

Voyage 1 Limited

Fivepenny 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 

Overall summary

The inspection visit took place on 5 May 2015. This was an unannounced inspection which meant that the staff and provider did not know we would be visiting.

We last inspected the service on 4 November 2013 and found the service was not in breach of any regulations at that time.

Five Penny House is a purpose built detached property which provides accommodation, personal care and support for up to six people with complex needs such as learning and / or physical disability. There were lounges, a dining room and a large accessible kitchen and six bedrooms. Each of the bedrooms were individually decorated.

There was a registered manager in post. 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.

There were currently four people living at Five Penny House with plans for two other people to move into the service in the near future.

We observed the care and support the four people received as due to the nature of people's disability, people could not communicate directly with us. We discussed safeguarding with staff and all were

Summary of findings

knowledgeable about the procedures to follow if they suspected abuse. Staff were clear that their role was to protect people and knew how to report abuse including the actions to take to raise this with external agencies.

The staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that three staff routinely provided support to four people during the day with two staff being available throughout the night.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know how to apply the MCA and when an application for a DoLS authorisation should be made and how to submit one.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people who used the service such as person centred support and allergen awareness.

We saw people's care plans were person centred and people had been assessed. The home had developed person centred plans to help people be involved in how they wanted their care and support to be delivered. We saw people were given choices and encouraged to take part in all aspects of day to day life at the home from watching a film together to helping to make the evening meal. Everyone had undergone a person centred review recently where themselves, staff, family and social workers were involved in reviewing their support and planning actions and outcomes for the future.

The service encouraged people to be as independent as possible. People were supported to be involved in the local community as much as possible and were supported to access facilities such as the local G.P, shops and leisure facilities if they so wished.

We also saw a regular programme of staff meetings where issues were shared and raised. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy and what measures they would take to address any concerns. This showed the service listened to the views of people.

There was a regular programme of staff supervision in place and records of these were detailed and showed the service worked with staff to identify their personal and professional development.

People who wanted to were encouraged to help prepare food with staff support and on the day of our visit one person helped prepare some flapjacks. We saw people had nutritional assessments in place and people with specific dietary needs were supported. We saw from support records and talking with staff that specialist advice was sought quickly where necessary not only for nutritional support but any healthcare related concerns.

We saw staff supporting people with dignity and respect. We saw staff were caring and helped people in all aspects of their daily living with kindness. There was lots of laughter and caring physical interaction that was appropriate between staff and people using the service.

We reviewed the systems for the management of medicines and found that people received their medicines safely and there were clear guidelines in place for staff to follow.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure the service and equipment was safe for people and staff. We found that all relevant infection control procedures were followed by the staff at the home and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

We saw that the registered manager utilised a range of quality audits and used them to critically review the service. They also sought the views of people using the service and their families on a regular basis and used any information to improve the service provided. This had led to the systems being effective and the service being well-led.

Accidents and incidents were also reviewed by the registered manager and appropriate measures taken to reduce the risk of any further re-occurrence.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the service.

Staff knew how to recognise and report abuse. Staffing levels were appropriate and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff knew how to respond to emergency situations and the environment and equipment were checked regularly to make sure they were safe.

Good



Is the service effective?

This service was effective.

People were supported to have their nutritional needs met. People's healthcare needs were assessed and people had supported access to healthcare professionals.

Staff received regular and well recorded supervision and training to meet the needs of the service.

The registered manager and staff had an excellent understanding of the Mental Capacity Act 2005 and Deprivations of Liberties Safeguards (DoLS) and ensured that best interest decisions were made and recorded.

Good



Is the service caring?

This service was caring.

The home demonstrated good support and care to people with a range of needs and communication difficulties.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs. We saw staff and people enjoyed positive relationships with each other.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported and people were involved in their own person centred reviews.

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice.

Good



Summary of findings

There was a clear complaints procedure and staff told us they could recognise and would respond if they saw someone was not happy.

