Care Quality Commission

Voyage 1 Limited

Maeres 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

We carried out an unannounced inspection of Maeres House on 14 August 2015.

The home was purpose built and provides support and accommodation for up to eight people with acquired brain injury, particularly those with complex physical disabilities. At the time of the inspection there were eight people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Prior to our inspection we received feedback from the local authority quality monitoring team who had visited the home in June 2015. They did not raise any concerns

Summary of findings

about the care people were receiving. We also spoke to a GP who said they had no concerns and that staff contacted them appropriately and acted on their instructions.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were helpful and the care they received was good. A relative told us they had no concerns about the way their family member was treated. They said their relative felt very comfortable in Maeres House and now regarded it as home.

People's needs were assessed and care plans were developed to identify what care and support people required. People were supported to undertake their hobbies and interests. Daily programmes were geared around people's special interests which had been discerned through assessment.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People's health care needs were met and their medicines were administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. People were appropriately supported and had sufficient food and drink to maintain a healthy diet.

Staff received suitable induction and training to meet the needs of people living at the home. Staff also received supervision. This meant people were being cared for by suitably qualified, supported and trained staff.

There were systems and processes in place to monitor the quality of the service. Audits were carried out and where shortfalls were identified the provider had used the information to improve the service. This demonstrated that it was a learning organisation.

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?

Good

The service was safe.

People were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people. There were enough staff to ensure people received appropriate support to meet their needs and maximise their independence.

Medicines were managed safely and appropriate emergency procedures were in place.

Is the service effective?

Good

The service was effective.

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction, training and supervision processes were in place to instruct staff and enable them to receive feedback on their performance and identify further training needs.

Arrangements were in place to request health, social and medical support to help keep people well. People were provided with a choice of refreshments and were given support to eat and drink where this was needed. Where the home had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and the correct processes had been followed regarding Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were provided with care that was with kind and compassionate.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy. We saw staff and people who used the service talking together, laughing and enjoying each other's company.

The staff knew the care and support needs of people well and took an interest in people and their families in order to provide person-centred care.

Is the service responsive?

Good

The service was responsive.

People and their representatives were consulted about their care, treatment and support. Information was recorded so that staff had easy access to the most up-to-date information about people's needs.

Summary of findings

People were given choices throughout the day. People were given choice about activities, food and how they spent their day. People were supported to go out into the community and see their families.

People and their representatives were listened to and their feedback acted upon. Complaints were dealt with effectively.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place who had worked for the company for 5 years. The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm. The provider had notified us of any incidents that occurred as required.

There was a good quality assurance system in place, which helped staff reflect and learn from events such as accidents and incidents and investigations. This reduced risks to the people who used the service and helped the service to continually improve and develop.

People were able to comment on the service in order to influence service delivery.

Maeres 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.

This inspection took place on 14 August 2015 and was unannounced. We arrived at the home at 9.30am and left at 4.30pm.

The inspection was carried out by an adult social care inspector and a specialist adviser who was a nurse specialising in the care of people with an acquired brain injury.

Before the inspection we reviewed all the information we already held on the service and contacted the local authority contracts quality assurance team to seek their views.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed three care records, staff training records, and records relating to the management of the service such as audits and policies and procedures. We spoke with five people who used the service and a relative of one other person. We also spoke with the registered manager, five members of staff and an operations manager of the company providing the service.

Good

Is the service safe?

Our findings

People who lived at the home and the relative we spoke with told us they felt the care was safe. When people were asked what they would do in the event that they felt threatened by anything or anyone, all felt confident that any member of staff would assist immediately. We saw that staff acted in an appropriate manner and that people were comfortable with staff. Information was available for people in easy read formats that told them what abuse was and how they could report it. Regular meetings were held with people living at the home and minutes of meetings showed that people were given the opportunity to raise concerns.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that all staff undertook training in how to safeguard adults during their induction period and there was regular refresher training for all staff. This was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was.

The information held by the Care Quality Commission (CQC) and the local authority demonstrated that the registered manager followed the correct procedures when any alleged abuse was reported.

Individual risk assessments were completed for people who used the service, including a personal evacuation plan in case of emergency. Staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them.

Where people had behaviours that challenged the service, management plans were drawn up to inform staff about what may trigger this behaviour and the best way to manage that person's behaviour to defuse the situation.

The provider consulted with external healthcare professionals when completing risk assessments for people. For example, a behaviour therapist had been consulted to advise staff on how to manage behaviour that resulted from one person's anxiety.

The risk assessments included supporting people to maintain their independence. These included, for example, assessing what support people might need to help them access the community, or to change position with the use of a hoist. During the inspection we observed ways in which care staff worked to manage known risks that people may present to themselves or other people. An example of this included staff providing a support to a person whilst they undertook a cooking task.

Records showed that staff took appropriate action following accidents or incidents. These were reviewed by the registered manager and operations manager to make sure that steps had been taken to minimise risk.

