Care Quality Commission

Voyage 1 Limited

Wood Dene

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 of Wood Dene took place on 14 April 2015 and was unannounced. This was the first inspection for this service under Section 60 of the Health and Social Care Act 2008.

The service consists of two separate houses, Wood Dene and Ross Dene, both located in the same grounds. The home provides care and support for a maximum of 16 adults with residential needs including people who are living with a learning disability and autism.

The service had a registered manager in place. 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 a 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 safe. Staff had received training in safeguarding vulnerable adults and were aware of their responsibilities. We saw evidence the premises and equipment were maintained by competent people and one of the houses had recently undergone a programme

Summary of findings

of refurbishment. Part of this programme included the provision of en-suite facilities for people. People's individual bedrooms were personalised and contained items which were reflective of their pastimes.

When we looked at how staff managed people's medicines, we found practices were safe and medicine was only administered by staff who were trained to do so.

Staff told us they received regular supervision with their manager and we saw evidence staff received training in a variety of topics. The service had a system in place to ensure new staff received induction and support.

The registered manager and the staff we spoke with understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) 2005.

Meals were planned around the likes and preferences of the people who lived at the service.

People participated in a range of activities which were therapeutic and reflective of their interests. Staff spoke to us about how they supported people to develop social and life skills. People's care and support plans were individualised and had realistic timeframes for learning and developing new skills.

Where appropriate, people's behaviour management plans provided staff with information and guidance to enable them to provide appropriate support to people. We saw entries in peoples records which evidenced these plans had been followed when required.

Staff and relatives told us they felt the service was well led. The registered manager told us how the service had received external recognition of its work by the National Autism Society. Regular meetings were held with staff and the home had a number of staff who were nominated 'champions' to promote good practice within the home.

We saw evidence of regular audits to assess and monitor the service provided to people and action plans were developed where any areas for improvement were identified. A quarterly audit completed by the registered manager was also audited by a senior manager to ensure that identified issues had been addressed.

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?
The service was safe.

Relatives told us their family member was safe at the service.

People had individual risk assessments in their support plans.

Procedures for managing medicines and staff recruitment were safe.

Good

Is the service effective?
The service was effective

Staff received supervision and training.

People were given choices in the way they lived their lives and their consent was sought in line with legislation and guidance.

People had access to external health care professionals as the need arose.

Good

Is the service caring?
The service was caring.

The atmosphere in the home was calm and friendly. Staff interaction with people was professional.

Staff were able to tell us how they maintained people's privacy and dignity. Peoples personal information was stored confidentially.

People were supported to make choices and decisions.

Good

Is the service responsive?
The service was responsive.

People participated in a range of activities.

People were involved in the development and review of their support plans.

Information about how to complain was available in an easy read format.

Good

Is the service well-led?
The service was well led.

We found the culture at the service to be positive, person-centred, open, inclusive and empowering.

The registered provider had an effective system to regularly assess and monitor the quality of service that people received

The registered manager was visible in the service and knew the needs of the people in the home.

Good

Wood Dene

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.

This inspection took place on 14 April 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service. We also asked the provider to complete 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 used a number of different methods to help us understand the experiences of people who lived in the home. Not all the people who used the service were able to communicate verbally, and as we were not familiar with everyone's way of communicating we were unable to gain their views.

During the inspection we spoke with four people who lived at the home, the registered manager, two team leaders and two support workers. We spent time looking at two people's care records and a variety of documents which related to the management of the home. After the inspection we spoke on the telephone with six relatives of people who lived at the home.

Good

Is the service safe?

Our findings

Relatives we spoke with on the telephone all told us they felt their relation was safe in the home. One of the people who lived at the home also told us they felt safe.

All the staff we spoke with told us they had received training in safeguarding vulnerable adults. They also told us they felt confident to report any concerns they may have. For example, one member of staff said, "If something bothers me I would tell the team leader. If someone (staff) shouted at someone, that is safeguarding to me". This showed staff were aware of what constituted abuse and were aware of how to raise concerns about potential harm or abuse.

Information about whistleblowing 'see something, say something' was on display at the home. This included the contact number for the registered provider's confidential whistleblowing helpline and the telephone number for the local authority safeguarding team. The registered manager told us a letter with this information had recently been sent to all staff to ensure they were aware of it.

