

Voyage 1 Limited

48 Heath Road

Inspection report

Holmewood
Chesterfield
Derbyshire
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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

The inspection took place on 6 February 2016, it was unannounced. The home was last inspected on 13 August 2013 when it was compliant in all areas and no concerns were identified.

The home is located in the Holmewood area on the outskirts of Chesterfield, Derbyshire and provides care and support for up to eight adults with a learning disability or autistic spectrum disorder. Some people have associated conditions that included sensory disability, epilepsy and behaviour that can put themselves or others at risk. At the time of our inspection eight people were living at 48 Heath Road.

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 were happy, comfortable and relaxed with staff and we saw, they indicated with facial expressions and body language they were happy living in the home. They received care and support from staff who were appropriately trained and confident to meet individual needs. Formal supervision and appraisal sessions were in place. Safe recruitment procedures were followed and appropriate pre-employment checks carried out, including evidence of identity and satisfactory written references. Staff were supported by the registered manager who worked with them to assist their continued professional development. There were sufficient staff on duty to meet people's needs and to keep them safe.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where people required special diets these were followed, people were still able to choose what they ate within these restrictions.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practise. There were systems in place to ensure medicines had been stored, administered, audited and reviewed appropriately. People were able to access health and social care as required.

People were encouraged to make their own life choices and were being supported to make decisions in their best interests. They were then supported to undertake those life choices and activities. The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff responded to their concerns and wishes. Relatives and stakeholders were able to influence what happened to people who lived in the home.

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 ●

People were kept safe from avoidable harm.

People's freedom was respected and they were supported to make individual choices.

There were sufficient numbers of staff to keep people safe.

Medicines were managed in a safe way.

Is the service effective?

Good ●

Staff had the appropriate skills and knowledge to care for people effectively.

Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet.

People are supported to access community health services when this was appropriate.

Is the service caring?

Good ●

There were positive caring relationships between people and the staff who cared for them.

People were supported to express their views and make decisions about their care.

Privacy and dignity was respected in the home.

Is the service responsive?

Good ●

People receive care that is responsive to their needs.

People's preferences and wishes were respected and they were supported to follow interests.

People's concerns were acted upon and people knew how to feedback complaints if necessary.

Is the service well-led?

There was a positive culture in the home which was person centred and a culture which was inclusive and empowering.

Good leadership was demonstrated by the registered manager who was keen to drive improvement in the home.

The approach to good quality care was integral to the service and was monitored to ensure continuous improvement.

Good 

48 Heath Road

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 was 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.

The inspection took place on 6 February 2016 and was unannounced. The inspection was conducted by one inspector.

Before the inspection visit we reviewed the information we held about the service. This included any notifications the provider had sent to us about what was happening in the home. We also contacted the Local Authority and Healthwatch to ask for any information they may have.

We observed care practice, spoke with two people who used the service, three relatives of people who use the service, the registered manager, acting senior carer and one carer. We also spoke with two professionals who visited the service. We looked at documentation, including three people's care and support plans and daily notes. We also looked at three staff files and records relating to the management of the service. These included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Not all of the people living in the home were able to fully express their views about their care. We used the Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to verbally communicate their views to us.

Is the service safe?

Our findings

Those people who were able to indicate or us told us they felt safe living at 48 Heath Road. One person indicated, using gestures, that they enjoyed living in the home. Our observations confirmed people were supported and supervised in the home to keep them safe. We spoke with relatives of people living in the home and they told us they were very confident their family members were safe and this was due to the care they received and also to the safe physical environment.

People were protected from avoidable harm as staff had received training so they understood how to safeguard people. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting abuse. Staff knew who to go to with any concerns they may have if they were concerned people may not be treated appropriately. Staff also told us they were confident any concerns they had would be acted upon by the registered manager or the senior staff they reported it to. Records showed all staff had completed training in safeguarding and received regular updated training. Staff were aware of the whistleblowing policy and this was displayed on various walls around the building. This meant not only staff, but any visitors to the home were aware of the policy and the confidential telephone number which was available.

The registered manager explained to us how they used the Care Quality Commission (CQC) key lines of enquiry to ensure people were kept safe. They explained how these values assisted them in ensuring people in the home were protected. For example, risks were identified and plans put in place to mitigate those risks. When we looked at care records we could see these risk assessments were in place. We also saw that care plans included information for emergencies and ill health.

