

Catholic Care (Diocese of Leeds)

House of Light

Inspection report

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Date of inspection visit: 20 October 2015
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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 

Overall summary

This inspection took place on 20 October 2015 and was unannounced. At the last inspection in October 2013 we found the provider was meeting the regulations we looked at.

House of Light provides care and support for up to six people with learning disabilities. The service had a registered manager. 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.

During the inspection there was a happy, friendly atmosphere and people were relaxed in the company of staff and others they lived with. People who used the service and staff told us they were very happy in the home.

People were very well cared for. Staff knew people very well and understood how to meet people’s needs. People were involved in making decisions about their care and

Summary of findings

were involved in the care planning process. Care was centred on the person. People engaged in social activities which were person centred. For example, one person loved gardening and they showed us what they had done in the garden; another person loved art and crafts and we saw their work was displayed in the home.

Staff helped make sure people were safe by holding meetings with people and talking about how to stay safe and involved people in checking their home was safe. People told us they felt very safe and knew what to do if ever they felt unsafe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

People planned the menu and enjoyed the meals. They received good support to make sure their nutritional and health needs were appropriately met.

People told us staff were nice and caring. There were enough staff, and staff were skilled and experienced to meet people's needs because they received appropriate training and support.

The service had good management and leadership. The home's management team promoted quality and safety and had good systems in place to help ensure this was achieved. They worked alongside everyone so understood what happened in the service. People had no concerns about their care but were informed how to make a complaint if they were unhappy with the service they received.

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Summary of findings

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 safe.

Good



People were safeguarded from abuse. Regular discussions were held to help people understand how to stay safe. Staff managed medicines consistently and safely.

Systems were in place to identify, manage and monitor risk, and for dealing with emergencies. People who used the service carried out checks around the home to help them understand how to keep the building safe.

There were enough staff who worked flexibly to keep people safe and meet people's individual needs.

Is the service effective?

The service was effective.

Good



People's needs were met by staff who had the right skills, competencies and knowledge.

People had plenty to eat and enjoyed the food.

People received good support that made sure their healthcare needs were met. A range of other professionals were involved to help make sure people stayed healthy.

Is the service caring?

The service was caring.

Good



People who used the service and staff told us they were very happy living and working in the home. People were relaxed in the company of staff and others they lived with.

The service focused on people expressing their views and a 'person centred culture'.

Staff demonstrated they knew people very well and had a good understanding of their support requirements.

Is the service responsive?

The service was responsive to people needs.

Good



People's needs were assessed and care and support was planned.

People enjoyed a range of person centred activities within the home and the community.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

The service was well led.

Good



People who used the service and staff spoke positively about the management team. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

Summary of findings

The provider had systems in place to monitor the quality of the service.	
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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 inspection took place on 20 October 2015 and was announced. The provider was notified that we would be visiting on 19 October 2015 because the location is a small care home for adults who maybe out during the day; we needed to be sure that someone would be in. One inspector visited the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service, and contacted the local authority 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.

At the time of our inspection there were six people living at the home. During our visit we spoke with four people who used the service, two members of staff, three volunteers (who work as part of the staff team) and the registered manager. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at two people's support plans.

Is the service safe?

Our findings

People who lived at the home were safeguarded from abuse. They told us they felt very safe and knew they could share any concerns with staff, the manager or area manager if ever they felt unsafe. One person said, “Every month we talk about things. We talk about how to be careful and how to keep safe. We practice if the fire alarm goes off.” The registered manager and staff talked about ‘be safe’ discussion groups that were held with people who used the service. We looked at minutes from these meetings which showed they had talked about different topics to help everyone understand how to stay safe and in 2015 they had discussed what to do if people were being rude or bullying, what to do if someone stopped and asked them to get into a car and what to do if they were separated from their group in a shopping centre.

People who used the service participated in health and safety checks around the home. One person told us, “I check the doors close properly when we test the fire alarm, check outside is safe so people don’t fall, check the lights and report when we need new bulbs and check plugs are out.” We looked at health and safety records and saw the person, with a member of staff had signed the records to confirm they had carried out the safety checks.

