

Aroha House Limited

# Aroha House Limited

## Inspection report

15 Smithay Meadows  
Christow  
Devon  
EX6 7LU

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18 December 2018

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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

### Care service description

Aroha House is a supported living service for five people with learning disabilities. It is in a residential area in Exeter. People are supported to be independent and take part in activities within the community. People who use the service are supported with some aspects of personal care. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living; this inspection only looked at those people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Why the service is rated Good.

People were supported by a staff group who knew them well, understood their needs and wishes and worked in a way that ensured a person-centred approach. Staff were skilled in understanding people's complex needs and individual ways of communicating.

Staff received good training and support to enable them to deliver safe and effective care and support. There were always sufficient staff to meet people's needs. The staff worked flexibly to enable people to enjoy a variety of outings and social events. This including the provider running some social groups for people with learning disabilities as there were limited activities available for people to have opportunities to meet up with their friends in a safe environment.

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 supported this practice.

Staff understood about abuse and who to report any concerns to. People were protected as the provider had a robust recruitment process which ensured only staff who were suitable to work with vulnerable people were employed.

People's healthcare was carefully monitored and the service worked in conjunction with health care professionals to ensure people's healthcare needs were being well met. Risks were managed well and reviewed on a regular basis.

Each person had their own care plan which was written in a format they could understand, with pictures and symbols where needed. Plans detailed what people enjoyed doing and what staff needed to know to help them stay well and safe. This included ensuring people had a healthy balanced diet.

People enjoyed a wide variety of activities which suited their individual needs and considered their diversity.

Staff supported people in a caring and compassionate way. They celebrated people's individuality and personal achievements. There was a great deal of warm and caring interactions, showing staff and people had strong bonds.

There were effective systems in place to review the quality of care and ensure people's safety.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Aroha House Limited

## **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 was a comprehensive inspection and was completed on 18 December 2018. We gave the service short notice of the inspection visit because the location provides a supported living service for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was completed by one adult social care inspector.

Prior to our inspection, we looked at all the information available to us. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law.

We also reviewed the service's Provider Information Return (PIR). This is a form that is completed at least annually. It asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we spoke with four people. We spoke in depth to the registered manager and three care staff. We received feedback from one independent advocate.

We looked at three care files including risk assessments, care plans and daily records. We reviewed medicines records, three recruitment records and a variety of records relating to the auditing of the environment and quality of care.

# Is the service safe?

## Our findings

The service remains safe.

People we spoke with were unable to comment directly about whether they felt safe at Aroha house, but it was clear from their relaxed manner people felt comfortable and safe. People did say they liked living at the service. One person said, "I love it here." Another said, "I do like it here."

The service ensured there were sufficient staff available throughout the day and night to meet people's needs. This meant there was always a staff presence and numbers varied depending on what was planned for each person to do. Staff confirmed the staffing levels varied according to the activities and outings they planned. They agreed there was always sufficient for the needs of people living at the service. There was a stable staff team who knew people well.

People were protected from abuse because staff understood the types of abuse which might occur and who they should report any concerns to. Staff had received training on this and knew there was policy with contact numbers to refer to if needed. There had been no safeguarding alerts in the last 12 months.

Each person had risk assessments completed and staff regularly reviewed in all aspects of their health and wellbeing. These were individualised and guided staff on what to do to minimise risks which had been identified. For example, one person was at risk of their mental health deteriorating if their physical health was not monitored closely. Staff had been directed to watch for signs and symptoms and to seek medical help promptly when needed. Another person had developed dementia. Their risk assessment looked at ways of ensuring they maintained a level of independence but also kept them safe.

People received their medicines safely and on time as prescribed. The service had secure storage and ensured that medicines records were accurately maintained. A monthly audit was undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date. Staff confirmed they had received training on safe administration and recording of medicines. They said the registered manager often worked alongside them so their competencies were checked.

