

# House Of Light Trust Limited

## Canna

### 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

Canna is a care home which provides care and support for up to four 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. Canna is situated near to Rotherham town centre with easy access to public transport and local amenities.

We inspected the home on 21 June 2017 and the visit was unannounced. The home was previously inspected in March 2015 when we rated it as 'Good'. At this inspection we found the service remained 'Good'.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Canna' on our website at [www.cqc.org.uk](http://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.

All of the people we spoke with who lived or were visiting Canna spoke positively about the home, the staff, the food, the activities and the care provision.

Systems were in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people from abuse and risk assessments were in place to keep people as safe as possible.

People received inclusive, caring and mindful support from staff who knew them well and whose main aim was to support people to have the kind of life they wanted. People were encouraged to be as independent as possible while maintaining their safety.

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

There was a structured recruitment system in place to help the employer make safer recruitment decisions when employing new staff. Staff had undertaken a structured induction and essential training at the beginning of their employment. This was followed by periodic refresher training and on-going support sessions.

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 were fully involved in choosing the meals served at the home. They also took part in food shopping and helped to prepare meals.

Care files provided detailed up to date information about the areas people needed support in and reflected their preferences, which enabled staff to provide care and support that was tailored to their individual needs.

People had access to social activities that were based around their interests and hobbies. They told us they enjoyed the activities and outings 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?

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.

# Canna

## 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.

An adult social care inspector carried out the unannounced inspection on 21 June 2017.

Prior to the inspection visit we gathered information from a number of sources. For instance, we looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at any notifications sent to the Care Quality Commission. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals 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 four people using the service. We spoke with three people living at the service and a visitor. We also spent time observing how staff supported people during our visit.

We spoke with the registered manager and three care workers, who all worked across the company's three homes. Two were working at Canna on the day of our inspection and the other care worker was working at another of the provider's homes, Arran.

We looked at two people's care files, as well as records relating to the management of the home. This included minutes of meetings, medication records, three staff recruitment, training and support records, as well as quality and monitoring checks carried out to ensure the home was operating to expected standards.

# Is the service safe?

## Our findings

People we spoke with told us they felt the home was a safe place to live. We saw risk assessments were in place to reduce areas where people may be more at risk such as, the use of bath mats when bathing to minimise the risk of slips and falls. We also saw there were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home.

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 had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse that could take place and their role in reporting any concerns.

The people we spoke with who lived at the home said they felt there was enough staff available to meet their needs. This was confirmed by the visitor we spoke with. The registered manager told us staff employed by the company worked across the three homes, which were all within easy walking distance of each other. We saw staff worked flexibly to meet the needs of the people living at the home. Staff told us staffing numbers depended on what activities people were participating in and if any one to one individual support was needed. One care worker said, "There are usually two staff on duty at Canna and that's fine." Another care worker told us, "We do the cooking and laundry [as part of supporting people], but there is plenty of time, and we can get support from the other homes [if additional help is needed]."

The company's recruitment and selection process helped to make sure potential staff were suitable to work with vulnerable people. The registered manager described the recruitment process which 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.

The arrangements for the administration and management of medicines 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

People we spoke with gave positive feedback about how staff supported them. One person told us, "I'm happy here, yes it's nice. A relative commented, "It is a really empowering place [Canna]. [Person using the service] has been enabled to make decisions and express if he is happy, or not, with things. Before he came here that was not the case."

We found staff had the right skills and knowledge to meet people's needs. 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 showed that staff had completed essential training, as well as some appropriate additional training. This was confirmed by the staff we spoke with. 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. We saw the company encourage staff to complete a nationally recognised qualification in care at levels two and three. One care worker told us, "The training is good. I have completed all the mandatory training and got my level three diploma [in care] last year."

People were supported to maintain good health and to access healthcare services when needed. Records sampled showed that people had accessed their GP, opticians and chiropodists as needed. 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 happy with the meals provided at the home. They described how they were involved in choosing menus, with some people helping to prepare meals. A care worker told us, "We all sit down on a Sunday night and decide the menu for the week. If someone doesn't want to join the meeting we ask individuals afterwards." We saw one person helping themselves to a drink. They told us, "Someone in the home goes shopping and staff help prepare the meals." We saw another person eating a yogurt as a snack. Staff told us people could help themselves, or ask for snacks at any time between the planned mealtimes.

