Care Quality Commission

Voyage 1 Limited

Lower St Helens

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

This inspection visit took place on 24 September 2015 and was unannounced. This was the first inspection of Lower St Helens since the current provider took over the running of the service in July 2014.

Lower St Helens is a care home providing accommodation, 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.

The service had a manager in post who was in the process of becoming registered. 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.

Due to their difficulties communicating verbally, we were not able to seek everyone's views about the care and support they personally received. A relatives told us they felt the service provided safe 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.

Summary of findings

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 experienced staff 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place or had been applied for.

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 atmosphere in the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated understanding of their individual needs.

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. Concerns or complaints were responded to appropriately.

There was an open and inclusive culture within the service, which encouraged people's involvement and their feedback was used to drive improvements. 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.

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.

People were protected from the risk of abuse because staff understood their responsibilities.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

The manager checked staff's suitability for their role before they started working at the home.

Medicines were stored, administered and managed safely.

Good

Is the service effective?
The service was effective.

People were cared for and supported by staff who had relevant training and skills.

Staff understood their responsibilities in relation to consent and supporting people to make decisions. The manager understood their legal obligations under the Deprivation of Liberty Safeguards.

People's nutritional and dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate towards people.

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence, by encouraging them to make their own decisions.

Good

Is the service responsive?
The service was responsive.

Staff listened to people and were responsive to their needs. They had a good understanding of people's needs, choices and preferences, and the knowledge to meet people's individual needs as they changed.

Relatives knew how to complain and were comfortable to raise any concerns about the service people received.

Good

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

Staff felt supported by the manager and were aware of the values and aims of the service.

People and relatives were encouraged to give their feedback about the service.

Good

Summary of findings

The manager and the provider played an active role in quality assurance and ensured the service continuously developed and improved.	

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.

We inspected Lower St Helens on 24 September 2015 and the inspection was unannounced. The inspection was carried out by one inspector, due to the small size of the home and people's complex needs.

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 cared for people to help us better understand their experiences of the care and support they received. We spoke with the manager of the home and two members of the care staff team. We also spoke with two other members of the provider's management team who were at the home during the inspection. Following the inspection we received feedback about the service from a person's relative.

We looked at a range of documents and written records including people's care records and medication charts; and 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.

Good

Is the service safe?

Our findings

A person said they felt safe and enjoyed living at the home. They told us about fire drills, when "We all go out" to a place in the garden. A relative was confident that staff worked in ways that kept people safe. They told us "They are aware of each client's needs and work with them accordingly". They added: "St. Helen's is very fortunate to have extremely capable staff at the moment who do their very best for each client".

The provider followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the records for two of the most recently employed staff. These included evidence that pre-employment checks had been carried out, including written references, employment histories, and satisfactory Disclosure and Barring Service clearance (DBS). A new member of the night staff was working on a supernumerary basis on day shift until they had completed competency checks in line with the provider's procedures.

There were enough staff to meet people's needs and provide personalised care and support with activities. The staff group was made up of regular staff and experienced bank staff, which provided continuity of support for people. We saw that staff responded quickly so that people did not have to wait for support or assistance. Staff told us there was enough staff on duty to meet people's needs and support them with their activities.

People were supported to take planned risks to promote their independence. Staff were able to tell us about the risks associated with certain situations and people. For example, assisting a person to have a bath and the use of bed rails. Staff gave us consistent answers demonstrating they knew people well. We saw people's care plans contained a range of risk assessments with action plans that provided this guidance for staff. Records showed that staff carried out daily health and safety checks to help ensure that the premises and equipment was safe for use.

Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults as part of their training and this was regularly updated. Staff were knowledgeable and able to describe the various kinds of abuse. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected.

People's medicines were stored appropriately and managed so that they received them safely. There were detailed individual support plans in relation to people's medicines, including any associated risks and how they preferred to be supported. For example, one person liked to be given her medicines with her breakfast. Staff were aware of the guidelines in the support plans and were able to explain the procedure they would follow in the event of a medicines error. The medication administration records were appropriately completed. Where one person was prescribed an 'as required' medicine for mild pain relief, there were clear guidelines for when it should be given. Staff completed training and an assessment of their competence before they were able to administer medicines to people. This was further confirmed by the staff training records.

Good

Is the service effective?

Our findings

A person told us they were supported by the staff or their relative to see the doctor when they needed to. Observations and relative's comments demonstrated that people's needs were effectively managed and the staff provided the support people needed. A relative told us that staff had the right qualities and skills to care for people effectively and people were supported to maintain good health.

New members of staff received induction training and shadowed existing members of staff before they started work as a full member of the team. The manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff followed a programme of training so their skills were updated and they worked in accordance with good practice. A member of the bank staff told us they received the same training as the regular staff and the organisation made sure they updated their training at the required frequencies. Most of the training programme was delivered by e- learning, with some face to face training, and included subjects such as safeguarding people, moving and handling, autism awareness and fire safety. Staff were supported using a system of meetings and yearly appraisals. They told us there were regular meetings with their manager who provided an opportunity 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. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had been trained and showed an understanding of the MCA and the associated DoLS. The manager had sought a DoLS authorisation for everyone living in the home to ensure that their rights were protected and they could continue to receive the care and support they needed in the least restrictive way. 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. Staff recognised that people could make some decisions but not others and supported them to make as many decisions as possible.

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. The support plans stated that in the event that decisions needed to be made about issues such as medical care, a mental capacity assessment would need to be completed. One person's records showed that such an assessment had been completed in relation to a surgical procedure.

Staff demonstrated a good level of knowledge about the healthcare needs of the people who used the service and were proactive in ensuring any issues were followed up promptly. For example, one person was being supported to attend a dental appointment on the day of the inspection. Handover meetings took place between shifts and staff we spoke with gave consistent responses, demonstrating that information was shared and understood.

The staff team worked well with health and social care professionals to support people. This included regular 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 their records showed they received regular and on-going health checks and support to attend appointments. This included reviews of the medicines they were prescribed, GP, dental and chiropody appointments. People also had a hospital passport in readiness should they require hospital

Good

Is the service effective?

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.

People who used the service were reliant on the staff supporting them to prepare their food and drinks. We saw staff prompted and encouraged people to undertake as much of their own meal preparation as possible. For example, one person washed their hands and put on a favourite CD before preparing their meal while being supported by a member of staff. Another person liked to use pictures of food to help make up the menus. Staff received training in nutrition awareness and told us how they used pictures to encourage choice and eating healthy foods. A relative said **"**As far as I am aware the clients have a very good and healthy diet and their weight is monitored on a very regular basis. The menus are chosen carefully and the diet, from what I hear from my daughter, is very balanced and healthy".

Good

Is the service caring?

Our findings

Through observation, people's comments and talking with staff it was evident that positive caring relationships were developed with people using the service. A relative commented "The staff are excellent" and that the person was "Supported to do the things she enjoys doing". They confirmed that staff respected people's privacy, dignity, choice and independence.

A person said "I like the staff" and told us about a range of day and evening activities they enjoyed, remarking "It's pub night tonight". They enjoyed meeting people at a day centre and a college, cooking, pottery and weekends away with their relatives.

There was a good rapport between the manager, staff and people who used the service. The atmosphere throughout the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person.

Staff told us how they worked in ways that respected and promoted people's privacy and dignity. For example, when supporting people with personal care, they would "Knock on the door and wait, then close the door for privacy, so they feel like it is their room. Then explain what it is you are doing. The level of support will differ with each person and their level of independence".

The service supported people to express their views and be involved in making decisions about their care and support.

Regular meetings took place between individuals and their key workers, to ensure that they were consulted and informed about their support and what happened in the home. Key working is a system where one member of care staff takes special responsibility for supporting and enabling a person. The aim of this system is to maximise the involvement and help to build relationships between people using the service and staff.

A person told us they and others also had house meetings with staff, where "We talk about what we do" at weekends and during the week. A member of staff added that this was to find out what people liked or did not like doing. We saw records were kept of these weekly house meetings. The service also involved people's relatives, where appropriate, in planning care and support. A relative told us "I have regular meetings with staff and the manager. I usually speak to staff each week and we discuss my daughter's problems, if there any, such as health issues".