Recruitment processes were effective and ensured only staff who were suitable to work with vulnerable people were employed. Checks included references from previous employers and Disclosure and Barring Service (DBS) checks. People were actively involved in interviewing staff so they would be happy with the staff recruited to support them in their home. Staff

## Is the service effective?

### Our findings

The service remains effective.

People received effective care because staff had a good knowledge and understanding of people's needs, wishes and well-being. The registered manager had known people for a long time and was able to describe their changing needs as they got older which had increased. For example, one person had developed dementia. The registered manager and staff had received training and were following best practice in terms of dementia care. They described how the person was reluctant to eat so they tried using a red plate and this was working to good effect. Studies have shown that people with dementia respond to bright colours.

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. Where people lacked the mental capacity to make decisions the registered manager and staff understood and followed the principles of the MCA. Care records and care plans showed that where needed, best interest decisions were made in conjunction with family and health care professionals. This included where a person's health and memory had deteriorated. The service also made good use of an independent advocate. This ensured that where people did not have family to support them in making important decisions, their interests were still protected. The advocate had spent time getting to know the person and could therefore act in their best interest.

Staff had good opportunities to learn new skills and expand their knowledge via regular training and through supervisions. Staff confirmed they believed the training and support provided by the service enabled them to provide safe and effective care. One staff member said, "We are always offered training to help us, all the basics are covered such as health and safety and we also have the opportunity to do other training, such as the diploma in health and social care." One staff member said they had recently completed a six-month dementia course. They said this had helped them understand how the changes to one person might be affecting them and how they could support the person to maintain their independence.

New staff were offered and encouraged to complete the Care Certificate. This is a national set of standards which helps new staff to understand the principles underlying good care. In addition, new staff were given opportunities to shadow more experienced staff until they were familiar with the running of the home and the systems being used. One staff member said "The team here are very supportive. I did know the people from other work I had done, but had not worked in residential work before. I felt very well supported right from the start."

People were supported to maintain a healthy balanced diet. Each week people chose their menus for the week. The registered manager said people had been given the opportunity to shop and eat separately but had chosen to eat together and share meal preparation and washing up. A rota had been agreed so people shared these tasks with support from staff. People said they enjoyed the meals and liked eating together.

People's likes and dislikes were taken onto account. Where people were at risk of poor nutritional intake, staff monitored this closely and encouraged small meals and regular snacks to help them maintain a healthy weight.

People's healthcare needs were well met. Care files showed there was evidence of good partnership working with healthcare professionals to ensure people's needs were being met. For example, for one person there was close working with the person's GP and hospital to ensure their health was closely monitored.



# Is the service caring?

## Our findings

The service continues to be caring

People said they liked the staff who worked with them. When asked people confirmed staff knocked on their bedroom door before coming in. It was clear from our observations that people had close and caring relationships with staff. People were comfortable and shared a cuddle with staff members. There was a very relaxed and happy atmosphere in the house. People talked about getting ready for Christmas and showed us their Christmas tree and other decorations. They had enjoyed carol singing together over the previous weekend.

Staff were skilled at understanding people's communication, including nonverbal cues. Some people used signing to help them communicate and staff were at ease and signed with them to show they understood what they were saying. Staff quickly picked up on people's cues when they appeared to become uncomfortable or were finding the noise too much. Staff asked the person if they wanted to go and spend some time looking at some of their favourite photos in a quiet area. The person responded positively to this.

Relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. They were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. Some staff had completed additional training to better help them understand people's changing needs and health conditions. It was clear staff were compassionate and caring towards each individual. When talking about people, staff spoke passionately about their achievements and ensuring they had fulfilling lives.

People's privacy and dignity was respected at all times. Staff described ways in which they worked to ensure people's dignity. Personal care support was always completed privately and discreetly. Staff said they worked in a way which ensured people maintained maximum choice and independence in all aspects of their daily lives. Staff were kind and considerate in the way they worked with people. They showed empathy when people needed additional support.