We asked the registered manager about reporting potential safeguarding incidents to the local authority safeguarding team, they said, "We try to be open and honest. We tend to over report". This showed the registered manager was aware of their responsibility in relation to safeguarding the people they supported.

Bespoke risk assessments were in place in both of the support plans we looked at. For example one person had a history of damage to property, and aggression when they were mentally unwell. A risk assessment had been undertaken and the assessment consisted of guidance for staff to enable them to recognise early signs of adverse behaviour and be aware of triggers that may induce aggression. The risk assessment went on to advise staff of de-escalation tactics and how to protect other people who lived at the home. Staff with whom we spoke had a good understanding of individual risk assessments and were able to describe to us the actions they would take in certain circumstances.

We completed a tour of the premises as part of our inspection and found both houses were in good decorative order. Some people with epilepsy had a history of irregular seizures without warning; we saw these people's bedroom doors opened outwards to prevent the door becoming blocked if the person had a seizure and fell behind the closed door. This demonstrated a good understanding of people's needs and actions to mitigate risks to vulnerable people. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. We saw upstairs windows all had tamper-proof opening restrictors in place, floor coverings were appropriate to the environment in which they were used and all the radiators in the home were covered to protect vulnerable people from the risk of injury.

However, when we took the temperature of water from one of the communal bath taps, we found the bath water temperatures were not within an acceptable range. We brought this to the staff's attention who assured us the matter would be attended to, they also told us this room was locked when not in use therefore people were not at risk of harm. The temperature of the water from the showers we looked at was all found to be within safe limits. We also saw a defective stair tread capping which posed a potential trip hazard which we brought to the attention of the registered manager.

We inspected records for the lift maintenance and found they had been inspected by a competent person. Certificates confirmed safety checks had been completed for gas installation, electrical installation, legionella and boiler maintenance. We also saw portable electrical equipment had been tested and carried confirmation of the test and date it was carried out.

We saw control of substances hazardous to health (COSHH) risk assessments were in place to prevent or control exposure to hazardous substances. All cleaning materials and disinfectants were kept in a locked area out of reach of vulnerable people.

We looked at the recruitment records for two staff. We saw staff members had completed an application form, references had been sought and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

Only one of the relatives we spoke with told us they felt there were not enough staff. They said there had been

Good

Is the service safe?

occasions when a 'driver' was not on shift and their relation had not been able to visit them. When we spoke with staff they said there were enough staff to meet people's needs except when staff cancelled shifts due to illness. They told us in the event of a staff member not being able to attend for duty they would try to cover the shifts between themselves. The registered manager told us when they planned the duty rota they took account of peoples planned activities, having a driver on duty and having adequate male and female staff. This showed the registered manager was planning the staff roster around the needs of the people who lived at the home.

Medicines were administered to people by trained care staff. We asked the care worker about the safe handling of medicines to ensure people received the correct medicine. The answers they gave demonstrated medicines were given in a competent manner by well trained staff. We looked at the registered provider's medicines policy, this demonstrated they had taken steps to ensure they complied with current legislation and best practice in the administration of medicines.

We found the medicine storage cupboards were secure, clean and well organised. The medicines fridge and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. However, at the time of our inspection no medicines were required to be stored in a fridge. The treatment room temperature was checked and recorded to ensure medicines were being stored at a safe temperature.

A care worker we spoke with showed us the medication administration records (MAR) sheet was complete and contained no gaps in signatures. We also saw that any known allergies were recorded on the MAR sheet. A monitored dosage system (MDS) was used for the majority of medicines with others being supplied in boxes or bottles. We carried out a random sample of supplied medicines dispensed in individual boxes. We found on all occasions the stock levels of the medicines concurred with amounts recorded on the MAR sheet. Some people were prescribed medicines which were controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff. People's creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All the medication we looked at was found to be in date.

We looked at people's MAR sheets and care records to ascertain the frequency of use of, as necessary (PRN), antipsychotic medication to control untoward behaviour. In discussion with support staff and the scrutiny of the MAR sheets we were assured that non-pharmacological interventions were the preferred method of addressing untoward behaviour. We saw all PRN medicines were supported by written instructions which described situations and presentations where PRN medicines could be given.

