

## Catholic Care (Diocese of Leeds)

# House of Light

### 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

House of Light is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

House of Light is registered to provide accommodation and personal care for up to six people who have learning disabilities. 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.

This inspection took place on 11 and 16 July 2018. The inspection was unannounced on the first day. This meant the staff and provider did not know we would be visiting. The second day was announced.

The service had a registered manager who was present during this 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 2008 and associated Regulations about how the service is run.

At our last inspection in October 2015 we rated the service as good. At this inspection we found the service has remained good overall and improved to outstanding in the responsive domain.

People living in the home, relatives and staff from community services told us staff had an exceptional understanding of people's preferences related to every aspect of their life and that care was delivered in an outstanding, person-centred way. We found staff were committed to ensuring people led fulfilled lives.

People were encouraged to engage in activities that gave them enjoyment and enhanced their quality of life. People were asked about their past and we found an example of staff supporting a person to go on holiday to a country which was part of their heritage.

Staff had strong relationships with people and knew them very well as staff had worked in the home for many years. Keyworker's roles were put in place and staff were matched with people's personalities. Relatives and healthcare professionals also expressed their views and felt the care was outstanding.

People were respected and their diverse needs met. There was a focus from staff to keep people as independent as possible and to encourage people to make choices about their care. People were involved in training, staff recruitment, running of the home, leading their reviews of care and chairing house meetings which empowered people living in the home and ensuring people were listened to.

They service used technology innovatively to engage with people in meaningful ways using videos on applications to reduce people's anxieties which had been effective.

People accessed a wide variety of community services which were embedded into their daily lives. Some people chose to work and others attended day centres where they took part in activities. People choose their own activities and holidays which supported them to feel independent and to live full lives.

People were mainly independent with their diets although staff ensured everyone received sufficient food and fluids. Annual learning disability health checks were completed and other health appointments had been recorded which meant people's wellbeing was being closely monitored.

The provider had not received any formal complaints but informal issues raised by people living in the home had been managed effectively and used personalised methods, asking people to speak with the directors of the home to ensure they felt their concerns were taken seriously and listened to.

People living in the home were kept safe and staff had a good understanding of how to protect people from possible harm or abuse. Risk assessments were carried out and regularly reviewed so people could live their lives in the least restrictive way possible and remain independent.

Accidents and incidents were managed and actions taken had been effective. Health and safety checks were carried out to ensure the premises remained safe for people living there.

The provider followed the Mental Capacity Act 2005 (MCA) guidance with capacity assessments available if required. Staff also understood MCA guidance and people could provide consent in a variety of ways including through pictorial communication cards and sign language. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive was possible; the policies and systems in the service supported this practice.

There were enough staff deployed to meet people's needs and staff recruitment procedures were robust. Staff told us they felt supported with regular supervisions and annual appraisals taking place to develop their skills and knowledge. Training was made mandatory by the provider and staff had all completed their training.

The service manager carried out extremely effective quality assurance checks and audits to identify when improvements were needed. Actions were implemented from these checks to ensure the home was continually improving.

People, their relatives, staff and healthcare professionals were asked for their views in annual surveys and we found the feedback received was all exceptionally positive. Staff told us the management were supportive, open and honest. The registered manager had been in their role for many years and knew people living in the home well.

## 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 ●

This service was safe

There was enough staff to meet people's needs and they had strong relationships with people living in the home.

People living in the home were kept safe from potential harm or abuse.

Medicines were managed safely and stored correctly.

Risk assessments were carried out and reviewed when people's needs changed. Incidents and accident were managed effectively with actions taken to prevent re occurrences.

### Is the service effective?

Good ●

This service was effective

The provider understood how to support people in line with the Mental Capacity Act 2005 and used best interest decisions when required.

Staff received supervisions and said they were supported. There was an induction and training programme in place for staff.

People were encouraged to maintain a healthy diet and staff encouraged fluid intake. Annual health checks were carried out to maintain people's health.

### Is the service caring?

Good ●

The service was caring

Staff had excellent relationships with people and had known them for many years which also supported consistent outstanding care being given to people living in the home.