Staff demonstrated a good knowledge of people's specific requirements in relation to meeting their

nutritional and hydration needs. They described how they monitored what each person ate and drank to ensure they received the correct nutrition and hydration. One person told us they preferred small meals, and staff respected that.

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 they had completed training in this subject saying it had increased their knowledge on supporting people appropriately.

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.



# Is the service caring?

## Our findings

Canna had a homely atmosphere with people who lived there and the staff working together as a team. Everyone displayed a genuine affection and caring for each other and talked at ease with each other. One person living at Canna told us, "It's nice here." Two other people described the staff as 'kind'. A relative complimented the care and support staff provided adding, "[Person using service] is very happy here, really settled."

People had lived at the home for a long time and were supported by a stable staff team so they knew the people they were supporting well and met their individual needs and preferences to a good standard. 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. We saw they treated each person as an individual and respected their wishes and ideas.

We saw people's bedrooms were homely and designed to suit the individual person. Each room we looked at had a different décor, as well as family photos and mementos. Staff said people were involved in cleaning their room, with their assistance.

People were given choice about where and how they spent their time and what they ate. Staff encouraged people to be involved in activities and to make informed decisions. We observed staff encouraging people to be as independent as possible while providing support and assistance where required. For instance, when one person who lived at the home made themselves a cup of tea they asked everyone present if they would like one too. A care worker "It's important for people to feel part of the team, they make drinks, set the table and do jobs such as drying the pots."

Staff respected people's privacy and dignity by allowing them time on their own when they wanted to be and valuing their opinions and preferences. We saw people freely went to their room or out into the garden when they wanted to. A care worker told us, "I encourage people to close bathroom and bedroom doors and remind them [people living at the home] of the ways to do things [to save embarrassment]." A member of staff from a day centre used by people living at the House Of Light Trust had completed a survey for the provider in which they commented positively about how staff respected people and treat them as individuals.

People were encouraged to maintain relationships with people who were important to them. A relative we spoke with who had just returned from an outing with their family member told us their family visited regularly. They said there were no restrictions on times or lengths of visits or outings. They added, "Staff care about service users and families. I never feel I am in the way while visiting."

People's care files included information about people's wishes in connection to death and dying. The registered manager told us this was a subject they tried to approach with people, but respected their wishes if they preferred not to discuss it. We saw some staff had completed end of life training to help them support

people better.

People had access to information about how the home operated, such as the complaints procedure. These were also available in an easy read version with pictures to help people understand what was being explained. Information about accessing an independent advocate service was also available should anyone need to use one. Advocates can represent the views and wishes of people who are unable to express their wishes.

## Is the service responsive?

### Our findings

People who used the service and a visiting relative told us the service was responsive to people's needs. For instance, people told us that they had been involved in planning their care and setting aims and objectives. In people's rooms we saw posters highlighting the person's hopes and dreams for the coming year and staff told us how they were helping them to meet these. A relative told us, "The staff are all approachable. You can call about anything and they always get back to you straight away. The manager discusses things with [person living at the home] and the family, but he makes decisions about his life rather than someone else making them for him."

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 the opportunity to discuss their support plans regularly with the registered manager and care workers. Support plans were person centred and clearly involved people who used the service. We 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 and educational opportunities that were tailored to their preferences and needs. Care files contained activity plans which gave staff information about what activities they liked to do. For example, one to one time with care staff, family outings, house shopping, bowling and attending the local centres such as 'Speakup'. Speakup is a self-advocacy organisation run by and for people with learning disabilities and/or autism. The organisation's main aim is to ensure that people with learning disabilities and/or autism are valued and included within society. Two people told us they were going on a trip to Blackpool shortly, which they said they were really looking forward to. Another person said they enjoyed swimming and showed us all the swimming certificates they had been awarded.

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. No-one identified any complaints or concerns during our visit.

## 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. Staff told us the registered manager was supportive and approachable. One care worker said they felt they were able to highlight anything they felt could be changed for the better. They added, "She [registered manager] is easy to talk to."

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 and guest speakers 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 professional 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. None 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 and could not think of anything they would change. One care worker told us, "No, I like it as it is."

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.

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.