Voyage 1 Limited

Gorse Hill

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

We carried out an inspection of Gorse Hill on 5 and 6 September 2017. The first day was unannounced.

Gorse Hill provides accommodation and personal care for up to ten people with a learning disability. The home is set in its own grounds and is located near to local amenities. All accommodation is single occupancy, with some rooms taking the form of a small flat, with kitchen, living and bathroom areas. All bedrooms have an ensuite bathroom. At the time of the inspection there were eight people accommodated in the home.

The last inspection was carried out on 3 and 6 July 2015. Whilst we rated the service as overall "Good", we found there were shortfalls in the implementation of the Mental Capacity Act (MCA) 2005. During this inspection, we found the necessary improvements had been made and the service was meeting all the current regulations.

People using the service told us they felt safe and staff treated them well. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required. People received their medicines safely and were supported to have a healthy diet.

Staff had the knowledge and skills required to meet people's individual needs effectively. There were arrangements in place for all new staff to complete a structured induction programme, which included the provider's mandatory training. Staff were provided with a refresher training on an ongoing basis. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored as appropriate.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People were involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and were reviewed regularly. People were encouraged to build their independence skills and were supported to participate in a variety of daily activities.

The complaints procedure provided information on the action to take if a person wished to raise any concerns. People were aware of the complaints procedure and processes and were confident they would be listened to.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. The arrangements in place for gathering people's views about the service were mostly informal; however, the registered manager was working to an action plan, which included the distribution of

satisfaction questionnaires. The registered manager also intended to record discussion and agreements following residents' meetings. All people spoken with were satisfied with the service and felt the management team and staff were approachable, helpful and supportive.

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 remains good.

Is the service effective?

Good

The service was effective.

Staff undertook appropriate training to support them in their role. Staff had regular one to one supervision meetings.

People were able to make choices about their care and the service operated within the principles of the Mental Capacity Act 2005.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led.

Gorse Hill

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 checked 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.

We visited Gorse Hill on 5 and 6 September 2017. The inspection was carried out by one adult social care inspector and the first day was unannounced.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with seven people living in the home, four members of staff, the deputy manager and the registered manager.

We looked at a sample of records including three people's care plans and other associated documentation, two staff recruitment files, induction records, staff rotas, training and supervision records, complaints records, eight medicines administration records, audits, action plans, policies and procedures, service certificates and quality assurance records.

Good

Is the service safe?

Our findings

People living in the home told us they felt safe and were satisfied with the care and support they received. One person said, "All the staff are very good" and another person commented, "The staff are helping me a lot." We observed that people were relaxed and comfortable in staff presence.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate safeguarding policy and procedure in place and a poster published by the local authority was displayed on the office wall. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of actual or suspected harm and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had also received additional training on how to keep people safe, which included fire safety, infection control and health and safety.

There were effective systems in place to help people manage their finances. We saw staff supported people to manage their weekly spending budgets in line with their plan of care. Robust records were kept of all financial transactions and receipts were retained as appropriate. The staff checked the financial records and the balance of any monies held three times a day.

People told us the provider employed sufficient staff to keep them safe and meet their support needs in a timely way. For example, one person told us, "The staff are always around if I need anything." The home had a rota, which indicated which staff were on duty during the day and night. We saw this was updated and changed in response to staff absence. The staffing rotas confirmed staffing levels were consistent across the week. The number of staff on duty was flexible based on people's needs and activities. We observed the usual level of staffing of one member of staff for every two people living in the home was increased on the second day of the inspection in order to support people on medical appointments.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. We looked at the recruitment records of two members of staff and spoke with one member of staff about their recruitment experience. The recruitment process included a written application form and a face to face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We noted the candidates' responses were recorded to support a fair process. One person living in the home told us they had sat on the interview panel. This meant they were able to influence the choice of new staff.

We noted appropriate checks had been completed before staff commenced work in the home and these

were recorded. The checks included taking up written references and an enhanced criminal records check. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We found the provider's recruitment and selection policy met the requirements of the current regulations.