People were respected and their diverse needs met. Staff had fostered a culture of independence throughout the home and developed innovative ways of ensuring people remained as independent as possible.

People were involved in every aspect of their care and daily living within the home which included training, jobs in the home, meetings and reviews.

### Is the service responsive?

**Outstanding** ☆

The service has improved to outstanding

Staff had an exceptional understanding of people's preferences related to every aspect of their life and care was delivered in an outstandingly person-centred way.

Staff used innovative ways to ensure people could make decisions for themselves and to alleviate possible distress.

People accessed a wide variety of community services which they chose and which prevented any social isolation.

Needs were assessed and reviews were led by people living in the home so they could make their own choices ensuring they led extremely fulfilled lives.

### Is the service well-led?

**Good** ●

This service was well-led

People and staff told us the management were supportive, open and honest. People and the management told us the relationship between everyone was that of a family.

Systems and processes were in place to monitor the care being provided and surveys carried out to gather people's views.

The management were always looking to improve the care people received and made continuous changes to ensure they followed best practice.

# House of Light

## **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 comprehensive inspection took place on 11 and 16 July 2018. It was unannounced on the first day and was carried out by one inspector. The second day was announced.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We also contacted the local authority, commissioners, safeguarding and Healthwatch to gather their feedback and views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with four people who used the service, two relatives, three care workers, two healthcare professionals, the service manager, the deputy manager, and the registered manager. We spent time looking at documents and records relating to people's care and the management of the service. We looked in detail at four people's care plans, medicine records, three staff recruitment and training files and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

People living in the House of Light all told us they felt safe and said staff protected them from any harm. Staff followed the provider's safeguarding policy and understood how to protect people from potential abuse or harm. One staff member said, "I would go to the manager and would act on it or go to the above manager." Staff and people living in the home told us they felt confident any concerns raised would be managed effectively and thoroughly. Staff were aware of how to whistle-blow and there was a policy available for staff which included external contact numbers for them to use should this be required.

Risk assessments were in place and regularly reviewed or updated when changes occurred. One risk assessment was in place for a person with impaired vision. They used a specialist chair to support their mobility and staff supported them with manoeuvring this to ensure they were comfortable as the person was unable to see the buttons on the remote control. This meant the risk was reduced because the person could have manoeuvred the chair into positions that may have caused harm as they were unable to see the buttons. Other people enjoyed doing jobs within the home such as hoovering or making cups of tea for people. We saw risk assessments were in place to prevent possible harm such as trips or scalding. As part of the risk assessment staff observed people practising these activities and put measures in place to ensure they remained safe. These were effective in keeping people safe and there had been only a few incidents recorded since the last inspection.

Accidents and incidents were managed effectively. Staff completed accident and incident forms when an incident occurred. We found actions were taken to reduce potential risk of harm to people living in the home and lessons had been learnt. For example, following an incident where a person had hit another on the arm a referral to the community learning disability team was made and referral made for a dementia assessment due to the person's change in behaviour. In addition, staff received dementia and managing aggression training to ensure they could meet the person's changing needs and protect others living in the home.

Staffing levels were satisfactory to meet people's needs. We looked at the rota's which confirmed this and showed consistent levels of staffing. Volunteers lived within the home during different times of the year and worked alongside staff to support people. Checks on volunteers had been carried to ensure they were safe to work with potentially vulnerable adults. People living in the home told us they enjoyed having volunteers and meeting new people. Every person we spoke with told us there were enough staff to meet people's needs.

Staff recruitment procedures were robust. The registered manager told us most staff had worked in the home for over 15 years and they had only recruited one new staff member in this time. We checked three staff records which showed relevant checks had been completed. This included references, identification checks and a Disclosure and Barring Service (DBS) check. These checks help employers make safer recruitment decisions.

Medicines were managed safely. We looked at medication administration records (MARs) which showed medicines had been administered to people. At the time of our inspection no person living in the home

received 'as required' medicines or controlled drugs. The provider did not have a controlled drugs cupboard to store medicines should a person require this. We discussed this with the registered manager and they agreed to have this installed in case a situation arose where this was needed. People told us they received their medicines and we found the staff followed the providers policy on correctly storing and stock checking medicines.