Staff were very confident people were safe and had a good understanding of how to safeguard people from abuse. They told us they had received safeguarding training and knew what to do if they witnessed any incidents. They said if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. The registered manager said there were no open safeguarding cases at the time of the inspection.

The home had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding information was displayed in the office and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Staff told us risk was well managed so people were safe and had the most freedom possible.

People’s care files contained a number of assessments and supporting documents that showed risk management was centred on the needs of the person. Individual risk assessments clearly identified hazards people might face

and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks with the minimum necessary restrictions. One person told us they enjoyed going out into the local community independently. They had developed confidence to go out without staff support over a period of time. Staff told us this was done through effective risk management.

People lived in a clean and safe environment. Rooms were decorated to individual taste and people could choose what items to keep there. Assessments for managing risk were available and covered key areas such as infection control. Equipment was checked to make sure it was in safe working order. We looked at records that showed fire equipment was tested and regular fire drills were practiced. The home had in place personal emergency evacuation plans for each person living at the home.

There were enough staff with the right experience to meet the needs of the people living at the home. People told us they spent time with members of staff and had lots of opportunities to go out individually or as a group.

All staff had worked at the home for at least 14 years. Volunteers also worked at the home and spent time with people who used the service. The provider recruited three ‘overseas’ volunteers each year. They worked alongside members of staff and lived on site. Everyone we spoke with said the arrangements worked well.

In the PIR the provider told us people who used the service were actively involved in the recruitment of the volunteers and during ‘resident meetings’ applications were discussed and comments were taken on board. They were also asked how they thought the volunteers were doing at regular intervals.

We spoke with the volunteers who discussed their recruitment process. They said they had filled in documentation, attended two interviews and relevant checks were carried out before they were recruited as a volunteer. We looked at files for two volunteers and found recruitment practices were safe. We also saw Disclosure and Barring Service (DBS) checks were carried out for all staff in 2013. The DBS is a national agency that holds information about criminal records.

We looked at the systems in place for managing medicines in the home and found there were appropriate arrangements for the safe handling of medicines. Staff had

Is the service safe?

completed a short medication training course and had recently completed a medication distance learning course which involved the completion of a workbook. The registered manager said they were waiting for the formal certificates to arrive. The registered manager said all staff who administered medicines worked alongside others who administered medicines, however, they did not complete formal competency checks. The registered manager sent us a copy of a competency form they were going to use and said these were being introduced straightaway.

People's medicines were administered from a 'dosette box' which was prepared by a pharmacist. We saw medication

administration records were completed correctly and medicines were audited on a regular basis. People's care records provided information about how to support people with their medicines. The provider had guidance for administering medicines but did not have a copy of the NICE guidance for managing medicines in care homes, which provides recommendations for good practice on the systems and processes for managing medicines in care homes. The day after the inspection, the registered manager contacted us and confirmed they had obtained a copy.

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. We looked at training records which showed staff had completed a range of training courses including first aid, food hygiene, safeguarding vulnerable adults, person centred planning, moving and handling, equality and diversity, autism, medication and diabetes. Although records we reviewed evidenced staff had received training, it was difficult to establish that all staff had completed all the necessary training or when they were due to attend refresher training. The registered manager told us they would introduce a training matrix to ensure all training requirements were clearly captured.

We spoke with staff about training. They told us the training they received provided them with the skills and confidence to carry out their roles and responsibilities. One member of staff said, "We get plenty of training and they let us know when new guidance is out. We also talk about lots of different topics. [Name of registered manager and deputy manager] would never let us go without training." We spoke with three volunteers about their induction programme which they were still completing. They said they had been provided with good support, which had included training, an induction workbook and formal supervision. We looked at the initial induction which was very detailed and had been completed with the registered manager.

Staff we spoke with said they were well supported by the management team who were accessible. They told us they received regular supervision where they had opportunities to discuss their work. We looked at staff records which showed staff had received an annual performance review and formal supervision sessions. It was difficult to establish the frequency because dates were recorded in a diary. The registered manager told us they worked closely with the team and spent time working alongside individual members of staff but would introduce a clearer system for evidencing when staff received formal supervision.

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.

Staff told us effective systems were in place which ensured people could make decisions about their care and support. They provided examples where people had been encouraged to make decisions. Staff told us they had received MCA training and were able to discuss the key requirements of the MCA. In the office information was displayed about the MCA and its core principles.

