

The Candle Trust

Candle House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Candle House is registered to accommodate one person who may have a learning disability. The provider was given 48 hour's notice because we needed to be sure that someone would be in.

There was a registered manager in post. 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 well respected by staff and relatives. The registered manager is currently training an acting manager who will register with us when they have obtained additional qualifications. The present registered manager will then step down from that role but will remain on the board of trustees.

At the last inspection, the service was rated Good overall. However it was Requires Improvement in Effective because people were not assessed in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards as required.

At this inspection we found the service Good in all areas.

Why the service is rated good:

People continued to receive care from staff who had the skills and knowledge required to effectively support them. People were in the process of having their capacity assessed in line with current legislation. Staff and relatives confirmed any issues where discuss and made with peoples best interest at the forefront of any decisions. Staff were well trained and competent. 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. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

The PIR stated; "Staff ensure they are as discreet as possible with this support, whilst ensuring the service user is kept safe. The service user chooses the activities he wants to do and the food he wants to eat. This is discussed with him in pictorial form, to ensure, as far as is possible, that he is making an informed and understood choice."

People remained safe at the service. A relative said; "Yes they are safe because there are two staff with them at all times." There were sufficient staff employed to meet people's needs and support them with activities and trips out. Risk assessments were completed to enable people to remain as independent as possible. People received their medicines safely.

The staff were very caring and people had built strong relationships with them. We observed staff being

patient and kind. People's privacy was respected. People or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices about their day to day lives. Complaints were fully investigated and responded to.

The service continued to be well led. Staff and a relative told us the registered manager was approachable. The registered manager and provider sought people's views to make sure they were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

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 remained Good

Is the service effective?

Good ●

The service was now Good because;

People's human rights were respected. Staff had received training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff and understood the requirements of the Act which had been put into practice.

People received support from staff who had the knowledge and training to carry out their role.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet.

The service used a range of tools to communicate with and support people.

Is the service caring?

Good ●

The service remained Good

Is the service responsive?

Good ●

The service remained Good

Is the service well-led?

Good ●

The service remained Good

Candle House

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 checked 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 was a comprehensive inspection, it took place on the 5 August 2017 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider completed a 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.

People who lived at Candle House had some communication difficulties due to their learning disability and associated conditions such as autism. Although people used symbols and pictures to aid their communication, people were not able to understand and provide feedback about their care and experiences living at Candle House. We spent time with people in the communal parts of the home and observed people being supported by staff and going about their daily routines.

During the inspection we met with the person who lived at the service. The acting manager was available throughout the inspection and we arranged to speak to the registered manager on another date. We looked around the premises and observed staff interacting with people. We spoke to one relative and two members of staff.

We looked at records relating to the individual's care and the running of the home. This included care and support plans, two staff personnel files, records relating to medicine administration and of the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care. People were unable to tell us verbally if they felt safe living in the service. However, we saw people were relaxed and happy with staff supporting them and comfortable with the interaction from the staff. One staff member said; "Safe- Yes because they have two staff with them 24 hours a day." A relative said they felt people were safe and well cared for at Candle House.

People were protected by staff who knew how to recognise and report signs of possible abuse and all staff completed safeguarding training. Staff said they would have no hesitation in reporting any concerns to the management team or the local authority. Staff were confident that action would be taken to protect people.

People's risks of abuse was reduced because there were suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People had two-to-one staffing to support them. There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's needs, support them and spend time with them doing activities.

Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. People identified at being of risk when going out in the community or any risk relating to the environment had up to date risk assessments in place. For example, where people may place themselves at risk, there was clear guidance in place for staff managing these risks. People had risk assessments in place regarding their eating due to a high risk of choking.

The PIR stated; "Risk assessments are in place for activities undertaken by the service user. These risk assessments respond positively to risk and look at putting in control measures, where appropriate, that are the least restrictive option."

People received their medicines safely from staff who had completed training. There were systems in place to audit medicine practices and clear records were kept to show when medicines had been administered.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Is the service effective?

Our findings

At our inspection of 3 July 2015 we found that people had not had an MCA assessment completed or DoLS application made or authorised. We asked the provider to take action. We found at this inspection people were in the process of having their capacity assessed.

The service now provided people with effective care and support. Staff were competent in their roles and had an excellent knowledge of the individual they supported which meant they could effectively meet their needs.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make as many day to day decisions themselves. This was with the use of pictures and objects. Where decisions had been made in a person's best interests these were fully recorded in care plans. One relative said are always involved in any decision about their relatives care. This showed the provider was following the legislation to make sure people's legal rights were protected.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and were in the process of making applications for people who required this level of support to keep them safe.