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

Views were sought regarding the running of the service and changes were made and fed-back to everyone receiving and working at the service.

Good



Fivepenny House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 5 May 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

During our inspection we spent time with four people who lived at the service, four support staff, two senior support workers and the registered manager. There were not any visitors on the day and relative contact with people at the service was minimal. We observed care and support in communal areas. We looked at the support plans of three people at the service. We also looked at records that related to how the service was managed and three staff records. We looked around all areas of the home including people's bedrooms with their permission.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; “It’s about ensuring vulnerable adults are protected at all times.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This file was in a “quick grab” format and ensured that staff had easily to hand the contact details and information they would require to raise an alert. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. One staff member said; “Everything we need is here in the office.” This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and told us there was a clear evacuation plan for who was to assist each person in the event of a fire. One staff member told us, “We do scenarios when we have fire drills such as the fire is here which has blocked the front door off, so how would you get out?”

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We witnessed staff using PPE when preparing food and when cleaning. We spoke with a two staff members who told us; “We have plenty of equipment and there is never a problem with having gloves and aprons.” Staff also told us they had training in infection control procedures.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. We checked the medicine administration records (MAR) together with receipt records

and these showed us that people received their medicines correctly. The senior support worker who showed us the medicines processes had excellent knowledge. We asked them about several scenarios such as dropped medicines, people falling ill and stock discrepancies and they immediately told us the processes to follow which we saw were in the provider’s medicines policies.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including protocols for each person on their “as and when” required medicines to ensure these were given consistently and safely. Each person also had a medication profile detailing any allergies and detailed special administration instructions such as one person had authorisation from their GP to take their medicines with food. The registered manager and senior team carried out a weekly medicines audit and there were clear systems in place for ordering and disposing of stock. The service had a system for ensuring they did not over-stock on any medicines.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to have some one to one time or to go out into the community. This meant there were enough staff to support the needs of the people using the service. At the time of our visit there were three support workers, and the registered manager on duty. At night time there was one waking night staff and one sleep over staff. No one raised any concerns about the level of staffing at the service. One staff member told us; “We work as a team and organise things such as activities in the community when other stuff such as appointments aren’t happening.”

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of four staff members and saw that appropriate checks of employment and

Is the service safe?

identity had been sought prior to appointment. The registered manager explained that scenario based questions were asked at interview which showed that potential applicants understood the nature of the service and type of support to be given.

Risk assessments had been completed for people in areas such as going out into the community and moving and handling as part of people's support plans. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested as well as specialist moving

and handling equipment. We saw a fire risk assessment had been undertaken in October 2014 and issues raised by a fire officer visit in December 2014 were being actioned and were recorded in a clear action plan.

The registered manager undertook a weekly review of any accidents and incidents occurring at the service as part of their reporting to their senior manager and we saw that where actions had been identified for improvements that these had been addressed by the service immediately. We saw an example of a choking incident that had taken place. The actions showed that the person's support plan and risk assessments were reviewed and amended, a best interest's decision was made, an urgent referral to Speech and Language therapy was made and additional emergency aid training was sought for staff. We also saw that a debrief session took place for those staff involved to ensure they were supported by the service after a traumatic incident.

Is the service effective?

Our findings

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services who lack capacity to make decisions by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there were four people using the service for whom an authorisation was in place for. We saw that staff appropriately completed comprehensive capacity assessments and used an assessment tool to assist them to make 'best interests' decisions. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people. One staff member told us, "You should never assume that people don't have capacity, we always discuss and talk about it as a team." We saw best interest decisions were in place for restrictions such as finances, wheelchairs and medicines. The decisions were person specific and were made in consultation with the person, family and other professionals. We found the location to be meeting the requirements of the Mental Capacity Act 2005.