People's care records contained information about promoting choice and supporting people to make decisions. We saw one person's records clearly showed they had communicated their wishes in relation to healthcare and did not wish to have some prescribed medicine applied. Staff arranged for the person to meet the GP, who respected the person's wishes and agreed an alternative. This demonstrated staff considered the person's capacity to make decisions and involved the right professionals.

During a meeting in July 2015 people had discussed visiting the doctors and receiving support from staff. The discussion covered the importance of people having a voice and understanding the support role staff played. The minutes showed people had discussed their right to choose and take control of their lives.

People told us the quality of food and menus were good. They said they always had plenty to eat and drink. One person said, "The food is nice." Another person said, "We look at the menu cards and choose the menu." People met weekly, and used pictorial cards to help them decide the following week's menu. Staff also used information to help people understand how to stay healthy and eat well. They used healthy eating guides and an 'eat well plate' which showed healthy portions.

We looked at weekly menu sheets which showed people ate a varied and balanced diet. The week before the inspection the menu included chilli con carnie, Spanish omelette, pie, roast dinner, gammon, Irish stew, take-away, and fish and chips.

People told us they received good support with their health needs. One person discussed recent dental, nurse and GP appointments. Another person said, "I have my own doctor and have just had my flu jab. I go to the optician and

Is the service effective?

dentist when I need to.” Care records contained good information about how people’s health needs were being met. Records confirmed that people had health checks

with their local GP and support from health care professionals to meet any specialist health care requirements. Staff told us good systems were in place to monitor people’s health and health needs were well met.

Is the service caring?

Our findings

People who used the service and staff told us they were very happy in the home. One person who used the service said, “The house is really nice. All the people are really nice.” Another person said, “I love it here. I like everything about it. I love the garden. All the staff are very good. If I say I want to go out, they say yes.” Another person said, “They ask at meetings if I’m happy and I say yes.” A member of staff said, “People have lovely lives and are very happy living here.” Another member of staff said, “We are all a team, we know what people love and know people really well. Everyone loves coming to work.”

The service focused on people expressing their views and a ‘person centred culture’. In the PIR they told us, ‘We assist each person to fully participate in an exciting, well rounded person centred review. We have received excellent external feedback relating to the quality of these reviews.’ We looked at pictorial ‘displays’ which had been developed with each person and were used during reviews; these covered areas such as ‘things I enjoy’, ‘my health’, ‘my home’, and ‘holidays’.

One person said, “At my review I talk about everything; about what I want to do and where I want to go.”

In the PIR they told us, ‘Staff communicate in a way that is appropriate for each individual. People have full autonomy in making decisions with appropriate support. Decisions are not made for or on behalf of service users; staff support and advise service users, enabling them to make decisions for themselves. Where verbal communication is limited, other formats are used, i.e. pictures, large font or signing.’ Staff talked to us about different communication methods

which included the formats described in the PIR. We saw that pictures for selecting meals were used regularly to help people decide what they wanted to eat. This helped ensure everyone’s preferences were met.

During the inspection there was a happy, friendly atmosphere and people were relaxed in the company of staff and others they lived with. It was evident relationships with staff were very important. People were very comfortable in the home; they freely accessed all areas and chose when to spend time in communal areas and time in their own room. One person showed us their needlework and craft work which was displayed in the home. Another person showed us what they had done in the garden. We saw from the care records these were activities people enjoyed.

Staff demonstrated they knew people very well and had a good understanding of their support requirements. Staff we spoke with were able to tell us about people’s needs, likes and dislikes, history and future goals which helped them understand the person and how to respond when offering support. Volunteers talked about their induction programme which focused on treating people with respect, getting to know people and finding out what they were interested in. We saw the induction workbooks which were very comprehensive and showed the volunteers had spent time researching the areas they discussed.

All the staff we spoke with were very confident people felt really cared for. A volunteer said, “The atmosphere is lovely. Everyone is always smiling. Staff create a lovely atmosphere for the people who live here.” Another volunteer said, “Staff really care and want to make people happy.” A member of staff said, “We all work together and want to achieve the best for everyone. It’s a very respectful service all round.”