There were strong bonds between people and staff. It was clear that people were at the heart of the service. The registered manager explained that she had set up the service to enable this group of people to remain living together. She remained committed to ensuring they continued their long standing and enduring friendships together. She explained that this had been "tough at times due to local authority cut backs", but she was determined to keep their "family group together."

## Is the service responsive?

### Our findings

The service continued to be responsive.

People said staff responded to their needs. For example, one person said, "Staff take me out to gateway club, to the shops and help me."

The registered manager and staff understood the importance of ensuring people had fulfilling and active lives. This was evident in people's weekly planners. They showed people had a wide variety of activities and outings to keep them engaged and be part of the local community. The registered manager explained that there were dwindling opportunities for people with learning disabilities to meet up with their friends so she and the staff group had set up a weekly social club and a craft group once a week. These were open to other people with learning disabilities and had proved to be very successful. People confirmed they really enjoyed going out to these social groups to meet up with friends.

People enjoyed accessing the local community for meals out, coffee and to shop. Most people needed some support to access the local community safely. Staffing was flexible to ensure their needs and wishes were being met.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's communication and sensory needs. All staff were able to sign to communicate with people. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's ways of expressing themselves in verbal and non-verbal ways. Pictures, symbols and photos were used every day to help people be familiar with their day and activities which were planned.

People's care and support was well planned. This was because there were clear care plans which instructed staff how to best support someone with their personal care, emotional and healthcare needs. Staff confirmed they used plans to help them understand people's needs. Plans ensured people had person centred care because it gave good details for staff to understand their likes, dislikes and preferred routines. People were involved in the review and development of their plans. People had a copy of their plan in their bedroom. They were in easy read format and used pictures and photos to help people understand them.

The service had a complaints process with written details of who people could make their concerns and complaints known to. This was in an accessible format to help people understand the process. There had been no complaints in the last 12 months. People said they could talk to staff about anything which concerned them. There was also an independent advocate they could talk with if needed.

## Is the service well-led?

### Our findings

The service remains well led.

The registered manager was also the provider. She had set up this service to enable a group of people who knew each other well and had lived together for years to remain as one group. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was passionate about the ethos and values of ensuring people had fulfilling lives in a safe and homely environment. Staff understood the visions and values and showed a similar passion for ensuring people had choice, respect and the right support to remain independent. Staff talked about how they worked well as a team to provide consistent care and support in a caring environment. They talked about people's changing needs and how they worked as a team to plan for their future. In particular they were passionate in working together to ensure people's friendships were maintained. It was clear staff and the registered manager valued people, upheld their rights and advocated on their behalf for the best service they could offer.

People were involved in all levels of the running of the home. There were regular meetings where people were asked their views. They were asked their views about potential new staff. People were encouraged to be involved in choosing colour schemes for the home, menu planning and future outings and activities.

Staff said the management approach was open and inclusive. They believed their views and opinions were valued. One staff member said, "We work really well as a team, even (name of registered manager) mucks in, we all work hard to ensure people here get the best care we can give them."

There was good partnership working with the learning disability team, hospital and other healthcare professionals to ensure people got the right care and support. The service worked with other health and social care professionals in line with people's specific needs. This enabled the staff to keep up to date with best practice, current guidance and legislation. The care files showed there was a variety of professionals working together to meet people's needs. For example, GP, clinical psychiatrist and advocate. Regular medical reviews also took place to ensure people's current and changing needs were being met. The provider worked with the local authority to review people's needs and to ensure their individual packages of care reflected their assessed needs.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect changing needs. For one person this meant detailed and careful monitoring of their general health and wellbeing, as this could quickly affect their emotional wellbeing.

Systems were in place to review the quality of care and support as well as ensuring the environment was kept clean and safe for people. For example, where monies were held for people, regular audits were completed to ensure the records and amounts held were correct. We check these and found the records and amounts tallied.

The registered manager understood the responsibilities to report on any significant events or incidents. There had been no delay in reports to CQC.