All staff had an annual appraisal and a supervision programme in place. We looked at four staff files and found them to be organised into a personnel file regarding recruitment and employment issues and a separate file for supervision, appraisal and training information. We saw that staff had at least six supervisions a year which were very clearly recorded along with an appraisal and any other discussions that the registered manager deemed of "significant discussion." Staff members also had direct observations as part of their supervision where they were observed completing tasks such as dressing and showering people and they were given strengths and areas for development which were recorded and discussed with their supervisor.

Supervision records showed that staff were involved in a meaningful discussion with their manager about their personal and professional development and that their views were sought and listened to about the team and how the service was running.

The home had an induction checklist in place which included an induction to the home and then a formal induction programme. We saw that new staff completed

the following induction training modules; moving and handling, first aid, health and safety and supporting people. The registered manager told us; "Everyone has a service induction and then move onto the Common Induction Standards which will soon change over to the Care Certificate. People shadow experienced staff and this can range from a week to three depending on how people do and their own confidence". The Care Certificate sets out learning outcomes, competences and standards of care that are expected for all new staff working in social care.

We viewed staff training records and saw that all were up to date with their training. We looked at the training records of four staff members, which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, equality and diversity, health and safety, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. One staff member said; "I have recently done first aid and MAPA (Management of Actual or Potential Aggression) the approaches it showed me were really interesting. This showed that staff received training to ensure they could meet the needs of people who used the service.

Each person had a keyworker at the service who helped them maintain their support plan, liaise with relatives and friends and support the person to attend activities of their choice. Staff told us that families were invited to events such as parties and we saw that they were invited to attend or to input into keyworker meetings. This showed the service encouraged people's families to be involved in the service if they and the person so wished.

The service had a large accessible kitchen and we saw that mealtimes and menus were flexible to meet the needs of the people using the service. We saw one person helping make flapjacks with staff support during the morning of our visit. We sat with people whilst they ate at lunchtime and people had jacket potatoes with a variety of fillings of their choice. Staff supported people to eat and did so with dignity and encouragement. Staff also ate at the same time and it was a fun, enjoyable meal.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. People were weighed on a regular basis and their nutritional needs assessed via a recognised monitoring tool. This meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and

Is the service effective?

health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

The registered manager and senior support staff told us that district nurses, community nurses, dietician and speech and language therapists visited and supported people who used the service regularly. People were all registered with the local GP and staff told us the

relationship with the practice was very good. Everyone had a separate health care folder with a Health Action Plan and Hospital Passport in place and were accompanied by staff to hospital appointments. A Hospital Passport provides hospital staff with information about the person such as their medicines and communication needs. This showed that staff worked with other specialists to ensure people's healthcare needs were responded to promptly.

Is the service caring?

Our findings

Everyone who used the service had complex needs and had difficulty with communication. We observed staff providing care and support in a caring and sensitive manner. We saw staff interacting in a very positive way throughout the inspection and there was lots of fun and laughter with people who used the service. For example we saw staff sitting and reading with one person, staff told us they enjoyed looking at the pictures whilst staff read to them and this was recorded within their support plan as an important activity. It was evident from discussions that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships.

We saw that staff provided reassurance to people when they needed it, for example one person was supported to have some one to one time in the kitchen when they became anxious. We saw this approach was documented in their support plan. We saw that staff took time to communicate with people in a way that people could understand using clear language and facial expression. Staff also took their time with support for helping people with eating so they did not feel rushed.

We looked at three support plans for people who lived at Five Penny House. Information about people was split into four different files, one was a care plan, one was about health, one was about finances and one was a daily record. They were all set out in a similar way and contained information under different headings such as a one page profile (a summary of how best to support someone), a relationship map, a key information sheet, and an explanation of a typical day for someone and was important to someone in how they led their daily life. We

saw information included a decision making profile and agreement and the support plan was written with the person if they were able. There was lots of detail in care plans about people's communication methods and there was also evidence of how people should be given choices about daily things such as clothes to wear or activities they may enjoy.

Staff told us that keyworkers reviewed care plans on a monthly basis with the person and every six months there was a person centred review involving everyone involved in the person's care that was planned with the person and support from the service.