Health and safety checks were carried out on a regular basis to ensure the premises remained safe. People living the home also participated in the checks and supported staff to identify any work required within the home. One person said they enjoyed helping with these checks and that it made them feel part of the running of the home. There was fire assessment in place and regular fire drills took place to ensure people knew how to evacuate the building in a timely manner. The provider had an infection control policy which staff followed and audits were carried out to ensure the home was safe from infectious diseases.

## Is the service effective?

### Our findings

People living in the home and their relatives told us staff had the skills and knowledge to support the people they cared for. Comments included, "All of the staff are nice, know what people want and understand them. Staff are trained to meet their needs" and "Staff are very, very good."

There was an induction programme for new staff which included shadowing of experienced staff to enhance their learning of people's needs and completion of the national care certificate. This is a set of standards that social care and health workers follow as recommended by Skills for Care, an independent registered charity which sets the standards and qualifications for care workers. New care staff also completed training before starting work and this comprised of a two-day training course.

Training had been made mandatory by the provider and we saw staff had completed their training according to the provider's policy. Specialist training was encouraged by the provider when people's needs changed or when staff wanted to develop their skills. Staff told us they were planning to complete dementia training as they wanted to have awareness of the potential signs of dementia in case someone living in the home developed this condition. One staff member said, "The deputy manager is really good at training and always looks for more advanced training. We are doing advanced autism training soon. We are always looking at different areas to improve our practice and for people's individual needs."

Staff told us they felt supported and had regular supervisions which included annual appraisals. The provider had a policy for supervisions which recommended each staff member should have supervision every eight weeks. We checked three staff files and found one staff member had not received all the supervisions required. The manager told us and the staff member said that these meetings had taken place but had not been recorded. The registered manager told us these would be completed immediately.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. No person living in the home lacked capacity and therefore no capacity assessments had been completed. The registered manager showed us the capacity assessments and best interest forms available for staff to use should this be required and staff had a clear understanding of the MCA. One staff member told us, "We always presume someone has capacity to make decisions that impact them. We bring information to the person in the right context to help them understand. It might be that someone is able to make some decisions but maybe not complex ones and we would do a capacity assessment for this."

Consent was obtained from people living in the home for all aspects of their care. We saw people had signed

their care plans and gave verbal consent when asked about their care daily. People who were unable to verbalise communicated their consent in other ways including pointing at pictures of what they wanted to do or signing to staff their needs. For example, one person used sign language to inform staff of when they wanted to eat or when they needed a drink.

People were supported with their nutritional needs. People were independent with their food choices and often cooked with staff in the home. There were risk assessments in place for kitchen use and staff completed audits to ensure the home remained safe. One person living in the home was at risk of choking and supported by staff to cut their food into smaller pieces to reduce this risk. On the days we inspected the weather was hot and we observed staff providing people with plenty of drinks and offering people ice lollipops to ensure people remained hydrated in the heat.

We found people living in the home were supported to have annual health checks and this was recorded in care files. Hospital passports were also created with people living the home to ensure that when their care was transferred people understood how to communicate with them, what their preferences were and how they wished to be cared for. We found staff were proactive in arranging appointments for people to ensure they had a healthy life. We saw regular eye tests, mammogram examinations, testicular screening tests, dentist and GP appointments had taken place.

The home was an old Victorian house with large gardens. The registered manager told us people living in the home enjoyed gardening and the gardener had made adaptations outside so people could have their own orchard. The registered manager told us they were always looking to improve the home. We saw some people living in the home had their bedrooms decorated in the style they wanted and a recent health and safety inspection had advised new windows. The new windows were due to be completed with window restriction hinges to ensure people remain safe.

# Is the service caring?

## Our findings

Staff had excellent relationships with people living at the House of Light. Comments from people, health professionals and staff from external community services included, 'I like living here, the staff are nice', 'staff are very very good, you get to choose everything and do anything we want to do' and "I can't sing their praises enough. The staff are very understanding and open."