Risks to individuals and the service were assessed and managed. This helped to protect people's safety and rights to freedom and independence. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments included personal care, medicines, finances, general health and the management of behaviours which challenged the service. Records showed the risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. We noted general service level risks had also been carried out including the risks associated with the environment, fire and the use of hazardous substances. These were updated on an annual basis unless there was a change of circumstances.

Following an accident or incident, a form was completed and details were added to computerised database. The registered manager investigated the circumstances of any incidents or accidents and carried out the necessary actions to minimise the risk of a reoccurrence. A behavioural therapist carried out an analysis of the incidents every three months and the results were discussed at managers' meetings.

We looked at how the service managed people's medicines. All people spoken with told us they received their medicines when they needed them. For instance, one person told us, "They are always spot on with my tablet every day." Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. We saw records of the staff training and competency tests during the inspection. Staff had access to a set of detailed policies and procedures, which were readily available for reference.

As part of the inspection, we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medicines records were well organised. However, we saw not all the information from the prescription labels was recorded on the medicines administration records. We discussed this situation with the registered manager who agreed to contact the pharmacy and ensure this issue was resolved.

Where medicines were to be taken "when required" or "as needed", we found staff had been given sufficient information to administer these medicines safely, consistently and in a way that met people's individual needs and preferences. Systems were in place to regularly check the amounts of medicines. Audits of medicine management had also been carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

Whilst there were no controlled drugs on the premises at the time of the inspection, suitable arrangements were in place in the event such drugs were to be prescribed. Controlled medicines are more liable to misuse and therefore need close monitoring.

The premises were appropriately maintained to keep people safe. We noted regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider had arrangements in place for ongoing maintenance and repairs to the building. We saw records to demonstrate gas and electrical appliances and installations were serviced at regular intervals. Personal emergency evacuation plans (PEEPs) were in place for people using the service. This meant staff had clear guidance on how to support people to evacuate the premises in the event of a fire. We also saw there were plans in place to

respond to any emergencies that might arise and these were understood by staff. The registered manager had devised a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

People were protected from the risk and spread of infection. Staff were aware of and followed the service's infection control policy. We saw there were effective systems in place to maintain appropriate standards of cleanliness and hygiene in home. Staff were provided with personal protective equipment (PPE) and this was used in the delivery of personal care.

Good

Is the service effective?

Our findings

At our last inspection, we found the provider had failed to act in accordance with the Mental Capacity Act (MCA) 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider had deprived a person of their liberty without lawful authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan, which set out the action they intended to take to meet the regulations. At this inspection, we found the necessary improvements had been made.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies and procedures in place. The registered manager and staff had an understanding of their responsibilities under this legislation. Staff were able to give examples of how they supported people to make decisions and how they involved people in all aspects of their care. Staff also understood the need to ask people for consent before carrying out care and confirmed this was part of usual practice. People's capacity to make decisions was considered as part of the preadmission assessment and the care planning processes. We noted a decision-making profile had been carried out with each person and this was recorded on people's files. We saw that people had also signed their care plans to indicate their participation and agreement.

The registered manager was aware of when to make an application for a DoLS and informed us one application had been authorised by the local authority. We noted there was supporting information in the person's care plan setting out the least restrictive options of care. Six people spoken with told us they were free to leave the home whenever they wished and we observed people freely going out into the community during our visit.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us that it met their needs. For example, one person said, "I'm getting the right help from the staff and I'm feeling much more settled" and another person commented, "The staff do the best they can."

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. New recruits completed induction training when they commenced work in the home. This included an initial orientation to the home, an introduction to the organisation's policies and procedures, the Care Certificate and the provider's mandatory training. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe,

compassionate care. However, we noted one new member of staff had not completed the Care Certificate. The registered manager made immediate arrangements to add the certificate to the staff member's allocated training. The provider's mandatory training included, safeguarding, fire safety, infection control, food hygiene, health and safety, duty of care, person centred care and managing actual or potential aggression (MAPA).

Staff newly recruited to the home shadowed experienced colleagues before they started to work as a full member of the team. Existing staff were provided with refresher training on a regular basis. We saw the staff training matrix and the overall staff training plan during the inspection. We noted there were systems in place to ensure staff completed their training in a timely manner.