We saw a daily record was kept of each person's care and support which were very detailed. They also showed staff had been supporting people in line with what was written in their plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist. Staff told us; "Our daily notes detail how people have been and we discuss any little change."

The environment was well-designed and supported people's privacy and dignity. All bedrooms doors were lockable. People were able to personalise their bedrooms with the support of keyworkers and staff told us how they were planning new décor and furniture for people they supported.

Staff told us about treating people with dignity and explained how they knocked on bedroom doors and assisted people with personal care in a manner that maintained people's dignity. One staff member told us; "It's lovely all the time, it's a really lovely place to work."

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required.

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. This included people who lived at Five Penny House as well as relatives and visitors. The complaints policy also provided information about the external agencies which people could use if they preferred. Staff told us; "We could tell by body language, if someone wasn't eating or through vocal communication if someone wasn't happy. We would observe and record this and contact any specialist support if we needed to." There had not been any formal complaints within the last 12 months

Staff told us that activities were based around people's needs and likes and we saw people enjoying films, books and cooking.

We saw for one person who may require physical intervention that in their behaviour support plan as well as clear antecedents and distraction techniques being described that there was also physical intervention guidelines. These guidelines had been produced to ensure the minimum amount of intervention was used.

Risk assessments had also been completed for a number of areas including for medicines, wheelchairs, continence and nutrition. We saw that people were involved where they were able in decision making agreements and any decisions that had been made in people's best interests under the Deprivation of Liberty Safeguards (DoLS) legislation showed they had been agreed within a multi-disciplinary team.

Staff told us they supported people to maintain relationships with friends and family by inviting them to events such as garden parties and also enabling them to take part in regular keyworker meetings and reviews to share their views and feedback about the care and support their relative received. This showed the service helped people maintain the positive relationships in their life when they so wished.

The registered manager told us that the service was working with other agencies to support the transition of two other people into the service. They told us they would ensure that compatibility was fully explored and that people would be given every opportunity to visit the service and get to know the staff and other people who lived here.

Is the service well-led?

Our findings

The service had a registered manager who had been in post for over a year. We observed they knew people who lived at the service and staff very well and they also worked at another service they managed half time during the week. The staff we spoke with said they felt the registered manager was supportive and approachable.

Staff told us; “We work as a team here.” And “It’s a lovely place to work with great staff.” We asked staff what could be improved and people struggled to respond, one staff said; “Nothing, perhaps an extra staff but we manage fine really.”

The registered manager told us how they worked with all staff to ensure that people who used the service were treated as individuals. We saw the registered manager supporting someone with their lunchtime meal and they clearly knew them and their needs well. The registered manager was very focussed on people having the choices and opportunities of leading the life they wished to and the feedback from staff confirmed this was the case. For example, not everyone liked going out in the community and some people preferred to stay at home and they were supported to do this. The service was very person centred. We saw that the registered manager led by example and praised staff for work they were doing and joined in activities that people were undertaking. Staff also told us they had regular meetings for the people who lived at the service where they talked about activities and menus. Staff told us they asked questions and some people could indicate using a word or gesture if they agreed with the option.

Staff told us that morale and the atmosphere at the service was excellent and that they were kept informed about matters that affected the service. We saw that staff met together regularly in keyworker teams to discuss people’s support plans. Staff members told us; “We talk about things that have gone well.”

We saw minutes from monthly staff meetings, which showed that items such as day to day running of the service, training and any health and safety issues were discussed. One staff told us; “We have them once a month and we also use the communication book daily – it’s our bible.”

The registered manager carried out a wide range of audits as part of the services quality programme. The registered manager explained how they routinely carried out audits which covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example new dining chairs had been highlighted as being required and we saw these were now in place. The service was also visited by the regional operations manager on a quarterly basis and they also carried out a documented audit based on the Care quality Commission (CQC) standards. This showed the home had a monitored programme of quality assurance in place.

During the last year, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.