

Voyage 1 Limited

Titchfield Lodge

Inspection report

66 Titchfield Park Road
Titchfield
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Hampshire
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Tel: 01489588584

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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

This unannounced inspection took place on 7 October 2016. Titchfield Lodge provides support and accommodation for up to four people who live with a learning disability. At the time of our inspection there were four people living in the service. At the previous inspection in July 2015 we had identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding staffing, medicines and quality assurance processes. At this inspection we found the provider had taken appropriate action to ensure the breaches had been met.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks associated with people's care were identified and plans had been developed to reduce any risks. Incidents and accidents were recorded and monitored on a regular basis. Medicines were stored safely and administered as prescribed. Fire safety checks were being carried out by staff and there were plans for any emergencies. Procedures in relation to recruitment of staff had been followed ensuring the safety of people.

Staffing levels were planned to meet the needs of people. Staff received appropriate training and support to meet people's needs. People had developed good relationships with staff who were caring and knowledgeable in their approach. People were treated with dignity and respect. People's support plans reflected their current needs. Staff had tried to include people in the development of their care plans. Relatives told us their family members were well looked after and safe at the home. There were clear procedures in place for safeguarding people at risk and staff were aware of their responsibilities and the procedures to follow in keeping people safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff had a good understanding of DoLS and the action they needed to take. Applications had been made to the local authority and considerations had been given to updating the applications. Staff demonstrated a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005. The registered manager and staff knew how to undertake assessments of capacity and when these may need to be completed.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People's physical and emotional health was monitored and appropriate referrals to health professionals had been made.

Details of the complaints procedure were displayed around the home in a pictorial format. The home had a complaints procedure. The registered manager operated an open door policy and encouraged staff to make suggestions or discuss any issues of concerns. A system of audits was in place and used to identify where

improvements could be made.

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.

Staff had been trained in the safeguarding of adults and incidents had been reported appropriately.

Risk assessments were included in care plans and detailed how risks could be minimised.

Recruitment procedures were followed to ensure the safety of people.

Staffing levels were adequate to ensure people's needs were met.

The management of medicines was safe.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they had the skills to meet the needs of people. Staff received regular supervision.

People were protected from inadequate nutrition and hydration.

Staff understood the need for consent and the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and privacy and their independence was promoted.

Staff demonstrated a good understanding of people's needs and knew them well.

Is the service responsive?

Good ●

The service was responsive.

People has personalised support plans.

Activities were provided to meet people's individual preferences.

There had been no recent complaints and the procedure was displayed around the home in pictorial format.

Is the service well-led?

Good ●

The service was well led.

The registered manager was available and provided a "hands on" approach to support. Staff felt listened to and supported.

There was a system in place to monitor the service and where improvements were needed, plans were developed and monitored to ensure actions were carried out.

Titchfield Lodge

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.

This inspection took place on 7 October 2016 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection we reviewed previous inspection reports and looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law.

People living at Titchfield Lodge were unable to tell us in words how they felt about the home. We tried to ascertain their views by observing their behaviour and looking at records of how staff gathered this information. We spoke to four relatives to gain their views on the service their relative received whilst living at Titchfield Lodge. During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at two people's records, including support plans, medicines records and risk assessments. We viewed accident and incident records, staff recruitment, training and supervision records. We reviewed a range of records relating to the management of the service such as complaints, records, quality audits, policies and procedures. We spoke with the registered manager and seven staff members gave us feedback following the inspection.

Is the service safe?

Our findings

Relatives told us they had no concerns about the safety of their relatives being cared for and supported at Titchfield Lodge.

At the inspection in July 2015 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found the procedures relating to medicines being taken outside of the home were not safe. During this inspection we found action had been taken and the provider was now compliant with this regulation.

The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Records showed the amount of medicines received into the home were recorded. People were prescribed medicines to be given when required (PRN) and there were clear protocols in place for their use. Medicine administration records (MAR) showed these were recorded so staff could monitor their use. All staff involved with medicines completed training in the safe administration of medicines. Staff were required to undertake an annual competency assessment to ensure they were safe to administer medicines. We found one very small error in the recording of one stock of medicine but this had no impact on any person. The registered manager stated she would discuss this matter with all staff.

At the inspection in July 2015 we found the provider was in breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found the experience and skills of staff had not been considered when deploying them in the service. During this inspection we found action had been taken and the provider was now compliant with this regulation.

