

Marran Ltd

Arran House

Inspection report

28 Redcar Road
Guisborough
Cleveland
TS14 6DB

Tel: 01287280511

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01 October 2019

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Arran House is a mid-terrace property which has been adapted. It is situated in Guisborough. The service provides residential care for up to four adults who have learning disabilities and mental health needs. At the time of inspection four people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People had access to their own room and communal spaces both inside and outside of the property. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People said they were very happy living at the service. They were supported to do all they wanted to do in their lives. Staff monitored and responded appropriately to risks enabling people to do this. There were enough staff on duty at all times. Medicines were safely managed, and the service was clean throughout.

Staff had the right training to support people in all aspects of their care. People had regular access to healthcare for all of their health and well-being needs. The service was well maintained.

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

People received very good care from staff who knew them well. Staff were responsive to people's needs and people's privacy and dignity needs had been met. People were involved in their care and staff supported them to have a voice. Advocacy services had been sought when needed.

People received individualised care. Records were in place to reflect this knowledge. Care plans for end of life care and training needed to be completed. People were involved in a variety of activities which were in-line with their social interests. People knew how to raise a complaint.

The staff team worked well together to deliver good care. There was oversight from the registered manager. Effective quality assurance processes were in place. Feedback was sought and used to improve the quality

of care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was good (published 1 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Arran House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Arran house is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out. We wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Redcar and Cleveland and Middlesbrough local authorities and two mental health professionals who work with the service. We also contacted Healthwatch. Not all provided a response. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with the four people who used the service. We also spoke with the

registered manager, house manager, three support staff and an administrator. We reviewed one person's care records in detail and two staff supervision, appraisal and training records. We also reviewed records related to the day to day running of the service.

After the inspection

We contacted the nominated individual after inspection to access quality assurance records and to validate evidence found. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of potential safeguarding risks to people. These were documented, and staff were proactive in reducing these risks of harm.
- Staff had received training in safeguarding. They supported people to understand how to keep themselves safe. People knew how to raise a concern.
- People said staff made them feel safe. Comments included, "Staff look after us very well. They always make me safe." And, "This is a nice safe place to live."

Assessing risk, safety monitoring and management

- People continued to be supported to take risks to live fulfilled lives. Staff managed these risks and took appropriate action when needed.
- The safety of the building had been maintained. However, a window restrictor was needed in one bathroom. The house manager took action to address this during inspection.
- People participated in planned fire drills. Recommendations from the fire authority had been addressed.

Staffing and recruitment

- There were enough staff on duty at all times. Staff had time to support people safely and they were never rushed. The atmosphere was calm and relaxed. One person said, "Staff are always here when we need them."
- No new staff had been recruited since the last inspection. A policy and records were in place to support the safe recruitment of staff.

Using medicines safely

- Medicines were safely managed. People received them when needed. Where people took specialist medicines, staff were aware of how to support people and were observant of potential side effects.
- People said they received their medicines when they needed them. Training and competency checks in medicines for staff had been carried out.

Preventing and controlling infection

- The service was clean throughout. Staff had access to equipment to manage the risks associated with infection control. Staff had received up to date training in this area.

Learning lessons when things go wrong

- Staff were aware of their roles in delivering a safe service. Good systems were in place to review incidents

and accidents when they took place.

- Staff had responded to recommendations and feedback from professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were regularly assessed. Care was in-line with people's needs and preferences. Records were updated when people's needs changed.
- Staff followed guidance from health professionals. They had sought equipment for people who needed it. Staff had good relationships with professionals.

Staff support: induction, training, skills and experience

- Staff received regular supervision and training. Training the provider deemed mandatory was up to date. People received the care they needed from staff who knew them very well. Staff needed to complete additional training in mental health, learning disabilities, oral health and end of life care. The provider started to address this following feedback.
- Staff demonstrated good knowledge and experience to support people with their needs. One person said, "The staff know how to look after me. They are very good."
- There were no new staff to complete an induction. A policy and induction records were in place should they be needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People with specific dietary needs were supported safely. Staff demonstrated good knowledge of these risks. Health professionals had been involved when needed. Weights were monitored, and care records were kept up to date.
- Everyone was supported to maintain a healthy diet. People had the time they needed to eat. Equipment such as plate guards and easy grip cutlery was available to those who needed it.
- People were supported with menu planning and shopping for food. Cultural and religious beliefs were respected. People had opportunities to eat at local restaurants and cafes. Sometimes people liked to enjoy a takeaway together on movie nights.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were proactive in accessing support from health professionals. This had led to people receiving timely support.
- People attended healthcare appointments. These included dentists, chiropodists, GP and mental health professionals. Recommendations had been included into care records which staff had followed.