Good

Is the service effective?

Our findings

We asked one of the relatives we spoke with whether they felt staff had the skills to care for their relative. They told us how staff had been trained to ensure they could support their relative in the event of them being unwell.

Staff told us there was a comprehensive handover between staff at all shift changes. One staff member told us the team leader gave a handover to all staff, discussing each person and providing information the staff needed to support people. The registered manager and the staff we spoke with were knowledgeable about the people they supported.

We asked staff how new employees were supported in their role. They told us new staff received induction training when they commenced employment at the home. They also said new staff shadowed a more experienced member of staff for a number of shifts. We looked at the personnel records for a member of staff who had been employed for less than a year and saw evidence they had received an induction. This demonstrated that new employees were supported in their role.

All the staff we spoke with told us they received regular training and support. We checked the training records for two staff and saw they had received training in a variety of topics. This included fire, first aid, food safety and infection control. Staff said they received regular supervision with their manager. The registered manager said they also received supervision from a senior manager. This showed staff received regular management supervision to monitor their performance and development needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us six people who lived at the home were subject to an authorised deprivation of liberty. Our scrutiny of people's support records demonstrated that all relevant documentation was securely and clearly filed. Furthermore we saw that conditions imposed within the authorisation were adhered to, for example one person was to have provision made for their close relatives to visit whenever possible. The condition required staff to encourage closer family relationships. The persons support records demonstrated these conditions were being met.

Staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS and were able to demonstrate a good and competent understanding of the legal frameworks. We spoke with one member of staff about the use of restraint. They were able to describe de-escalation techniques which meant that physical restraint was rarely used at the home. They described to us the value of providing a stimulating environment and effective communication to prevent behaviour that may be of risk to individuals. We saw support plans also recorded ways in which people who were becoming disturbed could be distracted to try and de-escalate a situation.

When we looked at the registered provider's restraint policy we saw this conformed to the requirements of the MCA and the Mental Health Act 1983 Code of Practice.

Staff told us that no one who lived at the home required a specialised diet. A support worker explained the main meal of the day was on an evening, they said if people did not like the meal then staff made them something else. One person who lived at the home told us staff ordered the food online and ordered things they liked to eat. One of the relatives we spoke with told us their relation sometimes helped to prepare meals at the home, they spoke positively about the meals they had eaten with their relative at the home.

Records evidenced arrangements were in place which ensured people's health needs were met. We saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community mental health nurses, social workers, specialists in learning disorders, chiropodists and dentists.

Each person who lived at the home had their own bedroom which was individually furnished. There was a kitchen and communal dining room and lounges to both houses. The registered manager also showed us a room which contained gym equipment and a sensory room. One of the houses, Ross Dene had recently undergone refurbishment which included making en-suite facilities for people.

Good

Is the service effective?

Whilst the redecoration and refurbishment was of high quality, some of the home's decorations and fitments were not ideally suited to the potential needs of people with autism spectrum disorder (ASD). For example, doors in the home were of the same design and painted the same colour. Likewise all the kitchen cabinets were of the same colour and texture with identical handles. The fridge and the freezer were identical. A person living with ASD may needs help with identifying what happens in which room and which cupboard stores what items. The absence of suitable signage or distinguishing features may be confusing for some people with ASD and cause anxiety and confusion. The registered manager said they would assess the points we had made.

Good

Is the service caring?

Our findings

We asked relatives if they thought staff were caring. Each relative we spoke with told us they were happy with the staff at the home. Comment's included, "The staff are always kind and caring to me and (name of relative)", "(name of relative) likes the staff" and, "Yes, absolutely". One person who lived at the home told us they had chosen to live at the home, they said, "It's good here, I have made some new friends. Staff treat me with respect". Another person said, "It's ok here, the staff are ok".

During our inspection we observed staff supporting people in a positive way. Some people who were living at the home had ASD and we saw staff interacting with these people in a structured and therapeutic approach. We saw staff helped people develop social skills and manage stress. We observed staff communicated in a way which helped people understand what others may be trying to communicate to them. For example, we saw one person with limited ability in both expressive and receptive communication skills being helped to understand what was going on around them. We saw the service used schedules and timetables to give the necessary structure and visual cues to people with ASD. For example, meal times were at the exact same time each day.