Most staff and people living in the home had been there for many years, some over 15. Staff told us this meant people were provided with consistent care from people they knew well and had built strong relationships with. One staff member said, "We have all known them for years and we know what they like and they are able to show us what they want to do. We are all very close, it's a family home and the people living here are our extended family. It's a great environment to work in." We observed staff being extremely caring in their approach, continuously asking how people were, giving reassurance when needed and offering support. We saw one staff member offering a hand to a person when walking out of the home as there was a small hill and they walked off arm in arm.

People had keyworkers which were matched to their likes, dislikes and personalities. For example, one person living in the home enjoyed the outdoors and going for long walks. The deputy manager also enjoyed this and arranged to take the person on a walk to Ingleton falls. The deputy manager's family and their dog also joined the walk which meant the person got to know their family well and at their review the person told everyone how much they had enjoyed the day. Staff were exceptionally compassionate in their role as keyworkers. For example, one person's keyworker had retired but due to their close bond, they continued to see each other in the community. The person told us staff supported them to see their previous keyworker for their birthday and had been for lunch with them so they could remain in contact and had enjoyed this. This showed staff were sensitive as they were aware of the importance of the relationships they built with people living in the home and had actively taken steps to ensure these continued.

Staff told us they treated people as equals and respected their diverse needs. Many of the people living in the home wanted to help with tasks in the home and this was respected by everyone. For example, one person enjoyed hoovering and sweeping which they did regularly. Another person told us, "I like washing up" and did this after people had eaten. It was extremely inclusive and we observed people carrying out their individual tasks throughout the day time. Some people living in the home wanted to work and this was encouraged by staff. Two people were employed at a local centre after staff supported them with applications to do this. Others living in the home enjoyed other activities at day centres and one person enjoyed spending time at a farm.

The staff always ensured people were included in areas such as training and supporting staff to recruit new employees which meant they felt valued and listened to. The registered manager told us new staff were asked to attend the home so people could talk with them and give their views to staff on whether they felt the person would be suitable to work within the home. One person living in the home told us they were planning to attend the dementia training that staff had arranged for the end of July. The person said they were looking forward to this and had an interest in dementia. This meant people living in the home had the

same opportunities as staff to expand their knowledge and learn new skills.

People living in the home were fully involved in the development of the home and lead their own resident meetings which staff also attended. People living in the home were also asked if they wished to attend staff meetings to share their views and have input in any changes the provider may have considered. These meetings were effective as it empowered people living in the home to share opinions whilst they were listened to and respected.

Staff had fostered a culture of independence throughout the home and developed innovative ways of ensuring people remained as independent as possible. For example, staff and people living in the home all did training together on road safety awareness. This meant staff were not being restrictive and promoted positive risk taking by ensuring each person had the skills and knowledge about the potential risks without taking away their independence. We observed people leaving the home and when out near the road they used road safety awareness. We also saw a training session on safeguarding which alerted people and staff to specific issues they may find when out in public and how best to support themselves to ensure they remained safe but continue to do the things they enjoyed such as shopping and going to the bank.

Staff respected people's individual choices about their care and supported them. One person had an interest in technology. The staff supported them to buy a phone and helped them to learn about how to download applications on their phone and informed them of how to avoid risks such as downloading some applications which may require money and ensuring they were aware of these technical risks. They also took time to show the person how to use 'YouTube' to find things that they enjoyed watching. When we spoke with the person they showed us their phone which they were proud of and what they had achieved with regards to downloading and the use of videos.

People's human rights were embedded into care plans. We found individuals had a 'Human rights' section in their care plan which outlined what these were and whether they felt confident to voice their opinions and in all cases people said they felt able to. Staff were proactive in making sure care was delivered in a dignified way. For example, one person at risk of choking did not wish to have their food as a soft diet and staff respected this. The care plan stated, 'We do not blend food within the home as [Name] agrees that she would like to see what they are eating and to keep her dignity. Instead cut the food into small piece and remind [Name] to eat small mouthfuls.' This had been very effective in maintaining the persons dignity, whilst also managing the risk.