Staff spoken with told us they were provided with regular one to one supervision and they were well supported by the deputy and registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff spoken with told us they found the supervision process helpful to them in their work. We saw records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. They told us they could add to the meeting agenda items and discuss any issues relating to people's care and the operation of the home. According to the records seen all staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year.

People told us they had access to a range of community health care services. These included the GP, dentist, optician and chiropodist. Where appropriate, people were given support to attend appointments and were given the option to speak to healthcare professionals in private. We noted two people were supported to attend hospital appointments during the inspection.

People's healthcare needs were considered within the care planning process and we saw written records to demonstrate staff were closely monitoring people's physical and mental health needs. This included a record of people's weights. From our discussions and a review of records, we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We noted the registered manager was in process of developing health action plans for people living in the home.

We looked at how people were supported with eating and drinking. The majority of people spoken with made complimentary comments about the food provided. For example one person told us, "The meals are very nice and you can always have something different if you don't like something." The menu was prepared and chosen a week in advance by people living in the home and food was purchased from local supermarkets. People were offered a choice at meal time as well as a salad option. We saw that any risks associated people's diets were identified and managed as part of the care planning process.

We observed lunchtime on the first day of the inspection and noted a member of staff sat at the dining table with people. The staff member actively encouraged conversation and the atmosphere was pleasant and good humoured.

Good

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful and they were complimentary of the support they received. We saw that staff interacted with people in a warm and friendly manner and observed that people were comfortable in the presence of all the staff who were supporting them. We observed that staff gave their full attention when people spoke to them and noted that people were listened to properly. One person told us, "I get on well with all the staff. They are easy to talk to and will always make time if I have any problems" and another person said, "The staff are really kind and help me with everything. I can speak to them at any time."

We observed the home had a friendly and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I enjoy working with the people we support. They are all lovely" and another member of staff commented, "The job is so satisfying. It's so good helping people with their lives." There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs and preferences. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

The registered manager and staff were considerate of people's feelings and welfare. The staff, we observed and spoke with knew people well. They understood the way people communicated and this helped them to meet people's individual needs. They also demonstrated a good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them. One person told us, they had experienced some personal difficulties. The person added that the staff supported them to talk about their experiences and were non-judgemental of their thoughts and feelings. As a result, the person felt settled and secure in the home.

People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. One person explained that their bedroom was due to be decorated and they had chosen the new colour scheme.

We saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind and respectful way. They recognised people's diverse needs and equality and diversity issues were sensitively covered in people's care plan documentation.

People confirmed they could spend time alone in their rooms if they wished. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

Staff were committed to helping people to build their independence skills and to exercise as much control

over their own lives as possible. In talking about this approach the registered manager told us how people were supported to develop their confidence so they felt able to carry out tasks for themselves. People told us how they had been supported to manage their finances and were proud of their achievements.

People were encouraged to express their views as part of daily conversations, informal meetings and care plan reviews. The meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. Whilst there were no minutes of the meetings at the time of the inspection, the registered manager had an action plan which included making notes of the discussion and agreed actions at future meetings.

Information was available for people in the form of a handbook. This set out the aims and objectives as well as the facilities available in the home. The handbook was presented in an easy read format and included pictures to illustrate the main points. Information was available about advocacy services. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were satisfied with the care and support provided by staff. One person told us, "All the staff are very helpful. [Staff member's name] came in specially to take me to an important meeting and really supported me. It was so good of them" and another person said, "I like going out with staff, so they go out with me as often as they can."

Before a person moved into the home an assessment of needs was carried out by two managers. People were also invited to visit the service so they could meet other people and the staff. The assessment process was designed to consider all aspects of people's needs and individual circumstances. We saw completed assessments during the inspection and noted information was gathered from a variety of different sources as appropriate, including the people's social worker. Following the assessment a transition plan was devised to ensure a new person moved into the home at their own pace. We noted there were also arrangements in place for emergency admissions.

We saw that staff had completed personal one page profiles. The profiles were explained to people when they moved into the home so they could get to know the staff better and be aware if they had any shared interests.

