, knitting in their room or at a day centre. Staff interacted with people in a friendly, caring manner. When speaking with staff they demonstrated genuine affection for the people living at the home, and this was reciprocated by the people we spoke with who lived at Arron. They spoke positively about the way staff supported them and the general caring atmosphere at the home. One person told us, "The staff are lovely."

People had lived at the home for a long time and were supported by a stable staff team who knew them well. Staff supported people in a responsive manner while assisting them to go about their daily lives. They treating each person as an individual and we saw people were asked what they wanted to do, giving them control over what and how things were done.

People's bedrooms were individualised with bedding, posters, family photos and mementos. They told us they had chosen the wallpaper and colour scheme for their rooms and said they had everything they needed. Staff said people were involved in cleaning their room, with their assistance. We saw bedrooms were homely and designed to suit the individual person.

People's preferences were detailed in their care plans, along with information about what was important to them. The staff we spoke with demonstrated a very good knowledge of the people they supported, their care needs, their likes and dislikes. Our observations confirmed staff knew the people they were supporting well and met their individual needs and preferences to a good standard.

People were given choice about where and how they spent their time, with staff encouraging them to be involved in activities and to make informed decisions. Staff enabled people to be as independent as possible while providing support and assistance where required. We noted that when we were talking to someone in the communal lounge the care worker asked if it was alright to turn the television sound down so it was easy to speak to people. They did not just turn it down without consulting them.

Staff described how they respected people's privacy and dignity by allowing them time on their own and valuing their opinions and preferences. We saw people freely went to their room or out into the garden when they wanted to. Staff knocked on doors and waited for a reply before entering. We also saw staff spoke with people discreetly when discussing personal information. A member of staff from a day centre used by one of the people living at the home had commented positively about how staff supported people. They wrote, "They [staff] treat all residents with dignity and respect. The staff always have time for the clients, interact kindly with them, value each person as an individual."

We saw people had been helped to maintain relationships with people who were important to them. Staff said relatives and friends were welcome at the home and there were no restrictions on times or lengths of visits.

We saw care files discussed people's wishes in connection to death and dying. One person described to us how staff had provided "Excellent support" to them when they had a bereavement in the family. They said they could not have managed without their support adding, "They helped me through it all."

We saw people were given information about how the home intended to operate, such as the complaints procedure. These were also available in an easy read version with pictures to help people understand what was being explained. We saw people had also been given information about accessing an independent advocate service if they needed one. Advocates can represent the views and wishes of people who are unable to express their wishes.

Is the service responsive?

Our findings

The people we spoke with all said they were very happy with the care and support staff delivered. They described how staff supported them as they wished and responded to their preferences and changing needs. For instance, one person told us how staff had supported them to visit the district nurse to enable them to better manage their medical condition.

Each person's care file detailed the care and support they required, as well as their preferences and daily routines. People told us they had been fully involved in developing their support plans and had, had the opportunity to discuss them regularly with the registered manager and care workers. Support plans were person centred and clearly involved people who used the service, as well as other people relevant to their care, such as health care professionals. We also saw mini goals had been set each month following discussions with people. These showed staff were considering what people wanted to do and helping them to achieve their desired outcome.

Support plans and risk assessments had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made as and when required. We saw records were maintained about how people had spent their day, what they had enjoyed doing and any changes in their wellbeing.

People were involved in a wide choice of activities that were tailored to their preferences and needs. Each person had an activity plan which gave staff information about what activities they liked to do. For example, attending church services or the day centre, gardening and crafts, we also saw people went on holiday individually or as a group. People indicated they enjoyed the activities they took part in. One person showed us their knitting saying, "I am knitting for the staff, or friends of the staff, who are having babies. I love doing it and it's useful." They also told us they enjoyed spending time in the garden growing vegetables and soft fruits. Another person said they were hoping to enrol on a college course in September.

A representative from the local authority told us, "The residents are always doing some kind of activity and are out of the service on a regular basis with staff. They have lots of community and dignity weeks. I have spoken to resident's relatives and they couldn't praise the service enough."