The home also supported people who were living with a learning disability and/or a diagnosed mental illness, including mood disorders, personality disorders and abnormally aggressive or seriously irresponsible behaviours. During our inspection we saw one person being supported who was experiencing a period of considerable agitation. We saw provision had been made to keep the person as calm as possible and away from any external stimulation which would have caused greater distress. Staffing had been provided to give one-to-one care. We saw this close care being delivered sensitively with the staff being at a suitable distance to avoid the person feeling guarded. We saw later in the day the person had responded well to the care delivered. This showed peoples care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

We looked at a number of care files to gauge the level of support people had available in addition to their paid carers. We found people had appropriate people available to support them to make decisions. We spoke with the manager about advocacy for people who did not have appropriate people to support them. The answer given demonstrated a good understanding of when it would be necessary to ensure independent advocacy was made available for people who lived at the home.

People were supported to make choices about their everyday lives. For example, one staff member explained how a person without the ability to verbally communicate was supported to make choices about the clothes they wore and the meals they ate. Another member of staff told us how they had enabled a person to make their own choice about where they would like to go on holiday.

We were told the provision of care at the home was developed around the individual choices of the people who lived there. This included choices around how people liked to have their bedrooms and the communal areas. We saw evidence of personalised bedrooms and items which reflected people's hobbies and interests. People we spoke with confirmed they were offered the opportunity to personalise their bedrooms.

During our inspection we observed staff knocked on doors before entering people's rooms. One member of staff gave us clear examples of how they maintained the dignity and privacy of the people they supported. This demonstrated people's privacy and dignity were respected.

We saw all personal information about people receiving care was only accessible to staff involved in care. This demonstrated confidential information was held securely.

Good

Is the service responsive?

Our findings

We asked people who lived at the home about what social or educational activities they were able to participate in. One person said, "I go to college to study English and maths so I can manage my money better". Another person told us of their desire to live more independently and what skills they were learning to prepare for their future. One of the relatives we spoke with told us their relation went shopping, bowling and had meals out. Staff we spoke with told us of the way people were being supported to develop their life skills.

We saw a therapeutic environment existed with some people participating in a rehabilitation programme. The programme along with general care plans had been constructed with the involvement of the person concerned. We saw evidence of people being prepared for their futures where care may be able to be delivered in a less supported location. Care plans recorded people's abilities to prepare food, launder their own clothes, manage their finances and gain greater freedoms in the community by learning road safety. Our observations demonstrated each individual had a bespoke care plan tailored to meet their needs within a realistic time frame. This demonstrated people were being supported to become more independent, by focusing support on helping people learn how to do everyday tasks for themselves rather than staff doing the tasks for them.

We saw people with a history of emotional imbalance or adverse behaviour had a care plan to ensure deteriorating mental health could be detected early. The care plan recorded how the person looked and reacted when calm. Triggers and signs of increasing agitation were recorded along with staff guidance to try and avert a crisis. The care plan showed staff how to respond to increasing agitation and what to do when the person lost control. To complete the cycle the care plan recorded common signs of when the person was becoming calmer. Daily records we scrutinised showed when people had experienced an emotional or behavioural episode and how staff had responded. We found a high degree of conformity between the care plan and care delivered. This demonstrated staff were delivering peoples care and support in line with their care plan.

Some aspects of care planning had been produced by people using easy-to-read formats. This demonstrated the registered provider had included people in producing a meaningful care plan.

Care plans showed annual person centred reviews took place with the inclusion of close relatives. Two of the relatives we spoke with told us they were invited to regular reviews of their relations care plans. In addition each person had a monthly meeting with their key worker which allowed for a formal regular recording of their wishes. Out of these meetings a new or revised plan was developed based on people's own aims and objectives.