The manager told us that staff rotas were planned in advance according to people's support needs. We looked at the staff rotas and saw there were sufficient staff provided to enable the people who used the service to participate in personalised activity programmes.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We spoke with two members of staff who confirmed that all the necessary checks had been completed before they had commenced working in the home. This helped to reduce the risk of unsuitable staff being employed.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. During our inspection we observed a member of staff administer medication to people. This was done safely. We found that each person had a specific plan detailing how their medicines should be given and the reasons the medication had been prescribed. We looked at the medication records for three people; these indicated people received their medication as prescribed. A senior member of staff told us that all staff who administered medication had been trained to do so. Records confirmed that staff who

administered medication had been assessed as competent to undertake this activity.

Good

Is the service safe?

The home was clean and staff had received training in infection prevention and control. There was a programme of infection control audits in place and the registered manager completed an annual statement of any infections that had occurred.

The home was spacious and had appropriate equipment, such as hoists, to keep people safe. Equipment was checked and serviced at the required intervals and staff were trained in its use.

Emergency procedures and contact numbers were available in a file in the registered manager's office. Fire drills were carried out regularly but we noted that none had been carried out at night time this year. The registered manager said she would address to ensure that people could be evacuated in the required time.

Good

Is the service effective?

Our findings

People told us they were satisfied with the care they received at the home. The relative we spoke with was also positive about the care provided.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people's individual needs and preferences and knew where to find information in people's care plans. Some of the staff had worked at the home for some time and had got to know people's needs well. Staff told us that they spent time working with more experienced staff, until they got to know people and were confident and competent to work unsupervised.

Staff said they were appropriately trained and supported to perform their roles. We viewed the staff training records and saw that 97% of the staff were up to date with required training. Induction training was provided to all new staff and this covered all the standards required for the Care Certificate. (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life). Other training included service specific training such as Managing Potential or Actual Aggression (MAPA) and the staff were very positive about the new acquired brain injury training they were undertaking. Staff were supported to continue with their professional development and we saw that care staff were encouraged to complete Level 2 and 3 Diplomas in Health and Social Care. The manager had enrolled for a Level 5 Diploma in Leadership. Some staff had been identified as needing refresher training in certain topics and we saw evidence that this had taken place or had been scheduled. The registered manager had a programme of one to one supervisions of staff, the aim being to carry these out quarterly for each member of staff. Staff said they were not asked to do anything for which they felt untrained. This meant that people were supported by staff that had up to date knowledge about how to provide effective care to people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensure, where someone may be deprived of their liberty, the least restrictive option is taken. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the management team. The registered manager told us some people living at the home were subject to Deprivation of Liberty Safeguards and applications had been made to the local authority for the other people living in Maeres House. Staff we spoke with during our visit were aware of DoLS and records showed that staff had received the relevant training. During our visit we saw that staff obtained people's consent before providing them with support.

The unit is a long-term facility for people with complex problems after brain injury. As such its effectiveness can be judged by the progress made by the people who use the service on their route along the path of recovery, the extent to which people are discharged and the level of organisation and structure.

We looked at three people's care files. These gave detailed and comprehensive information about people's health and social care needs. Care plans addressed the management of behavioural challenges as well as needs related to complex physical disabilities. We saw that staff provided people with appropriate support that took account of the information in their plans of care.

There was evidence of people improving. For example, one person had required a change to their behavioural plan as a result of repeated behaviour that challenged the service. The registered manager had sought the advice of a positive behaviour therapist and the behaviour had subsided. However, it was difficult to see, other than anecdotally, where progress was recorded. Most brain injury services use the Global Attainment Scale (GAS) as a measure of outcome. There was a section in the notes for a GAS score but it is yet to be implemented. Using such a scale would improve the quality of the service and help people who used the service and their families understand treatment goals.

There was a slow discharge rate but people did move on. The last discharge was 10 months previous and the person had a very good outcome in that they returned home to their partner. Another person living at the home was exploring options of moving into supported living back in the town they had come from.

Good

Is the service effective?

There was a very good structured daily programme for each person and there was a daily record of the extent to which the person had participated.

We observed that people were supported to have sufficient amounts to eat and drink. The people we spoke with told us they were happy with the meals provided. People were involved in menu planning and wherever possible were supported by staff to go to the local shop or supermarket to purchase food. Those that were able were also supported to prepare meals. Staff helped people to eat when they were ready and we saw that meals were served at various times to accommodate people's activities, waking times and preferences. We observed staff taking time to sit and talk with people and join in with conversations at the meal tables. Staff we spoke with had a good understanding of each person's dietary needs and their preferences. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. The company employed a nutritional nurse specialist to train and advise staff on nutrition and enteral feeding.

Records showed that people received support with their health care. People had access to GPs, district nurses, dentists, opticians and chiropodists. Referrals were also made to psychiatrists, psychologists, physiotherapists and speech and language therapists as required. Care records contained a range of plans to support people to maintain good health.

Good

Is the service caring?

Our findings

People told us that friends and relatives were able to visit at any time without restrictions. The relative we spoke with confirmed this and told us they were always made to feel welcome. They had strong praise for the staff and the service and said their relative felt very comfortable in Maeres House and now regarded it as home.

We saw that people who lived at the home and their family members were involved in planning their care. People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained

photographs, pictures and personal effects each person wanted in their bedroom.