Staff explained how they worked with people when their behaviour put them at risk from themselves or others. They explained how they monitored people by watching their facial expressions and actions so they know when to intervene. They described some of the de-escalation techniques they used to keep people safe, for example, talking quietly to people so they became calm and assisting them to their own sitting rooms. This was so they felt comfortable in their own space and less upset by what was happening around them. The registered manager explained how important it was to respect people's individual freedom, where this was possible and safe, to help prevent them becoming agitated. By predicting possible behaviour which put people at risk staff were preventing situations before they arose.

The environment was safe and free from hazards and there were sufficient staff on duty to support the people living in the home and to meet their individual needs. Everyone living in the home was supported on a one to one basis and this ensured people were kept safe at all times. All staff we spoke with told us there were enough staff on duty and agency staff were only used when short notice was given of staff absence. The registered manager explained the staff team worked very closely with them and were flexible in when they undertook their shifts. This was to help ensure there was a continuity of staff so people were cared for by staff who were familiar with the risks to them and were experienced in caring for them. One professional said they "manage the environment really well" to keep people safe.

People's safety was supported by the provider's recruitment procedures. We looked at staff recruitment files and could see the required checks had taken place prior to staff working at the home. The staff files included evidence of pre-employment checks being carried out which included written references, identity checks and Disclosure and Barring Service checks (DBS). DBS checks to ensure staff were of good character and suitable to carry out their caring role.

Medicines were managed safely and consistently. We saw evidence that staff involved in administering medicines had received training to do this. We spoke with a senior carer and the registered manager regarding policies and procedures for safe storage of medicines and we could see these were followed. We also observed medicines being administered. We saw the medicine administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. This ensured people received their medicines from staff who had the knowledge and skills they needed to undertake this task.

Is the service effective?

Our findings

People were supported and cared for by staff who were competent, sufficiently trained and experienced. They met the needs of people effectively and in a timely way. Relatives were positive about the home and told us they had no concerns about the care and support provided to their family members. One relative said "We're very happy with [relatives] care there".

Staff told us they believed the induction was sufficient to enable them to meet people's needs. They told us they shadowed other, more experienced members of staff, for the first week. They were then expected to familiarise themselves with the people they were caring for before they worked independently. One member of staff told us if there was any learning they wanted to undertake they would talk to their line manager. Staff told us the training schedules included safeguarding, medicines, infection control and health and safety. They also told us they undertook training in how to de-escalate situations when people put themselves, or others, at risk from their behaviour. We saw staff training records were up to date for everyone and the registered manager told us the operations manager checked staff training was up to date every week. This helped to ensure people were cared for by staff who had the right knowledge and skills to undertake their responsibilities.

The registered manager told us all new staff, without previous caring experience, were now undertaking the Care Certificate. They also explained how they are using 'Development' booklets with all staff so they can track their progress and what skills and knowledge they still require. This was to ensure people were cared for by staff with a good knowledge base but also to support staff to progress in their profession. The registered manager told us they believed it was important for staff to be trained and respond to people appropriately, whether in the home or in the community. Staff told us supervision was carried out regularly and we saw from records this was the case. Supervision is a way of supporting the learning of staff and helps to ensure their responsibilities are carried out in whilst being monitored by their line manager.

We could see from our observations that people enjoyed the food in the home. There was a variety of foods to choose from and people ate together in one of two dining rooms, unless they chose to eat in their rooms. People were involved in menu planning and also shopping locally for fresh ingredients. A choice was always available if they did not want the meal on offer that day. We saw one person was offered a piece of fruit when they asked for a mid-morning snack and they were given a choice of two. However, all the food preparation took place at the same time and some people did not go to the dining to eat right away. The food was left on the worktop in the kitchen and no attempt was made to reheat this before it was served to people. As a consequence, some people would have eaten lukewarm, or even cold food. We discussed this with the registered manager and they said they would purchase a piece of equipment so people's food could be kept warm until they came to the dining room for their meals.

When we spoke with staff they explained a nutritional well balanced diet was important to people and one person was on a weight increasing diet. Another person was on a weight reducing diet. However, where people had preferences for meals which were against health advice they were supported to enjoy these occasionally. Records showed that people's dietary and nutritional needs were assessed and monitored

regularly and that staff worked with professionals to ensure people were supported effectively to maintain their nutritional health.