Staffing levels were planned and sufficient to meet the needs of people and duty rotas reflected this. Staffing levels showed various patterns which were planned to ensure people were supported to take part in activities they enjoyed. Staff told us there was always enough staff on duty to meet people's needs. They advised us they supported each other and worked well as a team. The registered manager told us the service was fully staffed and no longer used agency workers. They said this meant the consistency and support for people had improved. The registered manager had also introduced a new duty rota, which increased the hours the staff were on duty for. We were advised this was introduced as a trial with the aim of ensuring there were little changes throughout the day for people. The registered manager told us this was proving to be a success. Staff also confirmed they thought this was benefitting people.

Recruitment records showed relevant checks had been followed to keep people safe. Checks with the Disclosure and Barring Service were made before staff started work. Application forms had been completed and where available staff's qualifications and employment history including their last employer had been recorded. Photographic evidence had been obtained ensuring staff were safe to work with people.

Relatives told us they believed people living in the home were safe. The home had its own policy and procedure relating to what action should be taken if abuse was suspected. Staff had a good knowledge of the types of abuse and what action they should take if they suspected any abuse was happening. Staff had knowledge of safeguarding people at risk and had received training to support this. Staff were aware of the policies regarding safeguarding and which agencies should be informed if there were safeguarding

concerns.

People were supported to have as much freedom as possible in terms of accessing all areas of the home, garden and the community. Risk assessments had been completed. These clearly identified who had been involved in the decision making and considered the person's happiness over the risk. They clearly identified the risk and the consequences of the risk. They recorded the action to take to reduce the risk and they included the person's views, when these were known. Risks were reviewed on a regular basis and where necessary changes had been made to ensure the risk taking was still safe. Staff were aware of the risks relating to people and signed people's risk assessments to demonstrate they were aware of the risks.

Risk assessments had been carried out on the home. There were procedures in place in case of emergency situations in the home including fire, flood or loss of power. The registered manager had ensured the safety of people by creating a safe haven at the bottom of the garden. This was a building which was fully equipped and had a power supply and people had started to spend time in this facility. The aim was to ensure in the event of an emergency people would not become distressed and have a safe familiar place to stay in.

Is the service effective?

Our findings

Some relatives told us they were concerned about staff changes which had taken place over the last year as they felt the changes had a negative effect on people living at the home. Relatives commented they thought the staff; especially the longer term staff were well skilled and able to look after their relatives very well.

The home used a training matrix to record what training staff had undertaken and when the training was due for renewal. A range of training methods were used, from on-line to more practical face to face training. The training matrix identified that not all staff had completed training in various subjects, for example only 75% of staff had only received training on a particular medication. We were told this was because the new and internal bank staff had not yet covered this training course. However we were advised there was always someone on the duty rota who had already had this training. Staff were required to complete a test following the E learning training and from there they were given an overall score, ensuring they had sufficient knowledge in the area. Staff told us they found the training to be good and equipped them to do their job safely and effectively. A staff member told us they had completed a two day Makaton (Makaton is a particular sign language designed for people with a learning disability) course which enabled them to communicate with one of the people living at the home. Staff training records also included records of supervision sessions. It was clear staff were receiving regular supervision. Staff told us they felt supported in their role and could ask for support at any time. New staff undertook the 'The Care Certificate' which is the standard employees working in adult social care should meet before they can safely work unsupervised. It gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005. Staff told us if people were unable to express themselves vocally they tried to establish if people liked certain things by watching their behaviour and patterns of behaviour. The registered manager and staff knew how to undertake assessments of capacity and when these may need to be completed. Where best interest decisions had been made it was recorded in the person's records that they were unable to consent to the decision being made. Capacity assessments had been made on all areas of the care plan.

The registered manager understood Deprivation of Liberty Safeguards (DoLS) and staff received training to support their understanding. Applications to deprive people of their liberty had been made to the local authority and the registered manager understood the need to ensure these were in date and still reflected

people's current restraints.

People were supported to have a sufficient amount to eat and drink. People's preferences regarding their meals had been recorded. Staff were aware of people's preferences with food choices and these were incorporated into people's meals. Where needed records of people's nutritional intake were recorded on a daily basis. People had risks identified regarding their meal times in their support plans and support from staff was provided to minimise these risks. Where appropriate, referrals had been made to the speech and language therapy team and dietician. Their advice had been added to support plans. Meal times were relaxed and not rushed and people who enjoyed eating out were supported to do this on a regular basis.

People's support plans had details of health and social professionals who supported them. Details of any referrals and appointments were maintained in people's records. Records of on-going appointments and advice were recorded and where necessary the advice was written into the care plan.

Is the service caring?

Our findings

Relatives told us they felt the staff were caring in their approach and their relatives were well looked after.