We saw staff were proactive in helping people to understand how to access advocacy should they require support to make decisions in the future. No person living in the home had an advocate. People told us they preferred to make their own choices about their care. The provider had ensured that people living in the home were aware of what advocates were and their responsibilities. A meeting took place with people to explain this and people were offered the opportunity to have an advocate should they wish. For those people who found verbal communication difficult to understand the staff also used a video to show people what an advocate could do for them which helped people to decide if they wanted one.

People living in the home all had individual communication needs and staff used creative ways to support people to make their own choices. One person unable to verbally communicate used pictorial cards to inform staff of their choices. When choosing activities or holidays staff told us they used images on google to show a range of things they may wish to do and that they would point at the picture to show what they wished to do. For example, staff knew the person had previously enjoyed activities relating to nature and water as this had been documented in their last review and when planning their next adventure sat with them online and looked at different areas and pictures of places that might be of interest.

We also spoke with health professionals who told us staff at the House of Light were excellent in communicating with them about people's needs, changes in care and health conditions. We spoke with one health professional who told us they used communication books to record what people had done at the day centre. They said that staff from House of Light also recorded in this booklet so everyone involved in the persons care understood what they had done, what had gone well and if there were any concerns about the persons care. The health professional also told us that any changes to the person's behaviour was updated in the booklet and staff from the home were proactive in changing the person's care plan to reflect their needs.

## Is the service responsive?

### Our findings

When we last inspected House of Light we concluded the service was caring and rated it good. Following this inspection, we found the service to be extremely responsive to people's need and our rating has improved to outstanding.

People living in the home, relatives and staff from community services told us staff had an exceptional understanding of people's preferences related to every aspect of their life and that care was delivered in an outstanding, person-centred way. One person wrote in the annual survey, 'I think everything about the House of Light service is outstanding, I would recommend the service to anyone. The staff team are second to none. They genuinely care about their residents and they go out of their way to ensure their happiness. We feel that we have an excellent relationship with staff and can discuss any issue freely. I feel the staff listen and respond well.' One relative stated in the survey, 'The service is excellent in that it helps its residents to lead fulfilling lives. It provides a safe and secure environment, and enhances life skills placing residents at the centre of the service.' Another health professional told us, "They have a very person-centred approach, people are extremely happy who live there and staff have a great rapport with the people living there."

The registered manager and staff provided a service to people that was extremely personalised, responsive and focussed on making people's quality of life as positive as possible. All staff were fully engaged in this process. We heard and read how the support people had received enabled them to achieve their goals. One person we spoke with said they dreamt of paragliding and whilst on holiday they achieved this goal. The registered manager told us although they were on holiday and outside of the home they could make reasonable adjustments to ensure the person was able to fulfil their dreams. This included an on the spot risk assessment to ensure the person remained safe, planning the event and providing information to the person about the activity along with safety measures to help them make an informed decision. The person said they now aspire to do more activities which gave them a sense of excitement because this is what they enjoyed. During their review they told staff how fantastic the holiday and activity was which demonstrated how much fulfilment this gave to the person. We found staff continued to support the person with their aspirations during reviews and discussed activities which would enhance the persons quality of life due to the enjoyment they established following the paragliding activity.

Initial assessments were carried out to ensure people's needs could be met and more personalised care plans followed. Reviews were held with all people involved in the person's care. When relatives were unable to attend review meetings staff went out of their way to ensure they were kept informed. One relative told us they were unable to attend once due to ill health. The registered manager visited them at their home to inform them about the review, update them on their care and to check how they were so they could inform the person living in the home and reassure them on their families' wellbeing. The person provided consent for the information to be discussed with the relative but decided not to go with the manager on this occasion. The relative said, "[Name] is supported extremely well, the staff are excellent and so supportive. We have been included in everything."

Staff used innovative ways to ensure people living in the home received person centred care. People led

their own reviews which the registered manager told us helped to empower people to make their own decisions on how they wished to live their life, be listened to and feel valued. Care reviews took place with people that the person wished to be in attendance such as their keyworker, staff from day centres and their family. One person living in the home demonstrated to us an example of how they led their review. They said they pinned pictures to the wall to show everyone a timeline of what they had achieved, their aspirations and goals for the future. We found choices people had made in their reviews had been respected by staff and followed through. One person decided that they wanted to work and staff assisted the person in finding employment. The person now works weekly and they told us this gave them a sense of purpose and was important to their quality of life. The person said, 'I wanted to go to work, the people there tell me I do a good job, I like it.'