There was a complaints procedure which was available to people living and visiting the home, this was also available in an easy to read pictorial format. The registered manager told us no complaints had been received. However, we saw a system was in place to record any complaints received and the outcomes. People were regularly involved and consulted about how the home was run and asked about their satisfaction in the service provided. During our visit they told us they had no complaints or concerns.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. Throughout our visit we saw the registered manager was involved in the day to day operation of the home and took time to speak to people using the service and staff. They told us they regularly worked alongside staff so they were able to assess how staff were working and how individual people using the service were that day.

The registered manager told us the ethos of the home was to be, "A home from home and to give people a sense of belonging." They said they gained people's views in a number of ways, such as daily interactions with people, 'resident house meetings' where they discussed menus and outings, and periodic questionnaires. In addition to the 'house meetings' we saw people were also encouraged to take part in a 'Residents Forum'. This meeting was attended by representatives from all three House of Light Trust services. The registered manager told us the forum looked at broader topics such as company social events, updates on safety. They said guest speakers also sometimes attended to discuss subjects such as decision making. The people we spoke with confirmed they enjoyed attending these meetings.

The summary of the 2016 survey of people using the service, relatives and staff at the trusts three services, showed that people were very happy with how the home operated. We also sampled eight questionnaires recently completed by professionals who worked with the home to support people. They all contained positive answers to the set questions giving the home an 'excellent' ratings across the questions. One person from a day centre used by people living at the homes said, "Throughout my dealings with the House of Light team I have always found the team to be welcoming, engaging and they have always displayed a strong ethos of having their service users interests at heart."

The people we spoke with said they were very happy with the support provided and how the home was run. Neither of the people we spoke with could think of anything they would want to change at the home.

There was a friendly, homely, inclusive atmosphere present throughout our inspection. We saw staff knew what their roles and responsibilities were, and carried them out appropriately and efficiently. Staff said they worked well as a team. One care worker told us, "This is a family orientated service. Staff move round [all three homes] but work as a team."

It was clear from talking with staff that the registered manager led by example, to provide a good quality service to people. Staffs views were captured at staff meetings, one to one discussions and informally during the working day. We also saw the provider gained the views of staff, as well as relatives and professionals who visited the home, in an annual survey. When we asked staff if there was anything they thought could be changed to make the home better, no-one identified anything they would change.

There was a system in place to make sure policies and procedures had been followed. This included audits on health and safety topics such as infection control, medication practices and the general environment. This enabled the provider to monitor how the service was operating and staffs' performance. We saw the

registered manager had introduced a new audit tool which summarised areas that needed addressing from each area checked. This produced an analysis of the findings and an action plan to remedy any areas needing attention. However, although there was clear evidence that the audits had taken place and action taken to address any shortfalls, there was no clear process to show exactly what was checked each time. We discussed this with the registered manager who said they would review and revise the documentation used to provide a better audit trail.

The registered manager told us one of the trustees visited the home each month to check how the home was operating and offer support to the registered manager. This provided another layer of auditing to ensure the home was meeting company expectations.

The registered manager told us that in May 2015 the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen areas throughout the trusts three homes. This is the highest rating achievable.

The local authority told us that following their audit of the provider's services they made several recommendations of improvement, mainly regarding record keeping. We found the provider had taken action to address these and was working on further improvements.

To improve how the company operates and keep up to date with good practise the registered manager told us, "We have retained Investors in People for over 15 years, feedback shows that managers lead by example and that they promote an atmosphere where staff feel respected, motivated, well led, included in decision making and that they are approachable." Investors in People is a recognition award that an organisation undertakes to looks to improve performance and realise objectives through the management and development of its staff.

The registered manager also told us, "Managers are members of A.R.C. [Association for Real Change] to keep up to date with current changes in best practice. A.R.C is an umbrella body representing service providers in the learning disability sector. Their purpose is to improve the quality of life for people who have a learning disability by supporting anyone who is involved in the planning or delivery of support and services.