

Sand Care Limited

Aram House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Aram House is a care home for up to five adults with mental health needs. The service aims to support people who were living in other care settings or hospital with the goal of moving to a more independent setting when they are ready. At the time of our inspection five people were living at the service. They were in different stages in their journeys through recovery.

The service was owned and managed by a small private company. This was their only service. The director of the company was also the registered manager.

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

People were happy with the support they received. They were able to make decisions about their care and everyday lives. The staff treated them with respect and they had good relationships with them. People were supported to learn self help and independent living skills.

People were supported to access the healthcare services they needed, and staff helped them liaise with health care professionals if they wanted and needed this support. Staff helped people with their medicines and people were given opportunities to take control of this themselves.

People were involved in planning and reviewing their own care. Care records were clear and gave staff guidance about the risks people were exposed to and how to best support them to minimise these risks and meet their needs.

The staff were well supported and communicated well with each other. They had access to a range of training and information to help them provide effective care.

The registered manager was appropriately qualified and had a very good knowledge of the individual needs of people who used the service and the staff. There were effective systems for monitoring and improving the quality of the service, as well as responding to incidents, accidents and complaints.

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.

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

Rating at last inspection

The rating at the last inspection of 24 April 2017 (Published 8 June 2017) was Good.

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.

Aram 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

The inspection was conducted by one inspector.

Service and service type

Aram 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.

The service had a manager registered with the Care Quality Commission. This means 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

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider including the last inspection report.

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 met two people who used the service, the registered manager and one support worker. We looked at the

care records for two people who used the service, staff recruitment, training and support records for two members of staff, how medicines were managed and other records used by the provider for running the service, such as audits, meeting minutes and records of accidents and incidents.

After the inspection

We contacted four healthcare professionals who worked with the service to request their feedback. We received feedback from two.

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

- The provider had procedures for safeguarding people from abuse. They also had information regarding the local authority safeguarding procedures. The staff had undertaken training in this area.
- People using the service told us they felt safe. This was also reflected in feedback they had given the provider during reviews of their care.
- The building was equipped with CCTV monitoring entrances, exits and some communal areas. This was designed to provide security not as a way of monitoring people's movements. People were informed about this and agreed to the use of this as part of their terms of residency.
- The staff undertook a financial risk assessment for each person which assessed their vulnerability and capabilities to manage their own finances. For people who needed support in this area there were clear processes to make sure all financial transactions were recorded and in agreement with the person using the service.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. These included risks associated with their mental or physical health, risks of harm to themselves or others and risks when they were accessing the community. There were clear guidelines for staff and the person about how they could minimise risks.
- There was an emphasis on promoting independence and people making safe choices. People were involved in assessing and planning for these risks and helping to develop their own strategies and goals.
- There were detailed plans for people who were at risk of harming themselves or having a mental health crisis. These plans included information about triggers and signs to look for which indicated the person may be needing additional support or treatment. There were also recovery plans for the person and staff to follow after these types of incidents, so they could recover more quickly and get the help they needed. One professional told us, "The staff are able to support [person] through these challenges and any incident is managed in a compassionate and dignified manner."
- The building was safely maintained. Risks within the environment had been assessed. There were regular checks on equipment, water, gas, fire and electrical safety. The staff had created individual personal evacuation plans for each person which described how they needed to be supported in the event of an emergency.

Staffing and recruitment

- There were enough suitable staff to meet people's needs and keep them safe. People told us staff were available when they needed them, and they did not have to wait for support. The registered manager worked alongside other staff providing care and support. One person told us, "The staff are always around,

they are in communal areas and we can spend time talking with them and ask them if we need help."

- There were appropriate systems for recruiting and selecting staff which included formal interviews, obtaining references from previous employers, checks on any criminal records and checks on their identity and eligibility to work in the United Kingdom. The registered manager interviewed all staff and then invited them for an informal session with people using the service. This meant the candidates could get to know more about the role and people using the service had opportunities to feedback their opinions before staff were offered a job.
- The provider carried out a thorough induction, training and assessed staff competencies to make sure they were suitable to work at the service.

Using medicines safely

- People received their medicines in a safe way and as prescribed. People using the service were supported to take control over their medicines, and at the time of the inspection, were doing this in several different ways. The registered manager explained the aim was for people to become more independent, so they would be able to manage their own medicines without support when they moved from the service. There were appropriate risk assessments and plans regarding this.
- Medicines were stored safely, and the staff carried out regular checks to make sure records were accurate and medicines were safe and within date. There was information for the staff about the different types of medicines people used and potential side effects.
- Staff were trained so they understood how to manage medicines safely. The registered manager assessed their competencies in administering medicines.
- There were regular audits and checks to make sure medicines procedures were followed and medicines were managed in a safe way.