Staff went the extra mile to find out about people's past and what they liked to do so this could be incorporated into personalised care plans so that people's heritage was not lost. For example, one person living in the home had a very close relationship with their parents and every year went on holiday to a specific country. This holiday was part of the persons family heritage and an important part of their life. They were no longer able to do this with their relatives however, staff had acknowledged the importance of keeping this tradition for the person and continued to take the person to the same country which has helped them to keep hold of favourable memories from the past. The person told us, "I used to go to [name of country] with my mum and dad every year. I went with staff. I love going to [name of country]." This meant staff supported the person to continue their legacy of enjoyable times abroad.

Staff took innovative steps to understand people's diverse needs within the home and this was reflected in their day to day work. For example, the deputy manager told us about a person who experienced high levels of anxiety when attending health appointments and because staff were aware of this they sought to support the person and identified a creative way to reduce their anxiety by using 'YouTube' videos. They found that pictorial visual videos helped the person to understand and consent to treatment along with reducing their anxiety. At a recent appointment the deputy manager told us they sat with the person using 'YouTube' to show a procedure the person would be consenting to. At the appointment the deputy manager told us the person was calm and there were no signs of anxiety which had been previously present at appointments. Following the appointment, the staff team incorporated this into the persons care plan for future use so that the person's anxiety levels remained low during these times and found this to be extremely effective.

The service was exceptional in meeting people's communication needs and followed the Accessible Information Standards. Staff went over and above to support people in the home with their preferred communication. One person living in the home had minimal verbal communication skills and preferred to use Makaton sign language to interact. Staff made sure this preference was embedded in the person's care and staff respected this choice. At the time no staff member in the home had sign language abilities but they were proactive in finding an alternative solution. The persons keyworker attended a full Makaton sign language course to support the persons communication needs as they preferred to use Makaton sign language. They now regularly communicate in Makaton sign language and have formed an excellent relationship. All the staff in the home were provided with pictures of signs to use when communicating with the person so they could also understand the persons needs and communicate with them in the way they wanted. This had enhanced the person's life as they were now able to communicate in a way that they preferred and that their confidence in communicating with others had improved significantly.

Staff were sensitive to people's needs and knew when to show empathy to support an individual. End of life care plans had been introduced and although many of the people living in the home were middle aged, the staff wanted to give them an opportunity to plan their future. During the time these were being completed the staff decided not to pursue these plans with one person who had received news about a death in their

family. This showed that staff could empathise with the person at this difficult time and ensure that they did not create further distress. In addition, they referred the person for bereavement counselling and it was agreed the end of life care plan would be put on hold until they felt ready to continue.

To demonstrate the provider's flexibility and responsiveness to people's individual needs, preferences, equality, diversity and human rights (EDHR) the staff at the House of Light were determined to support people to maintain a community presence. People living in the home told us they all did activities, work or education at a variety of places within the area. We saw the provider had positive relationships with day centres, local colleges and specialist teams such as the Leeds autism service and all the people we spoke to from these services told us how staff from House of Light listened to them, acted on concerns and were very open with their communications to ensure people living at the House of Light received the best possible care. One health professional told us they had been working with a person from the House of Light for over 10 years and had built strong rapport with staff which showed the provider had maintained these relationships for a long period of time. The provider was also proactive in gaining further links within the community and asked people in their annual stakeholder's survey if people wished to become volunteers to bring new innovative ideas to the home.

People were encouraged to do a wide range of activities which they enjoyed. Some of these included swimming, going out for long walks, gardening, attending farms, going on holiday and art work. One person said, "Staff take us out all over, I go to the centre for discos, it's fun." One person living in the home had a passion for recycling and had previously been involved in works around this when living at home with their family. The person told us this was an interest of theirs and that staff had supported them to become a recycling lead within the home. We also saw the person had participated in recycling within the wider community and had received an award of excellence for their work from the local council. This showed staff supported people's choices and preference for activities they enjoyed and were encouraged to participate in a wide range of events.