The home had stopped using agency staff. Staff were cheerful and the atmosphere at the home was relaxed and people seemed contented and happy. We observed positive and caring interactions between people and members of staff. Staff spoke to people in a kind, calm and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance or space and provided this in a positive manner. Observations demonstrated people felt at ease and comfortable with members of staff and the registered manager.

Staff spoke with people while they were providing support in ways which were respectful and friendly. When we checked records we could see staff addressed people by their chosen names. Staff ensured resident's privacy was protected by providing all aspects of personal care in their own rooms. We noted staff knocked on people's doors and introduced themselves before entering people's rooms.

Records included information on people's preferences and what was important to them. Information on people's personal histories was included. The registered manager advised us they would always consider people first when planning the day. People were encouraged to be independent and there were appropriate risk assessments in place to support people being independent.

Efforts had been made to ensure people had been involved with making decisions about the care and support they received from staff. Records included information on people's preferences and what was important to them. Information on people's personal histories had been recorded. The registered manager advised people's needs, choices and preferences were always considered first.

All the people living at Titchfield Lodge had family who were also involved in the on-going care of their relatives. They were invited to reviews of their relatives care. Some parts of people's records were pictorial to help people understand and be part of them. The registered manager told us house meetings had been tried but at the current time these did not work as people found it difficult to engage in a group setting. Following the comments from some relatives about the lack of informal communication the registered manager sent us a form which she is going to use on a monthly basis to keep in touch with people's relatives.

Is the service responsive?

Our findings

At the inspection in July 2015 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found people were not receiving personalised activities. During this inspection we found action had been taken and the provider was now compliant with this regulation.

People living at Titchfield Lodge had lived together in the home for some years. Their care records were extensive and had been divided into three main files which included information on support plans, health and activities of daily living. Support plans included information which recorded the person had been consulted and asked to join in when planning their support but they had declined or joined in for a short time.

People's records were personalised and included information on their preferences, choices, likes and dislikes. Families had been involved in discussions about their relative's care and helped make choices and decisions about how their relative received their support.

Staff were knowledgeable about people's needs. They were able to explain what care and support was required for each individual. The registered manager had ensured other professionals had been involved in people's care. They had engaged community professionals to look at the support being provided and how this could be improved to change the outcomes for people in a positive way. Communication books and handovers between shifts were used to communicate any information amongst staff about each person for each day. This included healthcare appointments, activities and additional requests for staff to review people's care plans and risk assessments.

Activities were personalised and people were trying new activities. The registered manager advised the staff team were still working on finding and trying out new activities for people. Folders had been created for the local geographical areas which included information of activities both in and out doors for people to try.

People's bedrooms had been personalised to reflect their likes and personalities. The décor of the home had also been decorated to match people's likes and choices. Simple things had been included to ensure people had things they enjoyed like ripping paper, fabric and carpet boxes. Consideration had been given to the garden to ensure it met people's needs. For example, there was a sandpit and near to this was an area of shells which were to help stimulate sound when walked on and smell when they got warm. Consideration had been given to developing raised flower beds and pens had been built to accommodate a rabbit and guinea pigs.

The home had a complaints procedure and this was available in pictorial format. People were asked at monthly reviews if they had any complaints or if there was anything they did not like. The registered manager told us they had not received any complaints and records confirmed this.

Is the service well-led?

Our findings

Some relatives told us they felt the home was well managed and they could access the registered manager at any time and were confident they would be listened to and their comments would be considered. A couple of relatives told us they would like more communication about their relatives. They advised they were kept informed of significant events, but these were usually of a negative nature and they would like more informal updated information. The registered manager was addressing this. All staff were very positive about the registered manager and felt she was clear in her communication.

The service was managed by the registered manager who was supported by senior support workers. The registered manager took an active role in the daily running of the service and had a 'hands on' approach to supporting people who used the service and the staff. Staff told us the registered manager was always available if they needed to speak to them. They said they were compassionate, inspiring and sympathetic and listened to so could make suggestions. Staff were aware of the homes values and were clear people were at the heart of all decisions.

All staff confirmed they felt listened to and able to make suggestions on how the running of the home could be improved. Staff meetings recorded staff suggestions and changes which had been required. They demonstrated a culture of learning and improvement. Staff who were not able to attend the meetings signed to say they had read and agreed with the minutes of the meeting.

The registered manager completed an audit which covered all aspects of the service. Some audits were delegated to other staff members, but these were regularly checked to ensure they were being completed thoroughly. The provider's operations manager also visited on a regular basis and we were advised they were supportive. Accidents and incidents were recorded and analysed at a local level. However they also fed into a central system and were analysed by head office to look for any patterns, which may need further analysis.