Preventing and controlling infection

- People were protected by the prevention and control of infection. The home was clean and well maintained. The staff carried out checks to make sure this remained so. The staff had received training regarding infection control and food hygiene.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong and making improvements. The registered manager kept up to date with changes in legislation and good practice and shared this information with the staff. There were regular team meetings and handovers each day, where the staff discussed when improvements or changes were needed.
- Staff recorded all accidents or incidents. Records were detailed and described what had happened and whether things could have been done differently. The registered manager reviewed and analysed all of these records and care plans were updated if this was an identified need following an incident.

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

- The staff undertook assessments of people's needs and choices before they moved to the service. The assessments included interviews with the person and professionals involved in their care as well as looking at reports about their mental health history.
- People's transition to the service was usually paced to suit their individual needs and normally included a number of short visits and stays before the person moved in. The registered manager explained there were also processes for dealing with emergency or short notice admissions to make sure people felt supported and their needs were assessed as soon as possible.
- Information gathered during these visits and the initial assessment was used to plan people's care. There was clear evidence of their involvement and input into this.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and had the training and information they needed. New staff completed an induction into the service, shadowing experienced workers and undertaking a range of training. The registered manager assessed their competencies and monitored their progress to make sure they understood their role and responsibilities.
- Staff undertook regular training updates and also training where there was an identified need. For example, when a person who had specific condition or need moved to the service, the registered manager organised for the staff to have training in this area. The registered manager had systems to monitor when staff needed to renew their training. Some staff had undertaken vocational qualifications relevant to their role.
- There was a range of information for staff including a handbook and policies and procedures. The registered manager also obtained guidance on best practice and legislation to discuss with the staff so they could provide effective care.
- The staff had daily handover meetings where they discussed the needs of people using the service and any changes. They also took part in monthly individual and team meetings with their line manager to discuss their work.

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

- People's nutritional needs were assessed and planned for. Where people had a specific need this had been recorded and they had developed their own goals with staff in respect of this. The staff encouraged people to think about healthy meals and make healthy food choices.
- People planned their own menus and prepared their own food with the support of staff if needed.

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

- People were supported to access healthcare services if they wanted and needed this support. Staff helped them to make appointments and escorted people if they wanted this. People accessed community mental health services, their doctor and other professionals, such as dentists. The staff kept records to show these appointments had taken place and any information from these which affected people's care.
- People's care plans included information about their physical and mental healthcare needs and specific objectives they had for meeting these. The care plans were regularly reviewed and updated. This meant the staff had a good understanding of their needs.

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

- The building was suitable to meet people's needs. The service was set up like a family home with pleasant décor and furniture. One professional told us, "The home environment is always maintained to an immaculate standard which hopefully serves a dual purpose of role modelling for residents step down pathway." People made use of communal rooms which were well equipped and homely. Everyone had their own bedroom with en-suite facilities. They were able to personalise and decorate their bedrooms.
- The provider had set up systems which ensure people's use of facilities did not impact on others. For example, there was ample hot water supply and electrical systems were individual so the system would not trip if there was a problem in another area of the home.
- There was a communal garden with a sheltered smoking area.

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.

- Everyone using the service had the mental capacity to make decisions about their care and treatment. There was clear evidence they had been involved in decision making and they confirmed this. Care plans and reviews included the person's perspective and objectives they had set themselves. People had signed consent to different aspects of the service and sharing of information.
- People confirmed the staff asked for their consent before they provided any support.
- The staff undertook training about the MCA so they were aware of the principles of this and how they should respond if they cared for someone who lacked mental capacity.

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 were treated with respect by the staff. One person told us, "The staff here treat you like a person not a diagnosis, all of them are really good." There was a relaxed and friendly atmosphere at the service where people were supported to express their opinions. People told us they got on well with each other and staff, and it was a calm and supportive setting.
- People received personalised support which reflected their needs and wishes. One professional told us, "Due to Aram's House small number of residents I think this benefits residents immensely as they get a very individualised support plan and daily attention." This was reflected in the examples of care we saw and read about. People were afforded the time with staff to discuss and reflect on their needs which helped with their recovery.
- The culture of the service was non-judgemental, they supported people with a range of different identities, lifestyle choices, abilities, cultural and religious needs. The staff had undertaken training to help them understand people's different needs and how they could offer support to meet these, particularly when people were experiencing poor mental health. One professional confirmed support in this area was good, telling us, "Staff have supported [person] with [their] identity and have made [them] feel at home in the company of the rest of the residents."

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

- People were involved in planning and reviewing their own care. They were able to make decisions about how they spent their time and their plans for the future.
- Each person was assigned a keyworker who supported them to think about what they wanted from the service and goals they would work towards. They had regular meetings and discussions with their keyworker, registered manager and other staff to review their care and make sure it was still appropriate for them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Everyone had their own bedroom with en-suite facilities. Staff knocked and asked permission before they entered rooms. People had their own keys to their rooms and the house.
- People were supported to develop and enhance their independent living skills. They planned for and prepared their own meals and took responsibility for keeping their room clean and attending to their laundry.
- People were also supported to develop strategies and plans to help them manage independently in the

community and for the future when they may live alone, or in a less supported service. This was an integral part of their care planning and people set their own objectives which they worked towards.