Is the service responsive?

Our findings

It was clear from discussions with people who used the service and records that people received consistent, person centred care and support. Care records showed people's lifestyle was developed around their needs and preferences. Their social life/leisure care plan outlined what they enjoyed doing. People told us they enjoyed activities within the home and the community. One person told us they enjoyed going out for coffee on a morning and their daily records confirmed they did this regularly. Another person told us they enjoyed going out shopping with staff.

People told us they enjoyed meetings where they talked about what they wanted to do. We saw from the meeting minutes people identified activities they wanted to do and were then supported to do these. One person said, "We talk about outings at the meetings and decide where we want to go."

People's care and support needs were assessed and plans identified how care should be delivered. There was good evidence to show people had been involved in the care planning process and talked about what they enjoyed and what they were looking forward to. People's care records had a section named 'make my own choices', and this identified things people wanted to do and things they didn't like to do. Each person had a range of assessments and support plans which were personalised and covered important areas such as personal care, relationships, health, cultural needs and accommodation.

People had person centred review meetings to help identify what was going well and what was important for the future. We saw others who were important to the person had attended the review meetings. People identified goals and actions and were supported to achieve these. A volunteer said as part of their induction they had been told their role was to "help people reach their goals and fulfil their wishes."

The registered manager discussed the arrangements they had in place for ensuring the service was responsive. They told us people had lived at the home for several years and the staff team were long standing so everyone knew each other very well. The registered manager said the staff team were very committed, motivated and enthusiastic, and continuously looked at how they could improve people's quality of life. They told us communication was very effective and something everyone did well. Staff we spoke with agreed.

People who used the service told us they had no concerns about the service. We saw there was information displayed in the home about how people could make a complaint if they were unhappy with the service. In the PIR they told us, 'Everyone is provided with a service guide which directs people how to raise a concern / compliment and how this will be dealt with. The pictures used in this booklet were chosen by tenants to ensure understanding'. The registered manager told us they had not received any complaints since the last inspection.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. They dealt with day to day issues within the home and worked alongside staff overseeing the care given and providing support and guidance where needed. We received very positive feedback about the management team. One person who used the service said, "I see [name of registered manager] lots. She always talks to us about everything and is really nice." Another person told us they were very happy with everything and could talk about anything they wanted to change. Two people talked to us about visits from the area manager. One person said, "[Name of area manager] comes to see us and checks things are ok." Another person said, "[Name of area manager] makes sure I'm ok." The local authority told us, they worked 'closely with the provider as part of the contract management process. The provider is very much engaged in this process'.

Everyone was actively involved in the day to day operation of the service and their contribution was valued. Quality assurance arrangements ensured people received care and support that was safe and met their individual needs. People who used the service were encouraged to discuss their views about the service on an individual basis and at regular meetings. People told us their views and experiences were taken into account and used to help measure the quality of the service. 'Resident meeting' minutes showed people who used the service chaired the meetings and gave others opportunity to comment and contribute.

Staff told us they were encouraged to put forward ideas to help improve the service and suggestions were always well

received. They knew what was expected of them and understood their role in ensuring people received the care and support they required. A member of staff said, "We're all very well supported." Another member of staff said, "Management are brilliant. It's really well managed. I love work and am proud to work here. It's professional."

Staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff meeting minutes contained bullet points but it was not always possible to establish topics that were discussed. For example, the area manager had identified that some key policy documents should be covered during a recent meeting but the minutes did not clearly reflect this. The registered manager told us they would expand the notes to ensure everyone knew what was covered at meetings.

There was a system of audits completed by people who used the service, staff and the home's management team. Records showed the audits and checks were carried out on a regular basis and covered key areas such as cleanliness, food hygiene, water temperatures, window restrictors, first aid and 'traffic route inspections'. Traffic route inspections checked that all fire escape routes were clear. Staff told us good systems were in place to make sure everything was done properly.

Representatives of the provider also carried out audits when they visited the service. We saw from the visitor's book the area manager had visited the service three times in September. Reports were completed and areas for development were identified. We looked at a visit report for September which showed during the visit the area manager reviewed support plans and health records, social activities, accommodation and staffing.