Aroha House Limited

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Inspection report

15 Smithay Meadows
Christow
Devon
EX6 7LU

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13 June 2016
17 June 2016

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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

This announced inspection took place on 13 and 17 June 2016. The provider was given 48 hours' notice because the location was a small supported living unit for adults who may be out during the day; we therefore needed to be sure that someone would be in.

Aroha House is a supported living unit for five people with learning disabilities. It is in a residential area in Exeter. People are supported to be independent and take part in activities within the community. People who use the service are supported with some aspects of personal care.

When we visited 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.

People felt safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

There were effective staff recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

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.

People said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place to protect people.

Medicines were safely managed.

The premises were adequately maintained because there was an effective maintenance programme in place.

Is the service effective?

Good

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in their health.

People's health needs were managed well.

Appropriate guidance was followed to protect people's rights.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they

liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

Care files were personalised to reflect people's personal preferences, which were met with staff support.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about communication and how the registered manager worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

Aroha House Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 13 and 17 June 2016. The provider was given 48 hours' notice because the location was a small supported living unit for adults who may be out during the day; we therefore needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with four people receiving a service and four staff, which included the registered manager.

We reviewed two people's care files, two staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. Following our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from one relative and an advocate.

Good

Is the service safe?

Our findings

People confirmed that they felt safe and supported by staff at Aroha House and had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: "If I was worried I would speak to (registered manager)" and "I am happy here." We observed staff responding appropriately to people's needs and interacting respectfully to ensure their human rights were upheld and respected. A relative commented: "The service is proactive, not reactive. They are always looking at ways to improve the care. People are enabled to take positive risks, not wrapping them up in cotton wool. I wouldn't want my (relative) anywhere else. They (the staff) always keep us informed of anything."

Staff demonstrated an understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as to the local authority, police and the Care Quality Commission (CQC). Staff said they had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this information.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an ongoing basis. We saw a copy of the organisation's policy and procedure for safeguarding adults. It set out the measures which should be in place to safeguard vulnerable adults, such as working in partnership with the local authority. The policy included how to report safeguarding concerns, which broke down the actions to be taken if an alleged safeguarding concern, had been identified. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, we saw risk assessments for behaviour management, how pain affects behaviour and how to support a person who has developed dementia. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, the use of distraction techniques when a person was becoming distressed. Restraint was not used to manage people's behaviours. Staff explained that speaking calmly and talking people through their emotions were the most effective ways to support people through difficult times.

Staffing was maintained at safe levels. Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. We observed this during our visit when people needed personal care, support or wanted to participate in particular activities. Staff were seen to spend time with people, for example chatting with people about subjects of interest and planning activities.

The registered manager explained that staffing levels were specific to people's needs and the activities they wished to partake in. In the daytime there was a minimum of two staff on duty and one in the evenings if no activities were taking place. At night a member of staff slept in and were available for people if they required anything during the night. Unforeseen shortfalls in staffing arrangements, due to sickness, were managed

through regular staff covering so people's needs could be met by the staff members that understood them. The service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were provided by the registered manager.

There were effective recruitment and selection processes in place. People were actively involved in interviewing staff so they would be happy with the staff recruited to support them in their home. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicines. People ordered their own medicines with staff support. When the service received the medicines from the pharmacy they had been checked in and the amount of stock documented to ensure accuracy.

Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. Medicines recording records were appropriately signed by staff when administering a person's medicines. A monthly audit was undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a regular basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Good

Is the service effective?

Our findings

People did not directly tell us about staff training due to their learning disability. However, people told us, "Staff are nice." A relative commented: "The staff have had training in dementia to help our (relative), which has been great."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. Health and social care professional involvement in people's individual care was on an on-going and timely basis. For example, GP and clinical psychiatrist. Records demonstrated how staff recognised changes in people's needs and ensured relevant health and social care professionals were involved to encourage health promotion. People also had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), epilepsy, dementia awareness and first aid. Staff had also completed varying levels of nationally recognised qualifications in health and social care. One staff member commented: "The training is very good. Always being asked if we want to do any other course."

The registered manager recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. One member of staff commented: "We are very well supported." Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.

Staff received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The 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. Staff demonstrated an understanding of the MCA and how it applied to their practice. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. For example, a person's need for regular blood tests. The decision made involved an advocate to support the person in the decision making process. Further best interest discussions were taking place about a person's short term memory loss and how best to support them.

People were supported to maintain a balanced diet. One person commented: "All different foods. I don't like curries, I have something else." Staff supported people to prepare meals for themselves to ensure they kept their skills. People living at Aroha House had agreed to rotate who prepares the evening meal. One person was planning to cook spaghetti bolognaise on the day of our visit. Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People had been assessed by the speech and language therapist team in the past. Speech and language therapists work closely with people who have various levels of speech, language and communication problems, and with those who have swallowing, drinking or eating difficulties.

Good

Is the service caring?

Our findings

Interactions between staff and people were good humoured and caring. Staff involved people in their care and supported them to make decisions. People's comments included: "I love living here" and "I am happy here." A relative commented: "So happy that (relative) is at Aroha House. Couldn't ask for better care. The staff are amazing."

Staff treated people with dignity and respect when helping them with daily living tasks. One person commented: "I have a nice bedroom." Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection. A staff member commented: "Aroha House is a lovely place to work. We promote choice and independence. This is their home."

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, staff recognised they were in people's homes and were there to support them to lead lives which they were in control of. One staff member commented: "We work alongside people and support when needed. It is important people keep their skills, for instance cooking."

Staff were involving people in their care through the use of individual cues, and looking for a person's facial expressions, body language, spoken word and objects of reference. The service used a variety of communication tools to enable interactions to be led by people receiving care and support. For example, Makaton and pictures. Makaton is a language programme using signs and symbols to help people to communicate.

Staff communicated with people in a respectful way. Relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. They were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, if a person was feeling anxious due to pain. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general well-being.

Staff showed a commitment to working in partnership with people. For example, planning activities, going to the bank and planning meals. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. For example, a person had a memory board

in place and attended a memory café to help them manage their short term memory loss.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Staff spoke confidently about the people living at Aroha House and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything. People were treated as individuals when care and support was being planned and reviewed, this included people being involved in the review of their care plans.

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their well-being and sense of value.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest. For example, arts and crafts, using technology, fitness, shopping, helping with horses, football matches, clubs, concerts and meals out. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. People's comments included: "I do lots of activities"; "I am going on holiday"; "We are going to Cyprus"; "The pony had a birthday party. We made a cake" and "I am going to see Showaddywaddy soon."

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality

Commission (CQC). This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Good

Is the service well-led?

Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff said, "It's such a lovely place to work" and "I really love working here. We are a small, good team."

Staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system.

People's views and suggestions were taken into account to improve the service. For example, tenancy meetings took place to address any arising issues. The registered manager ensured they spent time with people on a regular basis. For example, to identify particular activities and food choices. In addition, surveys (referred at the service as 'good living reviews') had been completed by people using the service. The reviews asked specific questions about the standard of the service and the support it gave people. Where requests had been made, these had been actioned. For example, bedrooms redecorated and holidays booked. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. The organisation's philosophy was embedded in Aroha House.

The service worked with other health and social care professionals in line with people's specific needs. This enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed there was a variety of professionals working together to meet people's needs. For example, GP, clinical psychiatrist and advocate. An advocate commented: "Aroha House is the best supported living service in Devon. The care is individually led. There is a very good staff team. (The registered manager) is passionate about people's care and support. People vote. I am proud to be associated with Aroha House." Regular medical reviews also took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health

and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed.