

Voyage 1 Limited

Glasshouse Hill

Inspection report

100 Glasshouse Hill
Codnor
Ripley
Derbyshire
DE5 9QT

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

What life is like for people using this service:

People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and understood what to do to safely support people. People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors. Staff members followed effective infection prevention and control procedures. When risks to people's health and welfare were identified the provider acted to minimise the likelihood of occurrence.

People's individual human rights were protected by those supporting them. The environment where people lived suited their individual needs and preferences. The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet.

People received help and support from a kind and compassionate staff team with whom they had positive relationships with. People were supported by staff members who were aware of their individual protected characteristics like religion and gender. People were supported to develop their independence and to set achievable goals in life.

People were provided with information in a way that they could understand. Policies and guidelines important to people were provided in a way they could understand. People were supported by staff members who knew their individual communication styles. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

The provider had effective systems in place to monitor the quality of the service they provided and to drive improvements where needed. The provider and management team had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection: Good (date last report published 23 August 2016)

About the service:

Glasshouse Hill provides accommodation and personal care for up to 11 people with an acquired brain injury and associated conditions, including physical disability and epilepsy. At this inspection 11 people were living there.

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.' At this inspection we found the service remained good in all key questions with an overall rating of 'Good.'

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Glasshouse Hill

Detailed findings

Background to this inspection

The inspection

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

Inspection team:

One inspector carried out this inspection.

Service and service type

Glasshouse Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 16 January 2019 and was unannounced.

What we did:

Before our inspection visit, the provider 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 also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have

responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During the inspection we spoke with three people living at Glasshouse Hill. We also spent time observing staff with people in communal areas. We spoke with the registered manager, one senior support worker, one support worker and an occupational therapist.

We reviewed a range of records. This included two people's care and medication records. We confirmed the safe recruitment of one staff member and reviewed records relating to the providers quality monitoring, health and safety and staff training.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes.

- People told us they felt safe living at Glasshouse Hill. One person said, "I feel quite safe and looked after here." People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe. However, although staff knew how to keep people safe, any protection and intervention decisions needed to be clearly documented in people's care and support plans to ensure consistency. The registered manager agreed to make these changes where they were relevant.
- People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.
- The provider followed safe recruitment processes when employing new staff members. However, the registered manager needed to evidence their decision making when employing new staff members when they received limited information from the person's previous employers. We discussed with the registered manager who agreed to make this change.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Assessing risk, safety monitoring and management.

- The service had systems in place to identify and mitigate risks to people. People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. When improvements or repairs were identified the provider had systems in place to keep people safe. For example, when repairs were needed to the fire alarm panel the staff team implemented alternative arrangements to continue to provide safe care.

Staffing levels.

- People were supported by enough staff who were available to safely assist them.
- People told us staff members supported them when they needed assistance and without any unnecessary delay.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to check that people had their medicines when they wanted them and as prescribed.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare

professionals and if needed retraining of staff members.

- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, following an unwitnessed fall one person was supported to receive medical assistance. Following this their care and support plans were reviewed to see if any additional action was required to minimise any ongoing risk.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's physical, mental health and social needs had been holistically assessed to meet their individual requirements.
- The provider supported staff to deliver care and support in line with best practice guidance. For example, assessments of people's skin integrity and risk of malnutrition were completed and, if necessary, action was taken to effectively support the person.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment.
- Staff members told us they had time to read, and understand, people's care and support plans to deliver good care.

Staff skills, knowledge and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team. Some staff members told us that they had not received regular supervision. This is where they could have a one on one discussion with a senior staff member. However, they went on to tell us they could approach their colleagues or members of the management team any time they needed.
- New staff members completed a structured introduction to their role. This included completion of specific training, for example, moving and handling and food hygiene. New staff members then worked alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care. However, not all new staff members had received the required number of direct observations as part of this certificate. The registered manager was aware of this and was working with staff to complete them.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have enough to eat and drink to maintain their well-being. One person said, "The food is just fine. I can choose what I want and if I want to make myself something in I can."
- When people had specific nutritional and dietary requirements, advice was sought from the relevant healthcare professionals and staff knew how to meet these needs.

Staff providing consistent, effective, timely care.

- The service worked well with other organisations to provide effective care and treatment. For example, people who needed support from a qualified healthcare professional, had this care arranged and the necessary support delivered in a timely way.
- Staff told us that they worked well together. One staff member said, "We always pass on information

between ourselves to make sure the support we provide is consistent."

Adapting service, design, decoration to meet people's needs.

- The physical environment within which people lived was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People had personalised their own rooms.

Ensuring consent to care and treatment in line with law and guidance.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People told us, and we saw, they were treated with compassion by a caring and respectful staff team. People described staff supporting them as, "Kind," "Funny," and "Great." Staff members talked about those they supported with fondness and compassion.
- People we spoke with said they felt the staff members supported them appropriately at times they felt low in mood or upset. One person said, "I can talk with (staff member's name) and they sort of put it all into perspective for me. I find this helpful"
- Throughout this inspection we saw many instances of positive interactions between people and staff members supporting them.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their stated decisions.
- The service held resident meetings to encourage people to contribute their views about service delivery. We saw minutes of meetings and records of actions that had come as a result of feedback from people.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw clearly recorded peoples protected characteristics and how staff members and the management team assisted them to retain their individual identities. For example, this included supporting one person to attend their preferred place of worship.
- When it was required people were referred to advocacy services to support them with expressing their views and to be involved in decisions regarding their care and support.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to develop their independence. As part of their individual rehabilitation programme people were supported to retain and progress their existing skills. People had access to equipment to assist them in this process. For example, people could use a training kitchen which contained adapted facilities, like a rising table, to encourage their recovery.
- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People were still involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One person told us they sat down on a monthly basis and went through their care plan with those supporting them.
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. Staff members knew how to effectively communicate with people. For example, we saw one person making several choices using their preferred method of communication. We saw staff members consistently used this form of communication with this person to understand their wishes. However, the registered manager was not aware of the accessible information standards albeit they were meeting the principles as part of their assessment of people's communication styles. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record, investigate and respond to any complaints raised with them. People we spoke with told us they would be confident any concerns they had would be resolved appropriately.

End of life care and support.

- At the time of this inspection Glasshouse Hill was not supporting anyone who was receiving end of life care. However, the registered manager told us they were reviewing people's needs and wishes for their future care as part of the care plan reviews.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People and staff members told us they knew who the registered manager was and they saw them on a regular basis or could approach them any time they needed.
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- A registered manager in post and present throughout this inspection site visit. They understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to us. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Glasshouse Hill and on the providers website.

Engaging and involving people using the service, the public and staff.

- We saw that people were involved in decisions about where they lived and the support they required. People told us they regularly attended "house" meetings where they could discuss where they lived and make suggestions. People told us they felt their contributions were valued and if appropriate were implemented.
- Staff members told us they felt listened to by the management team and that their views and opinions were valued. Staff members were encouraged to attend and contribute towards regular staff meetings where aspects of their work and those they supported were discussed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care.

- The management team and provider had systems in place to monitor the quality of the service that they provided. This included regular checks on the environment, checks of the medicine administration records and reviews of the care and support people received. Following these checks an action plan was developed with set tasks and timescales for completion. For example, it had been identified that not all staff members had received regular supervision sessions. As a result, the registered manager made this a priority and at this

inspection only a few one on one sessions remained outstanding.

- The manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. However, they were not aware of the changes to law regarding the implementation of the accessible information standards. Albeit they were meeting the principles as part of their care and support assessments.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.