People were supported by staff who had been well trained. Staff told us they were provided with plenty of training and in subjects relevant to the people who lived at the home, for example autism, epilepsy and PICA training. PICA is an eating disorder, which is characterised by persistent and compulsive cravings to eat non-food items. There was a clear link between risk assessments, care planning and staff training to ensure staff could effectively meet people's individual needs. Staff confirmed they received supervisions and had yearly appraisals.

The PIR states; "Regular meetings with individual staff encourages sharing of ideas. Regular meetings with individual staff members promotes a sense of support and being valued."

People had their health monitored to make sure they were seen and referred to appropriate healthcare professionals to meet their specific needs.

People were able to make choices about the food they ate. People had input into their own menu planning with some staff support. They were encouraged to help prepare their meals and went shopping for their own food. Where there were concerns about people's diet and food consistency staff had sought advice from relevant professionals. For example, speech and language therapists to ensure they had the right guidance.

The environment was well maintained and had been organised in a way that supported people's specific care needs.

Is the service caring?

Our findings

Candle House continued to provide a caring service to people. People had lived at the service for a number of years and had built strong relationships with the staff who worked with them. There was a calm and relaxed atmosphere and people appeared very comfortable with the staff working with them. Relatives told us the staff were very caring and they were very happy with the staff supporting their relative. A relative said; "This service was set up just for [...] and they are very settled and happy here."

People's living area had been personalised to reflect their tastes and personalities. People had unrestricted access to their rooms. They were also able to spend time with their families in them.

People choose how they wanted to spend their days. A pictorial diary was used to assist people choose what they wanted to do. Staff supported people to be in control of their every day care as much as possible. Staff also supported them to make choices that encouraged them to be as independent as possible. Staff knew people well and were able to communicate effectively with them. This ensured people were involved in any discussions and decisions. Staff respected people's need for privacy. Staff supporting people were observed to be interacting well and appropriately.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis. Personal representatives, for example family members or health care professionals attended review meetings. Everything that happened in the service was discussed with people's family.

People's privacy and dignity was maintained. The PIR records; "When delivering personal care staff ensure the service user is aware of what they are doing and encourage the service to be as independent as possible in all personal care tasks."

Is the service responsive?

Our findings

The service continued to be responsive. People were well known by the staff and the staff provided care and support which was person centred and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example, they encouraged the person to assist with their own shopping and menu planning through the use of pictures. This helped ensure everyone's voice was heard.

People's care plans were personalised and contained information to assist staff to provide care and gave information on people's likes and dislikes. Information held showed the registered manager had liaised with other agencies to support people with any issues that may challenge the service. Staff had a good knowledge about each person and were able to tell us how they responded to people and supported them in different situations. Most staff had worked at the service for a number of years and knew how to respond appropriately to people's needs.

People took part in a variety of activities with staff support. On the day of the inspection people had gone to the gym and then a local pub for lunch. People had regular contact with family members. Pictures were used for the person to make a choice on where they wanted to go that day. Other activities included visiting the local town and other local beauty spots.

The PIR states; "Regular team meetings are held to discuss the service, the service user and look at ways in which things can be improved. It is also a forum to share good practice and share positive outcomes from activities undertaken by the service user."

People had the company's complaints policy in picture format which gave people easy instructions about how to complain. However people currently living in the service were unable to make formal complaints. Therefore staff told us they worked closely with people and monitored any changes in behaviour. One complaint had been received and the action and outcome had been recorded and responded to. The acting manager said they would take action to make sure changes were made if any investigation highlighted shortfalls in the service.

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. 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 well respected by staff and relatives. The registered manager was currently training an acting manager who will register with us when they have obtained additional qualifications. The present registered manager will then step down from that role but will remain on the board of trustees. The registered manager and acting manager met with the board of trustees regularly to discuss the service and provide additional support when needed.

The provider had clear values and a vision for the service which was; "To provide a good quality of life, some fun and enjoyment, an experience of humanity and provide advice for parents of children or young adults with similar levels of difficulty." This was supported by the management team and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about the work they did.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. Regular testing of the fire detecting equipment and hot water and servicing of equipment had taken place.

The management team made themselves visible in the service and their time was divided between office time and working with staff and people who used the service. This enabled them to work alongside other staff to monitor practice and address any shortfalls. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements.

The PIR records; "The service user is regularly supported to complete a QA (quality assurance) Questionnaire, which is in pictorial format. His parents also complete a different QA Questionnaire twice a year."