The provider was working within legal requirements of The Mental Capacity Act 2005 (MCA). 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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their responsibilities and the principles of the legislation in relation to the MCA and DoLS and we saw that consent to care was sought before it was given. We also saw from records that mental capacity assessments had been undertaken where this was required.

People were supported to maintain good health and relatives told us they were happy regarding the availability of health professionals, when necessary. Care records confirmed people had regular access to healthcare professionals such as GP's, dietitians and dentists. GP's visits are arranged when necessary and the registered manager said they wouldn't neglect anyone's medical needs. We saw some people were supported to attend health appointments in the community and individual care plans contained detailed information about healthcare provision. This demonstrated a range of health needs were being addressed in the home when necessary.

Is the service caring?

Our findings

People indicated with lots of smiles and gestures they felt cared for in the home. We received very positive feedback from relatives of people who were using the service. One relative said "I'm very happy with the care in the home", another said "I've never seen {relative} stressed". They also told us they saw how caring the staff were with all the people who lived in the home. The relatives we spoke also told us the registered manager was always very kind and compassionate when approached by themselves or the people living in the home. People were supported by staff who understood the individual care needs of people they were supporting. Staff also understood how people wanted to receive their care and were sensitive to their likes and dislikes.

When we spoke with staff, they told us how they supported people in a kind and caring way. We saw this many times during the day when we were observing interactions and support between people and the staff. We could see staff had developed positive relationships with people by the way staff were able to communicate with people who did not have language. Makaton was used to communicate with people and we could see people were happy and content in their interaction with staff. Makaton is a way of communicating with people using gestures and pictures. When one person did become upset we saw their key worker talking to them in a kind, caring and reassuring way using a soft voice. We could see this helped the person to relax and become less upset.

Each person had a key worker who was responsible for overseeing the monitoring of people's needs to ensure they were met. When they were not available, there was a second key worker who people could talk to and who knew them really well. Staff told us they got to know people by reading their care plans and talking to them about their lives, including family, where they had lived before and how they liked to be supported. By doing this there was always a member of staff people were familiar with and who was familiar with them, ensuring a comfortable and homely environment. One relative told us their family member was always happy to go back to Heath Road after a visit with relatives.

The registered manager and staff demonstrated a strong commitment to providing compassionate care. During our visit we saw how people were supported when they were indicating, through their behaviour, they were unhappy. The staff were always careful to ensure any other people distressed by this behaviour were supported as well. We saw people were supported to make their own choices where this was possible and relatives told us they were involved in the way their family was cared for in the home. This helped to ensure people's freedom to express themselves was supported in a way which ensured everyone living in the home was comfortable.

We saw communication and general interaction between staff and the people they supported was always respectful. One relative told us they always treated their relative with "Dignity and respect", no matter what the situation. When we discussed with staff how they maintained people's dignity when they were incontinent they explained they didn't draw attention to the person, spoke with them quietly and took them

to their rooms to assist them. They also told us they maintained people's dignity while they were having a bath or shower and if they did not require a member of staff in the bathroom they would wait outside, but be alert for any signs of distress. This attention to people's dignity and independence helped to promote people's privacy and independence.

People were supported to be as independent as they wanted to be and everyone had their own bedrooms and sitting rooms. Some sitting rooms were shared but where people shared effort had been made to ensure people were compatible. Staff explained how people chose their own meals and some people helped with the cooking, if they wanted to. People were involved in menu choices, when to get up in the morning and when to go to bed. Alongside the positive caring relationships in the home people were supported to be as independent as possible which helped to maintain a homely atmosphere for the people who lived there.

Is the service responsive?

Our findings

People received care in a responsive and sensitive way. We observed positive relationships between people and staff throughout the day, including them laughing together and undertaking the everyday tasks of daily living such as watching television together and cooking together. People indicated with smiles, laughter and body language when they were enjoying doing something and the staff responded to this by participating in what the person was enjoying. We saw people were offered choices about how they wanted to spend their time and staff respected people's choices. For example, one person wanted to eat lunch in their room, with the companionship of their key worker and this was supported. This helped to create an environment of comfort in the home where people's needs were responded to and they were supported to follow their interests. One member of staff told us the day "Revolves around what they enjoy doing". Staff were knowledgeable about the likes and dislikes of the people they cared for as well as their worries and concerns.