The provider had not received any formal complaints however, the registered manager was able to demonstrate and explain what actions they would be take should this happen. The home did have a complaints book for people that wished to express informal concerns or 'grumbles.' We found this had been used by people with actions followed up and consultation with the complainant to ensure they were happy with the outcome. The deputy manager told us they wanted people to feel listened to and provided an example of when a person in the home had discussed several grumbles and was asked to meet with the director or Catholic care for a coffee to discuss their issues so improvements could be made to their time at House of Light. This again showed how the staff had thought to empower the person directly using external resources to support the person to feel listened to.

## Is the service well-led?

### Our findings

People we spoke with, their relatives and staff told us the home was extremely well managed and that the management team were approachable, honest, open and were respectful of people's values. Comments included, "The management are very supportive", "They are good to me", "The manager is absolutely supportive. We have a good rapport. We are all very close and we can go to (the registered manager) anytime, they are open." One relative told us how the registered manager always knew how to alleviate their relatives distress and said, "They know how to get the best out of [Name]. If [Name] is getting agitated the manager calms him down, it's been extremely good."

The registered manager and deputy manager told us they were always looking to improve the care provided to people living in the home and went out of their way to ensure this was achieved. From a recent survey two people had said they wanted to have more pictures within the home rather than written words to help them understand. This was immediately implemented. We saw a map on one wall with pictures of people's activities and where they had been across the country. We also saw weekly plans were in picture format of the people partaking in the activities they enjoyed and wished to continue. The registered manager told us how effective this had been as people living in the home very much enjoyed looking at their experiences and positive memories on a daily basis. Because this had been so effective the deputy manager told us they were now planning to make a 'wish tree' so people using the service can add what they want to do so this can be achieved in picture formats.

There was a registered manager who had been in post for over 15 years. The registered manager knew people well, we observed them interacting with people and they all knew who the manager was. People living in the home told us they would talk with the registered manager or deputy should they have any concerns. The registered manager described the home as a "family" and that their ambition was to ensure people lived fulfilling lives whilst at the House of Light.

The provider had gone out of their way to promote inclusion and links within the wider community. We saw staff surveys asked other health professionals if they wanted to become volunteers in the service and the manager told us this was to encourage new ideas and to support people to have positive community links. All the health professionals we spoke with told us the staff always communicated with them, that all of the staff team were open and that they believed the home was a great place to live with one health care professional who referred to the provider as outstanding in a survey.

Audits were carried out to monitor the service and the care being provided. These audits were carried out regularly and any actions needed were implemented. For example, a recent health and safety audit identified the need for new windows. The provider had arranged for new windows to be fitted in the home. Some of the audits included, medicines, infection control, health and safety and kitchen audits.

We spoke with the service manager who was responsible for monitoring the quality of care being provided within the home and regularly visited to ensure the home complied with good practice. We found the quality monitoring reports were based upon the five key questions safe, effective, caring, responsive and well led. The report recorded actions that had been taken to improve care and what actions were to be taken. This

meant the provider was continually looking at ways to make improvements in the home and showed sustainability of practice. The service manager also told us the director attended the home quarterly and the board of trustees attended the home twice a year to speak with people and their experiences of care they received and to obtain any feedback from them.

Surveys were carried out every year to gather the views of people living in the home, their relatives and other health professionals involved in their care. The most recent survey carried out showed that people were very satisfied with their care. All people living in the home said they were happy with their involvement in the home, with staff communication and how information is shared, that they felt listened to and felt their cultural, religious and lifestyle needs were met. Relatives and staff from community services also provided all positive comments from the survey outcome. Some of the feedback received included, 'The service is excellent and I do not see any room for improvement. Staff will always be ready to listen. (Name of provider) has very good communication with family when needed. We are kept informed often when visiting or by telephone. Information is always accessible and concise' and 'All staff at House of Light fully support their residents with every aspect of care, from daily living to planning desired holidays. I always promote the House of Light to people I meet.'