

## Catholic Care (Diocese of Leeds)

# House of Light

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

House of light is a care home registered to provide accommodation and personal care for up to six people who have learning disabilities. At the time of our inspection six people were using the service.

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

#### Right Support

People and relatives shared positive feedback about the care provided and the leadership of the service, one person told us "The staff are very nice and they listen. I'm safe." People had a choice about their living environment and were able and encouraged to personalise their rooms. During the inspection, we observed staff communicating with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes.

#### Right care

Staff understood and responded to people's individual needs. Care planning documentation demonstrated service user involvement and were person centred. Activities were individualised to the person. People using the service told us they felt listened to and involved in the service. Staff had a good understanding of their responsibilities to make sure people were safe. People we spoke with told us they felt safe. The service ensured people could take part in person centred activities for example, sky diving and dancing.

#### Right culture

Staff promoted an open culture and was encouraged by management to express how they feel and work transparently. The registered manager was receptive to feedback and we saw evidence of ongoing improvement for the benefit of people who use the service. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

The inspection was prompted in part due to concerns found during an infection prevention and control assurance inspection. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

## Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, infection control and good governance at this inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# House of Light

## 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 Health and Social Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission, who was present during this inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the manager would be at the location to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, local safeguarding team and Healthwatch. 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 all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with the manager and four members of care staff. We also spoke three professional who work with the service. We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.



# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We were not assured the premises were maintained. During the inspection we found damp throughout the building. The management was aware of the issues prior to the inspection. We found evidence the service had started to take action.
- The service had completed a recent health and safety report which highlighted several fire safety concerns. For example, the service did not have an up to date fire risk assessment. We did not see evidence of a plan to address these concerns. During the inspection we observed fire doors propped open, this was raised with the manager who addressed the issue immediately.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed care plans and found people had their capacity assessed appropriately.
- Risks to people's health and welfare were assessed and clear plans put in place to manage and mitigate identified risks. Risk assessments were up to date and reviewed regularly.
- Moving and handling assessments provided guidance on the support people needed with their mobility. However, records showed not all staff had completed the relevant moving and handling training.
- There was records of accident and incidents. The manager provided us with an overview of how events were audited to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. The premise was unclean and although we saw evidence of cleaning there was not enough cleaners to ensure all the premise was clean.
- We were not assured the provider was taking steps to effectively prevent and manage infection outbreaks. The service did not complete cleaning records.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider was using PPE effectively and safely. We observed staff wearing masks correctly during our inspection.
- We were assured the provider was preventing visitors from catching and spreading infections.

- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were not established. We found safeguarding concerns were raised, however, there was no safeguarding log to give an overview of safeguarding concerns and the progress or outcome of any investigations undertaken.

- The safeguarding policy was relevant to the service, however not all staff was up to date with safeguarding training.
  - Staff we spoke with had a good understanding of their responsibilities to make sure people were safe. We saw evidence safeguarding was discussed in staff supervision and management completed knowledge checks on all staff.
  - People we spoke with told us they felt safe. One person told us "the staff are very nice and they listen. I'm safe."
  - Staff understood their responsibilities to raise concerns and knew how they could whistle blow.
- Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening.

Staffing and recruitment

- Systems and processes were in place when the service recruited staff. All pre-employment checks were completed before a new member of staff started working at the service.
- There was enough staff to meet people's needs however the service did not use a dependency tool. The manager stated this would be reviewed following the inspection.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Using Medicines safely

- People received their medicines as prescribed. Systems were in place to ensure medicines were managed and people's medicines were administered safely.
- The service completed weekly and monthly medicine audits and any issues found had been actioned.



# 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 outstanding. At this inspection this key question has deteriorated to good. 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

- Care plans were personalised to reflect people's care needs and health conditions. Care plans identified people's specific support needs and preferences. Staff were knowledgeable about people's needs and could explain how they supported people in line with this information.
- People's likes, dislikes and what was important to the person were recorded in people's care plans.
- Relatives told us people were involved in their care planning and their care plans included preferences for care.

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.

- People's communication needs were assessed, and the service ensured steps were taken to communicate effectively with people.
- People's needs and any changes in their care and support was shared appropriately with staff through daily handover, ongoing daily communication and team meetings.

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

- There were activities available for all people using the service. Relatives told us people enjoyed the activities offered and one relative said, "They go to day services, out on the bus shopping and to church." It was scheduled to take all the people using the service on holiday.
- There was an activity timetable for all people using the service. Staff told us people had access to various group and one to one activities.
- We saw there was a person-centred approach with routines being flexible depending on people's preferences on any given day.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- When people had raised concerns, they were investigated and the provider checked people were satisfied with the outcome.

End of life care and support

- End of life care arrangements were in place to ensure people had a comfortable and dignified death.

- The service worked with families and people to assess and document their end of life wishes.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service did not ensure all staff were up to date with training. The manager provided us with the training matrix, however they told us that as they were currently changing the system some training had not been updated on the matrix. We could not be assured staff training was up to date. It was unclear what training was considered mandatory.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider audited the service on a periodic basis, to help share learning and ensure standards. However, the audits were not robust. For example, the audits did not include an overview to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

- The environment was poorly maintained, unclean and fire safety was not adequately assessed. Although the service had identified the issues prior to the inspection and we saw evidence plans were in place to resolve the issues immediately the quality assurance systems should have identified these issues sooner so more timely action could be taken.

- The provider was sending statutory notifications to CQC.
- The provider had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.
- Staff received regular supervisions in line with the provider's policy.

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.

- Throughout the inspection the manager was honest and open with us. Where they saw improvements were needed, they had taken action.
- The management team understood their duty of candour, to be open and honest when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The feedback about the leadership of the home was positive. Staff and relatives told us they felt supported and the management was approachable. One relative said "(the management) welcomes conversations and that is how it should be".
- The provider completed regular staff and stakeholder surveys. The service followed up the survey with an action plan.
- Feedback from people was positive. People were asked for their feedback about the service they received. One person commented, "the support during covid was good and the staff are amazing."
- Feedback from other healthcare organisations was positive. One professional said "The service has really good communication, they always respond. We find them really caring."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found the provider failed to ensure the premise was maintained for the people using the service. We found damp throughout the building and the provider did not have an up to date fire risk assessment.</p> <p>We found the premise was not clean. There was visible dust throughout the building.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found the provider failed to ensure all staff were up to date with training. The training had not been updated on the matrix. The provider could not be assured staff training was up to date.</p>