People who used the service and the relative told us that the staff were kind and caring. One person told us, "The staff help me to do the things I need to do".

We observed throughout our visit that staff assisted and supported people in a kind and caring way. For example, staff consulted people who needed assistance with their mobility in regard to their comfort when seated. One member of staff sat with a person who used the service while they were watching a film because the person had been upset that day and wanted company. We saw that staff were respectful, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, offering support and encouragement. People were very comfortable and relaxed with the staff who supported them. We saw people laughing and joking with staff members, which showed there were trusting relationships between the staff and the people who used the service.

The service took account of people's diverse needs. Staff we spoke with told us they enjoyed supporting the people living there and were able to tell us a lot of information about people's needs, preferences and personal circumstances. This showed that staff had developed positive caring relationships with the people who lived there.

We saw staff communicated with people in a variety of ways. Where people had communication difficulties staff gave the person time to give their views and did not rush them.

People's right to privacy and dignity was respected. Staff explained to people who the inspectors were and asked people's permission to enter their rooms. People were able to spend some time alone in their bedrooms and there were other areas where people could choose to be alone.

Good

Is the service responsive?

Our findings

Before admission people were assessed to determine whether the home could meet their needs, and they weren't admitted until the home had all the required equipment in place and staff had been trained in meeting their needs. People came on visits to the home and stayed overnight and for weekends before deciding if they wanted to move in. After admission, the placement was reviewed after two weeks to make sure it was what they expected. Following this there was ample evidence of weekly (key worker), monthly (team members) and yearly (all agencies involved) reviews where the person's needs were reconsidered in the light of any improvement or deterioration.

People were encouraged to maintain and develop relationships. They were encouraged to visit their family members and to keep in touch. The relative we spoke with said, "Every effort has been made to ensure contact is maintained and staff are happy for me to visit at a time suitable to me".

People were supported to undertake their hobbies and interests. Daily programmes were geared around people's special interests which had been discerned through assessment. One person told us that they had enjoyed gardening and painting the garden furniture. Staff told us that people were supported to go on holiday and the company contributed towards the cost.

We saw that people's activity schedules were based on their individual preferences and promoted their independence. During our visit one person was supported to go shopping and prepare their own lunch. Two people were supported to do their own laundry. This showed that people were supported to be as independent as possible.

The registered manager told us that feedback was gained from people and their relatives through direct conversations, meetings and feedback forms. We looked at the minutes of residents' meetings and saw that people's views were sought on the environment, activities, holidays and anything else that people who used the service felt was important. We could see that their views were acted upon. The service carried out an annual survey to seek the views of people who used the service, their relatives, staff and members of the multi-disciplinary team who visited the home. We reviewed the responses to the last survey and saw that they were mostly positive. Two people who used the service had made a couple of negative comments about the food and the care, but the manager had met with them individually and taken action to resolve their concerns. One visiting professional had written, "I have always found the staff to be dedicated, friendly and helpful. They care, support and advocate for service users." Another had commented, "Staff consistently carry out therapy programmes set and their feedback is invaluable".

We saw there were posters on display in the home with photographs of the staff to make sure people could identify them.

The provider had endeavoured to make the complaints procedure available in formats that people

could understand. People who lived at the home told us they felt comfortable raising concerns and complaints. The relative we spoke with said they were not the type to hold back if they felt there was something which needed to be addressed, but they had not felt the need to raise any points of concern. We saw evidence that where people had raised a concern this had been followed up by the registered manager. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Good

Is the service well-led?

Our findings

The home had a registered manager who had been in post at Maeres House for four months, but had worked for the organisation since 2010 and had a good knowledge of brain injury. She was supported by a deputy manager. People who lived at the home and the relative told us that the registered manager was approachable and available if they needed to speak with her.

We spoke to the registered manager of the home and she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager.

The provider had a good quality assurance system and evidence was provided that recent checks had been carried out. We saw evidence that the manager undertook audits of the service. These included health and safety audits and care audits as well as making observations of care practice and the environment.

Audits of accidents and incidents enabled the provider to identify if there were any trends and to review how risks to people who used the service could be reduced.

We found that a system to check the stocks of medication held in the home had been implemented. This helped the staff who were auditing medication to check that people were getting their medication as prescribed. Where any errors were identified learning had taken place and actions taken to reduce the risk of similar occurrences.

Opportunities were provided for people to be involved in the running of the home. Some of the people who used the service had been involved in putting bedding plants in the garden and painting the garden furniture.

The staff we talked to spoke positively about the leadership of the home. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns. One member of staff told us, “The manager is on top of everything” and another said “It’s a good place to work”.

The provider had a dedicated abuse help line for staff where they could report any whistle blowing concerns. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered manager.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service was in place. We saw that help and assistance was available from a regional operations manager. Records showed that the regional manager visited the home on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered. Where improvements could be made action plans had been completed about how these would be achieved. The company’s quality compliance manager had carried out an audit of the home in May 2015 and awarded it a score of 85% compliance with the company’s quality standards.

The company’s statement of purpose was available in the hall for people to read, although it did not include any information specific to Maeres House.