People's care and support plans included decision making agreements to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. The records also showed that managers and staff had spent time with people, involving them in discussions about their support guidelines, such as how to support them in dealing with their emotions. We saw there was a contact number in the home for advocacy services if they were needed. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

A person centred approach to responding to people's needs was evident in the service. Before people moved to the home they and their families participated in an assessment of their needs to ensure the home was suitable for them. Following this initial assessment a care and support plan was developed that was tailored to the individual, reflected their personal preferences and how they expressed themselves and communicated with others.

Staff monitored people's changing needs through a system of regular review and observation and this was clearly recorded. Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. Staff told us about their responsibilities as key workers, which included consultation with people and their family members about decisions affecting them. This helped to ensure care and support plans were current and continued to reflect people's preferences as their needs changed. The service was also proactive in planning people's care and support. We saw that a downstairs shower had been installed in anticipation of a person's changing needs.

Staff demonstrated knowledge and understanding of people's care and support needs and the strategies in place for meeting them. They were consistent in what they told us about how individuals communicated their needs and wishes and the agreed methods for staff supporting them. This demonstrated that care and support plans were accurate and up to date.

Staff provided support in a flexible way that matched the person's daily needs and was in line with their detailed care plan. We observed staff using this personalised approach at various times such as mealtimes and supporting people to take part in leisure activities. The staff rota was organised around people's preferred activities and to meet their needs in a personalised way. Staff told us they looked for new activities that might interest people and encouraged them to try different experiences.

Staff developed an activity planner with each person, which helped them to pursue their personal interests. We saw that people were supported to access a range of activities, such as shopping, cooking and visiting family. Some people were attending college courses. They were also supported to plan for special occasions such as holidays. Staff ensured that people were in regular contact with their family where possible and supported this through telephone contacts and visits.

A complaints procedure was available in written and pictorial formats to assist people to make a complaint. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns. The manager showed us a record detailing the action that had been taken to respond to and address a concern. A relative confirmed they knew how to make a complaint and said that when they had raised a concern it had been dealt with satisfactorily.

Good

Is the service well-led?

Our findings

The service had a manager in post who was in the process of becoming registered. She told us the organisation supported her well and she was being mentored by the registered manager of another service. The provider had other locations and the managers had regular meetings to discuss how to improve the quality of each location and the whole organisation.

The manager promoted an open and inclusive culture in the home. Staff told us they were well supported by the manager. One member of staff said the manager was “Very approachable” and “Always comes on shift and helps out”. Records of staff meetings showed that staff were asked for their input in developing and improving the service and staff confirmed this. On-going agenda items included policy updates, training, health and safety, discussions about issues affecting people who used the service and about ensuring good practice. Any actions identified at previous meetings were reviewed and updated at subsequent meetings.

Staff were aware of the values and aims of the service and demonstrated this by promoting people’s rights, independence and quality of life. There were clear lines of accountability within the service with each shift having a clearly designated member of staff in charge. An on-call manager was also clearly identified at all times in case of emergencies.

The provider had been running the service since July 2014 and had implemented their corporate system of annual surveys to find out more about people’s views of the quality of the service. We saw the results of the 2014 survey, which had included people using the service, relatives and staff. All who responded had rated the care as excellent. The manager at the time had followed up individual comments from relatives and held a team meeting to discuss teamwork following staff comments. The current manager said she would receive a report of the outcome of the 2015 survey and would be expected to act on any areas where improvements could be made.

A relative confirmed they were able to share their views about the service and they were listened to and action taken where possible. They told us “I like St. Helen's as it is a friendly welcoming home. The manager and staff do their best to make it warm, comfortable, safe, clean and homely. The manager and staff are very high quality and I feel confident that they are able to meet my daughter's quite complicated needs”.

The manager completed a weekly service report that contained information about any incidents or accidents. This report was sent to the organisation’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 manager also undertook a quarterly audit of the service, which was checked and monitored by a senior manager. Where necessary, action plans were created and followed up until the actions were completed. The manager had identified areas where improvements or developments were needed and was currently reorganising management systems within the home to reflect the provider’s systems.