People spoken with confirmed they had been consulted about their care needs, and had been involved in the support planning process. We looked at three people's care files and from this we could see each person had an individual support plan which was underpinned by a series of risk assessments. The plans were split into sections according to people's needs and the files contained a one page profile. The profile set out what was important to each person and how they could best be supported. The plans also contained a description of a typical day, which included people's preferences. We found the support plans were detailed and provided clear information about people's needs and preferences. At the time of the inspection, one person had recently moved into the home and the registered manager was in the process of developing their care plan with the person concerned.

There were arrangements in place to review the care plan and risk assessment documentation every six months or sooner if people's needs or circumstances changed. We saw that important information in people's care files had been highlighted in red ink in order to alert the staff.

Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care, which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms. Staff handover meetings were held at the start and end of every shift. We observed a handover meeting during the inspection and noted the staff discussed people's well-being and any concerns. This meant there were systems in place to ensure the staff were responsive to people's changing needs.

The registered manager and staff supported people to engage in various activities, both in the community

and within the home. During the inspection, we noted people were supported to go shopping in the local town. Other people told us they regularly visited restaurants, pubs, cinema, bowling alley, library and various social clubs. One person also attended a local college and was a member of a football team. Another person enjoyed going fishing and visiting a farm. We saw that a variety of resources had been purchased for the home, these included board games and other games designed to encourage discussion and conversation.

One person had an activity planner so they were aware of forthcoming events. The registered manager assured us she was intending to reintroduce activity planners for all people living in the home. This would help provide people with structure in their daily lives.

We looked at how the registered manager managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner. We noted the complaints procedure was incorporated in the handbook and included the timeframe for a response and appropriate contact details. The procedure was also displayed in an easy read format on the notice board. The provider operated a "See something, Say something" card, which people could complete and send to head office if they didn't wish to raise issues in the home.

We looked at the complaints' records and found the registered manager had received one complaint over the last 12 months. We noted appropriate action had been taken to resolve the concerns in a timely manner.

Good

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the home. One person told us, "The manager is the best we've ever had. She takes things seriously and sorts things quickly" and another person commented, "The manager is really good and talks to you if you have any problems."

The manager was registered with the commission. 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.

The registered manager was committed to the continuous improvement of the service and had a good understanding of people's needs. In the three months, the registered manager had worked in the home she had implemented a more robust system of record keeping so staff were aware of their responsibilities to update the care documentation and had reinstated the senior support worker role. The registered manager told us her key challenges and plans for improvement over the next 12 months included the development of health action plans where these were not in place, updating people's care plan documentation and organising all staff files. The registered manager had also set out planned improvements for the service in the Provider Information Return. This showed us she had a good understanding of the service and strove to make continual improvements.

Staff spoken with made positive comments about the registered manager and the way she managed the home. One staff member told us, "The manager has time for everyone and is easy to talk to. She makes sure things are done properly and double checks everything." The registered manager operated an "open door" policy, which meant that people and members of staff were welcome to go into the office to speak with her at any time. We saw staff and people regularly entered the office throughout the inspection.

There were a number of quality assurance systems in place to assess and monitor the ongoing quality of the service. These included audits carried out on a daily, weekly, monthly, quarterly and annual basis. These encompassed all aspects of the operation of the home for instance medicines management, finances, staff training and health and safety and included action plans in order to address and resolve any shortfalls. The actions were transferred onto a consolidated action plan, which was one action plan for the home so they could easily be monitored.

The quality assurance systems involved gaining feedback from people using the service. This was achieved via daily conversations and care plan reviews. However, at the time of the inspection, people had not been given the opportunity to complete a satisfaction questionnaire and residents' meetings were informal. The registered manager explained she had an action plan in place, which included the distribution of questionnaires and the recording of the meetings. Following the inspection, the registered manager confirmed she had distributed satisfaction questionnaires to people living in the home.

The registered manager was supported in her role by the operations manager, who visited the home at least

once a month and was available at all times over the telephone. We saw the operations manager carried out a quarterly audit, which included checking audits undertaken, by the registered manager.

We saw there were organisational policies and procedures, which set out the expectations of staff when supporting people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager and /or provider would take appropriate action.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and the Police. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.