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 personalised care which met their needs and reflected preferences. Care was planned with people, so they were fully involved in deciding the support they needed and would like. The service was designed to support people with their mental health recovery. They identified their own goals with staff and worked towards these.
- People using the service told us they received the help and support they needed. They were involved in regular reviews to make sure care plans were still applicable and to identify any changes which were needed.
- One healthcare professional told us, "Aram staff are good at managing complex patients moving from forensic settings to the community whilst balancing individual needs or wishes in a sensitive manner." Some people had successfully moved on from the service. The staff had helped with the transition and offered ongoing support to people.

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 and any sensory needs were identified and recorded in assessments and care plans. At the time of our inspection, no one had a need in this area and they were able to understand the information shared with them and written documents. People were offered copies of their care plan and information about house rules and how to make a complaint.
- One professional told us a person who had previously lived at the home had communication needs and a language barrier. They explained the staff worked very well with the person supporting improved communication and building their confidence with a positive result of the person starting a voluntary job and moving to their own flat.

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 living at the service were supported to access a range of community activities. These included attending college, work, local gyms, therapy and mental health support groups. The staff offered assistance when people needed this to plan these activities or travel to them.
- People were also supported to use the local community for shopping, leisure activities and attending places of worship.

- People built up good relationships with staff and others living in the home and were also supported to maintain their external relationships with families, friends and partners.

End of life care and support

- No one was being cared for at the end of their lives at the time of the inspection. The registered manager had asked people if they had any specific wishes regarding funeral arrangements of end of life care and support.
- The registered manager told us this was an area they wanted to develop further but some people found the subject hard to discuss. The staff were respectful of this because people were in different stages of recovery from a range of mental health conditions and therefore were distressed when speaking about the topics of death and dying. The registered manager explained they would liaise with other healthcare professionals involved in people's care in order to develop plans which could be followed in the event they were needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and people using the service were aware of this. People said they knew what to do if they were unhappy with anything or wanted to make a complaint. They told us the staff and registered manager were available if they wanted to speak about something and they were confident any issues would be resolved.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service where people felt supported. People got on well with each other and staff and were able to express their views and make decisions about their care and the home. They took part in meetings with others to discuss the service and any ideas they had.
- The staff were well supported and felt happy working at the service. They spoke about people in a positive way and wanted the best for them. They also felt they worked well as a team with common objectives in supporting people.
- Feedback from one professional included, "Aram House is a very caring organisation that is passionate and patient focussed. Their work makes such a huge impact to the lives of clients whose needs are complex and may at times be difficult to be accepted in community placements."

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

- The provider had procedures regarding duty of candour and dealing with complaints, accidents and incidents. They were open with people using the service and discussed any incidents with them to find out what staff or the person could have done differently.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also the director the company. They had established the service and developed it to reflect an area of need they had identified. They were a qualified social worker who had previously worked with people with mental health needs in hospitals and the community. They wanted to establish a safe home where people could move from hospital settings and develop their own skills and strategies to move on.
- The registered manager's experience and qualifications as a social worker helped them to understand best practice. They had also undertaken a management in care qualification. They had developed a range of policies and procedures which reflected good practice and legal requirements. They sourced external help from a human resources company to assist with staffing matters, training and audits of the service.

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

- The service engaged with people and other stakeholders. The provider asked people using the service and

others if they would like to complete quality satisfaction surveys. They had not received any but they had effective systems for obtaining informal feedback. These included regular meetings with people as a group and individuals, team meetings and handovers for staff and discussions with other professionals.

- There was evidence the provider considered equality characteristics in the way they planned care and supported people. They had arranged for additional staff training to better understand people's diverse needs and made sure staff and others use terminology and language people felt comfortable and happy with.

Continuous learning and improving care

- The provider undertook regular audits of different aspects of the service. They made sure the environment was safe, analysed incidents and accidents and reviewed people's care.

- The registered manager told us they were always learning different approaches and improving the quality of the service to individuals. The nature of the service was that people would live there for a short period of time. This meant they were supporting people with different needs, disabilities and characteristics. They had adapted the service to meet these different needs. They also met with people before and after they moved on to ask for their feedback about their experiences of the service. They used this feedback to reflect on changes they could make.

Working in partnership with others

- The staff worked closely with other healthcare professionals and community mental health teams to make sure people received joined up care and support. They also liaised with the providers of services for people who had moved from the home to make sure their transition went well and they continued to receive the support they needed.

- One external professional told us, "It is a real pleasure working with Aram house. They provide regular detailed update reports on the progress of clients. Each report clearly highlights set goals and achievements. Review meetings are handled professionally in a respectful and confidential manner." Another professional explained the staff were always responsive to any queries and contact.