Adapting service, design, decoration to meet people's needs

- People were independent within their environment. They had access to private and communal spaces. Bedrooms were decorated with people's personal possessions.
- The environment was well maintained. Repairs and updates had been carried out in a timely manner. A new kitchen had been installed. Feedback had been obtained from people prior to and after installation.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff had good knowledge of mental capacity. People had choice in all aspects of their care. Staff respected these choices. They also supported people to make choices when needed. One person said, "The staff always ask me what I think. I do get to make my own choices. I like that."
- Records contained up to date information in respect of people's capacity. Staff had sought advice and submitted applications about people's mental capacity when their needs had changed.
- Some people had arrangements in place for their finances. Regular reviews of these had been carried out.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care from experienced staff. Both people and staff showed kindness and compassion towards each other. Staff referred to people as 'family.' One said, "Our families are their families too."
- People said staff listened to them when they needed to talk. Staff acted quickly when people needed support. Interactions were meaningful, and people were given the time which they needed. One person said, "I know the staff are always here for me. This reassures me."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views. Staff had sought support from advocacy services for people when needed.
- People were involved in all aspects of their care. Staff encouraged people to make their own decisions about how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- Privacy was maintained. People's preferences for specific gender of staff to be involved in their care was respected. One staff member said, "We never do anything without asking their permission. I think 'how would I want my own family to be treated.'"
- People were encouraged to be independent in all aspects of their lives. They were involved in activities of daily living, such as hoovering, dusting and washing the pots.
- Support was provided in a way in which promoted independence. Staff came in on their days off to support people out into the community.
- Staff were compassionate when people were distressed. People were respectful of each other.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care. This reflected their needs, wishes and preferences. This had led to people leading fulfilled lives. A staff member said, "Care is individualised because everyone is individual."
- Care records provided information about how to support people. People said staff cared for them in the way they wanted. Comments included, "Staff know me and my needs well." And, "My care is very good. The staff are brilliant."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs. We saw meaningful interactions between people and staff. People were given the time and support needed to express themselves.
- People were assisted to read and respond to letters. Staff supported people to attend appointments and discuss information from appointments. This increased people's understanding about the information provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People said they enjoyed activities at the service. This included pampering and movie nights.
- People went out into the community to eat and to shop. Some people attended their local church and cinema. One person said, "I like to go out and get my hair done. It makes me feel good. I really enjoy it."
- Staff supported people to go on holiday and on day trips. They had also been to music concerts and the local theatre. One person said, "We all went to Scarborough to see Tom Jones [in concert]."

Improving care quality in response to complaints or concerns

- People said they would speak to staff if they wanted to raise a concern. They said staff listened to them when they did have things to discuss.
- Information about how to make a complaint was on display at the service. No complaints had been raised. One person said, "I would have to speak to someone if I wasn't happy. I would speak to [registered manager]."

End of life care and support

- No-one was receiving end of life care at inspection. Staff had good knowledge of people's preferences and choices in relation to end of life care. Care records and training in end of life care needed to be completed.
- Staff were proactive when people had received a health diagnosis which would lead to end of life care. They had followed guidance from professionals. They had also taken action to ensure people's wishes were met. As a result, people enjoyed pampering sessions and had planned holidays.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality assurance systems were effective. Improvements had taken place since the last inspection. Audits highlighted where changes were needed. They did not show if these actions had been addressed on the audits. The registered manager said this would be addressed straight away.
- The staff team discussed incidents and changes in people. This enabled them to make sure people received the right care. It also encouraged staff to recognise where changes could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The values of the service were embedded into the care people received. The culture was person-centred, and people were supported to live good lives. Staff were very positive about the service. One said, "Our home is brilliant! I'd have my family in here any day."
- Staff were open and transparent. They worked well together as a team. Staff said they were supported to carry out their roles. One person said, "The general running of the home is good. Staff work together to look after us. And, we are well-looked after."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had kept people and staff informed about the changes taking place. Managers were visible. Staff had access to resources to drive improvement at the service.
- A registered manager was in post. They had notified the Commission about incidents taking place at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were invited to give feedback about the service. All said they could express their views and were listened to.
- Updates about the service were shared with people and staff via meetings.
- People were well known in their community. They accessed local services. Staff supported people to access services within their interests. This included the salvation army, Methodist church, cafes, hairdressers and charity shops.

Working in partnership with others

- The service worked effectively with external organisations. Referrals to other agencies were completed when needed. Staff were responsive to recommendations from professionals.