

Voyage 1 Limited

Lower St Helens

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

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

Lower St Helens provide accommodation and personal care and support for up to four adults who have learning disabilities. There were four people living in the home at the time of our inspection.

At the last inspection on 24 September 2015 the service was rated Good. At this inspection we found the service remained Good.

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences. People and their families were supported to express their views and be involved in making decisions about their care and support.

There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of staff deployed to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People could be confident that any concerns or complaints they raised would be dealt with.

There was an open and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Lower St Helens

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 6 and 7 December 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, 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 checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with a person who used the service. Most of the people who used the service were not able to communicate verbally with us, so we spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with the registered manager, operations manager and three members of the care staff team. During and after the inspection we spoke with three people's relatives.

We looked at a range of documents and written records including four people's care and support records and medication charts; staff recruitment and training files. We also reviewed records about how the service was managed, including risk assessments, quality and safety audits, and the arrangements for managing complaints.

Is the service safe?

Our findings

Relatives we spoke with were overall positive in their comments about the service but two said they felt the home did not have enough staff. They were aware that the service had recently been trying to recruit staff. There had been some use of agency staff while the service was recruiting.

During the inspection we found there were enough staff to meet people's needs and provide support with activities. There were currently nine staff, not including the registered manager, plus two new staff had recently started. New staff shadowed experienced staff to begin with. The rota showed there were two staff scheduled to work on each of the daily early and late shifts, with an occasional middle shift added based on people's needs and activities. There was one member of staff on duty at night. The registered manager was listed on the rota from 9.00 to 16.30 Monday to Friday. The provider had a system that was used to monitor staffing levels.

The provider continued to follow robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the records for a recently employed member of staff. These included employment history, references and satisfactory Disclosure and Barring Service (DBS) clearance. DBS checks are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. These measures helped to ensure that only suitable staff were employed to support people who used the service.

People were supported to take planned risks to promote their independence and staff were provided with information on how to manage these risks. Staff demonstrated knowledge and understanding of people's support and risk management plans, for example risks associated with daily activities such as being driven in a vehicle or accessing the kitchen. Where people lived with specific health conditions such as epilepsy, care records provided clear information on the risks associated with the condition to guide staff in how to minimise any risks. Occasionally people became upset, anxious or emotional and staff were aware of the strategies for responding to their needs at such times. There were support plans in place for a person who was at risk of self-harming and these provided guidelines for staff including potential triggers and proactive approaches, such as redirecting the person to other activities.

After an incident had occurred while two people were on holiday being supported by staff, the service had sought and received support from the provider's behaviour therapy team. Following another incident when one person had pinched another who had gone into the persons' room, measures had been taken to minimise the risk of this happening again and both people's support guidelines had been updated.

Staff continued to be trained in safeguarding and whistleblowing policies and procedures and knew how to follow them should the need arise. Staff were confident the provider and management team would respond to any concerns raised.

There were detailed individual support plans in relation to people's medicines, including any associated risks and how they preferred to be supported. Medication administration records were appropriately

completed. Where people were prescribed 'as required' medicines, such as for mild pain relief, there were clear guidelines for when these should be given. Staff completed training and an assessment of their competence before they were able to administer medicines to people. Safe systems were in place for the ordering, storage and disposal of medicines. People's medicines were ordered in a timely way which ensured there were always stocks available. Medicines were safely stored in a locked purpose built cabinet. Daily temperature checks took place to ensure medicines were stored in line with manufacturer's instructions. There were no controlled drugs (CDs) on the premises at the time of our inspection; however, appropriate storage was in place if these were required. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. Audits were in place to monitor the effectiveness and safety of medicines management.

Staff received training in infection prevention and control (IPC) and used personal protective equipment, such as disposable gloves and aprons, when providing personal care and carrying out domestic cleaning tasks. Colour coded food chopping boards, mops, brushes and clothes were provided and there were regular IPC checks and audits. The home was clean and tidy and there were no hazardous objects putting people at risk.

Records showed that checks, tests and servicing were maintained to help ensure that the premises and equipment were safe for use. This included Legionella testing. There was a current fire risk assessment and records were kept of regular checks and tests of the fire alarm, emergency lighting and fire safety equipment. Each person had a personal emergency evacuation plan, which included important information about the care and support each person required in the event they needed to evacuate the premises.

Is the service effective?

Our findings

A pre-admission needs assessment tool was used that included, for example, any cultural and spiritual expression, diet, sexuality, and communication needs a person may have. Staff knew people well and supported them in line with their assessed needs. Staff we spoke with were aware of the provider's policy on equality and diversity and confirmed they received training about these issues.

Staff followed a programme of induction and further training so their skills were updated and they worked in accordance with good practice. The training programme included subjects such as safeguarding people, equality and diversity, autism awareness and health and safety subjects. Staff were also supported through a system of meetings and yearly appraisals to discuss their personal development and training requirements.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to care was considered as part of the care planning process. Where people lacked capacity to make significant decisions for themselves, best interest decisions had been made and documented, following consultation with family members and other professionals. Where necessary restrictions were in place, appropriate authorisation had been obtained and this was also documented in people's support plans. Staff had been trained and showed an understanding of the MCA and the associated DoLS.

People were supported to eat and drink sufficient amounts and to maintain a balanced diet. Staff encouraged people to eat healthily and to participate in as much of their own meal preparation as possible. Staff received training in nutrition awareness and used pictures of food to involve people in making choices.

A relative told us there had been an issue with staff "coming and going" that had an impact on the consistency of approach to a person's care, in particular the monitoring of what the person ate. They said communication between staff had not always worked as well as it should. The relative had spoken with the registered manager about an issue relating to the food the person was given and the manager had listened and taken action.

The service worked with other health and social care professionals to support people in the home. This included engagement with occupational therapists and community nurses to ensure people had the right support and equipment in place to make life easier and safer for them. People had Health Action Plans and received regular and on-going health checks and support to attend appointments. This included reviews of the medicines they were prescribed, GP and dental appointments. People also had a hospital passport in readiness should they require hospital treatment. The aim of a hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

A relative told us the staff had "Good relationships with people" and the person was "Very happy at the house". Another relative said "Staff are really good, they're amazing"; and that their family member "Seems very happy there". They told us that while the person did not relate to other people in the home, they "Love company, especially the younger staff. They (staff) give her as much time as they can"; and "They sing along and dance with her, even the manager. They deal well with things. I wouldn't like her to be anywhere else". Another relative told us "The service is great, staff are wonderful and (the person) is very happy".

Staff had developed positive caring relationships with people using the service. The atmosphere in the home was friendly and supportive and we observed staff knew people well and communicated effectively with them. A relative said staff were good at responding to the person's way of communication and introducing new ways. A member of staff commented they felt staff knew people well and promoted "A stable, homely environment".

People had individual support plans for communication and there were also sections on supporting them in daily life and their preferred routines. For example, a person could become excited about what would happen in the day and want to talk about this. We observed staff providing constant reassurance about forthcoming activities and keeping the person focused on the task in hand in a positive way, in line with the support guidelines.

One person liked to get up slowly in the morning then come downstairs in their dressing gown to eat breakfast. Following this they would have a bath before starting any other activities. The person's communication support plan informed staff they used facial expressions effectively to show how they felt. Another person communicated by pointing at things or opening cupboards to get out items, as well as responding well to short sentences spoken to them using key words. People had personal communication boards in their rooms, which they and staff used when planning each day's activities. One person had a journal they completed each evening with a member of staff.

Staff supported people to stay in touch with people who were important to them and to be involved in making decisions about their care and support. Review meetings were held with the involvement of the person's family, staff and external professionals. Care records contained detailed guidance for staff about how to support people to understand choices and be involved in making decisions. This included the use of pictures and the best times to engage the person. Staff spent time with people, involving them in discussions about their activities and supporting them in dealing with their emotions.

Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. People's care and support plans were written in a respectful way that promoted their dignity and independence.

Is the service responsive?

Our findings

A relative said "It's a wonderful home and I can talk to staff and (the manager) anytime". Staff kept them informed and they had a "very open relationship" with the service. Another relative told us there were "Some very experienced staff who have known (the person) for some years". The person "Needs a lot of support" regarding personal care and staff "Do very well and I'm more than delighted".

One relative told us they felt the service had "taken a while to get a handle" on a health issue, although they were now "catching up, more aware". They said "I would probably give them eight out of ten if I was scoring the service".

The service was working in partnership with community health and social care teams to support people with complex needs. The registered manager and staff were receiving training and supervision from the community nursing team in order to be able to give a person their insulin at the required times throughout the day.

People's support needs had been assessed before they came to live at the home and they and their relatives were encouraged to inform this process. People's likes, dislikes, personal histories and any specific health or support needs they may have were identified and developed into person centred support plans. The support plans gave clear information for staff on how to meet people's needs in an individualised way that reflected people's rights and choices. Staff understood and respected people's individual needs and choices, for example giving a person space when they needed it and enabling them to follow their preferred routines. Support plans were reviewed regularly which helped to ensure that where people's needs had changed these were known to staff. Relatives were also invited to take part in periodic care reviews.

A person told us they enjoyed swimming at a local leisure centre and talked about their other activities. Staff developed a plan of activities with each person, which helped them to pursue their personal interests. People were supported to access a range of activities, such as pottery, outdoor activities, cooking, swimming, health and beauty, and college courses. They were also supported to plan for special occasions such as holidays. Staff had weekly meetings with people to talk about and review activities. Staff provided support in a flexible way that matched people's daily needs and was in line with their care and support plans.

A complaints procedure was available in written and pictorial formats to assist people to make a complaint. There had been two complaints since the last inspection and the registered manager had kept a record detailing the actions that had been taken to respond to and address the concerns.

Is the service well-led?

Our findings

Overall, we received positive feedback about the management of the service from relatives and staff. A relative commented "Ten stars. I'm very happy with the service".

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

The registered manager promoted an open and inclusive culture in the home, which resulted in a positive caring environment. Staff meetings were held at which staff were able to express their views about ways of developing and improving the service. Staff told us they felt they were listened to and that the provider and registered manager were supportive and looked after their and other people's wellbeing. The meetings were also used to inform staff of changes and events within the service and wider organisation. Staff were aware of and worked within the values and aims of the service, which included promoting people's rights, independence and quality of life.

The provider had other locations and the registered managers had regular meetings in order to discuss how to improve the quality of services and keep up to date with developments within the care sector. The registered manager had obtained information about recent changes to the inspection framework and standards.

The provider had brought out new policies and procedures, which referred to the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. Working with The Autistic Society, The provider had recently implemented a 'local autism procedure' to support the delivery of a policy on meeting the needs of people living with autism. This included individual sensory assessments and profiles and environmental assessments. In line with this objective, each service was required to have an action plan in place by the end of December 2017.

Since the last inspection the provider now supported services to recruit more to service specific needs through a local area recruitment initiative. Road shows and assessment days had been held in order to further recruitment, which utilised the experiences of people using services to engage with the public. For example, a person with a physical disability had been involved by talking with interested people about what the role of a support worker entailed.

Regular audits of the quality and safety of the service had continued to take place and were recorded. The registered manager sent a weekly service report to the provider's quality assurance team, who contacted the manager for further details and provided support if and when appropriate. The quality assurance team carried out unannounced audits of the service to check on standards of quality and safety. The registered manager also undertook a quarterly audit of the service, which was checked and monitored by the

operations manager. Where necessary, action plans were created and followed to completion. The provider had recently introduced a new system for staff reporting home maintenance issues and requesting action. A quality survey questionnaire for covering all aspects of care was being sent to relatives, staff and other stakeholders, with a completion date set for 5 February 2018.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home and on the provider's website.