We saw staff interacted with individuals in different ways which was appropriate to them. Staff explained how people were supported to follow their interests and hobbies so they could maintain their individuality within the group living arrangements. However, staff also encouraged people to develop relationships with one another. This was supported in various ways, for example compatible people shared their individual living rooms. Where people preferred their own company they were able to have their own living room. Living rooms for people were in addition to everyone having their own bedrooms for their personal use only.

People were supported to maintain relationships with their families. Some people went to spend time with their families at their relatives address and families and friends were encouraged to visit the home when they wished. One family member told us staff had continued to support their relative to do a particular activity they enjoyed, even though it created challenges for the staff to support them with this. Another relative told us "They always think of {relatives} needs. A third relative told us they felt involved in what was happening in the home and to their family member. We saw that staff had used an innovative way for people to remain in contact with their family. Relatives and professionals told us the home were quick to act on ideas for improvements.

A visiting health professional involved with the home told us the staff provided "Good care" which was flexible to individual needs. They told us, despite particular difficulties, they were still supporting their client to go out of the home on a regular basis to visit the local shops. Also, the staff would support people to move to supported living in the community if it was decided this was the best future for someone. They also told us staff were keen to ensure all professionals involved with people were involved in care planning and regular reviews were undertaken.

When we looked at care records we could see there were tips and knowledge about what style of communication to use with different people. Also, there was information about what might make a person become anxious. The care plans also contained information about ways to calm down individual people if this happened. We saw details in the care records about how people indicated when they wanted quiet

time and when they did not. We saw care records contained a one page profile with details about people living in the home for quick reference. The detailed information in the care plans helped to ensure people were treated as individuals and best practise was used in situations arising in the home.

When we talked to relatives about any concerns or complaints they may have they told us they would discuss these with the registered manager and had no concerns they wouldn't be addressed.

Is the service well-led?

Our findings

People's relatives spoke highly of the service provided and felt the home was well managed. They also spoke positively about the dedication and commitment of the registered manager and the confidence they had in them. One relative said "I have lots of faith in {registered manager}", another relative said "{Registered manager} would give her life for the people in that home". Relatives told us they were very confident in the home and how they cared for their family members. They expressed their positive views about how the home was a very warm and homely place which they felt met the needs of their relatives well. They told us they had always seen people treated with dignity in the home and one relative said people were allowed to "Be themselves".

Relatives told us they were always able to talk to the registered manager, or any of the staff, about concerns they had about their family members and they were always made welcome. One relative told us any issues were dealt with by the registered manager. One relative told us they believed the registered manager ran the home with "Passion" for the people who lived there. This positive and open culture was important to ensure the home was well led, but also remained a real home to those who lived there.

A professional who had links with the home told us the home communicated well with people who lived there and were efficient and were quick to ensure people were kept safe and well.

The registered manager was well known within the home, both by the staff and people who lived there. Staff told us they could talk to the registered manager, or their line manager, about anything that was worrying them. Staff also told us they enjoyed working in the home and many of them had worked there for several years. This low turnover of staff meant people received continuity of care from staff they were familiar with.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about a very open and inclusive culture within the home and said they would have no hesitation in reporting any concerns. They were also confident any issues raised would be listened to and acted upon by the registered manager. They described the registered manager as approachable and supportive. They told us they felt respected by their managers and this was important to them in order to undertake their responsibilities. By the leaders in the organisation showing respect to the staff they managed they were leading by example to support the positive culture in the home.

Effective quality assurance systems were in place and were used by the registered manager to monitor and review the quality of the service. The registered manager carried out regular audits of all aspects of the service, including care planning, infection control and medicines. This was to ensure any shortfalls were identified and improvements were made when required. The registered manager had ensured people's safety and welfare was monitored through reviews of their care. They had taken appropriate and timely action to protect people and ensured they received necessary care, support or treatment. We saw appropriate records and documentation in place to monitor and review any accidents or incidents. This

helped to identify any emerging trends or patterns and ensured any necessary action was taken to minimise the risk of reoccurrence. The registered manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure people received the appropriate care and support they required. Auditing, and links outside the home, helped to ensure people were supported in an effective and responsive way.