We asked one person who lived at the home what they would do if they were not happy with any aspect of their care and support. They told us they would tell a team leader or the registered manager. A relative said, "If I have a worry, I tell them, they sort". The registered provider had a complaints policy for ensuring that complaints were recorded and fully investigated. We saw a notice displayed in the entrance making it clear how complaints may be made and to whom. We also saw evidence that the complaints process was available in an easy-read format. When we looked at the complaints register we saw there were no complaints recorded. When we spoke with one relative they told us they had raised a concern with staff about some aspects of their relations care. We saw evidence from staff meeting minutes, these concerns had been communicated to staff along with how these concerns were to be addressed, however, these were not logged within the complaints record. It is important that all complaints are clearly recorded along with the process followed to resolve them and whether or not the complainant was satisfied with the outcome.

We were told by the registered manager of the arrangements made last year for people to move to another location in November 2014 whilst refurbishment of one of the buildings took place. The registered manager demonstrated their understanding of the difficulties people with ASD may have experienced with the move. The registered manager told us of the plans which had been designed to minimise stress and anxiety people may have had. They told of pre-visits to the temporary location had taken place and families had also been involved in the move. Our discussion with the registered manager demonstrated that considerable well-informed effort had been put into the planning of the move.

Good

Is the service well-led?

Our findings

We asked staff if they thought the service was well led. They all thought it was, staff told us they felt confident to speak openly with either the team leader or the registered manager. One staff member said, "It is a happy place. I wouldn't have stayed if I didn't think it was good place to be". Another staff member said they were confident the registered manager would listen to them and take appropriate action. Relatives we spoke with felt able to approach the registered manager or other members of staff if they had any concerns. One of the people who lived at the home told us the registered manager was 'good'.

The registered manager told us they had worked at the home for nine years. They explained they commenced employment as a support worker before progressing to a team leader, deputy manager and then became the registered manager in 2014.

We saw evidence of national recognition of the quality of the service provided for people. The home had been runner-up at a national awards ceremony to celebrate the quality of care delivery. The registered manager showed us an accreditation certificate awarded by the National Autism Society. They told us the home had also been winner of 'service of the year' at the registered provider's care awards in 2013.

We saw information on the notice board informing people which staff were designated 'champions'. There were champions for dignity, health and safety, infection prevention and control and activities. The registered manager told us the dignity champion met quarterly with their counterparts from the registered provider other services in the local area, they said this allowed for sharing of ideas. Having designated champions empowered staff, promoted good practice and ensured that key topics are at the forefront of staffs' agenda when delivering peoples care and support.

Staff we spoke with told us they had regular staff meetings and that key information was recorded in the staff communication book if staff were not able to attend. We saw a notice on display informing staff of the date of the forthcoming meeting. Staff meetings are a way to monitor the service and review the standard of care and support for people living at the home.

The registered manager said the registered provider was a large company and this enabled them to access information and guidance as required. They said they also attended monthly management meetings and had access to various departments, for example human resources and behaviour therapy which provided support to both themselves, staff and where appropriate, people who lived at the home.

We saw that systems were in place to ensure effective auditing of the quality of the service provided for people. The registered manager showed us an audit which they completed quarterly. We saw that where issues where identified, an action plan had been developed. We noted a senior manager also reviewed the audit and ensured that identified actions were addressed. We also saw evidence of regular and reflective medicines audits carried out by the registered manager. Where irregularities were found, we saw evidence the registered manager brought the issues to the attention of relevant staff. Scrutiny of a number of audits over a period of time showed no repetitive irregularities, this demonstrated the effectiveness of the reflective processes.

We asked the registered manager how they gained the views and opinions of people who lived at the home. They told us an annual quality survey was completed each year. We saw feedback forms had been sent in October 2014 to staff, people who lived at the home and their families, a survey had also been sent to a number of external healthcare professionals. We saw the feedback on the forms which had returned was generally positive. We noted one family member had made request regarding communication, we asked the registered manager about this and they told us the action they had taken to address this. This demonstrated the registered manager had ensured they gained the views and opinions of people who used the service.

One person who lived at the home told us there were regular house meetings, however, they added that they never attended them. Meetings were held weekly and the minutes and attendees were recorded. We saw the minutes recorded the activities people had participated in during the previous week and recorded any future requests for social activities. We discussed with the registered manager

Good

Is the service well-led?

on the day of the inspection about widening the scope of the meetings to prompt discussion about other topics as well as people's activities. The registered manager said they would give this consideration.