Voyage 1 Limited

Huish House

Inspection report

Huish Episcopi
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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

This inspection took place on 9 March 2017 and was unannounced. It was carried out by one adult social care inspector.

At our last inspection of the service in September 2014 we did not identify any breaches in our regulations. However we found some aspects of the mealtime experience were rushed. At this inspection we found the provider had taken action to address this.

Huish House is situated in a quiet rural area and is close to the town of Langport. The home provides accommodation with personal care for up to 12 people. The home specialises in providing a service to adults who have a learning disability, sensory impairment or physical disability. The environment is spacious and all bedrooms are for single occupancy. There are large gardens and parking. The home is staffed 24 hours a day.
At the time of our inspection there were 12 people living at the home. People were not able to tell us about their experiences of life at the home so we therefore used our observations of care and our discussions with staff and relatives to help form our judgements.

There was a registered manager in post. 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 was available throughout our visit. They had a clear vision for the home and the people who lived there. They told us they were committed to ensuring people received the best possible care and enjoyed a happy life. Through our observations and discussions with staff it was very clear the ethos was that it was very much the home of the people who lived there.

There was a very happy and relaxed atmosphere in the home and people looked relaxed and content with the staff who supported them. Staff understood people's needs and preferences and engaged with each person in a way that was most appropriate to them.

There were enough staff deployed to help keep people safe. People were supported to live the life they chose with reduced risks to themselves or others. There was an emphasis on supporting people to develop and maintain independent living skills in a safe way.

There were policies and procedures which helped to reduce the risks of harm or abuse to the people who lived at the home. These were understood and followed by staff. These included recognising and reporting abuse, the management of people's finances, staff recruitment and the management of people's medicines.

People were supported by a caring staff team who knew them well. Staff spoke with great affection when

they told us about the people they supported. One member of staff said "I love it here. Everyone here is amazing. You get so attached to them. We are like part of their family really." Another member of staff said "I have never worked in such a brilliant home with such wonderful people."

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

People and the people close to them were involved in developing and reviewing the care they received. Each person had a care plan which detailed their needs, abilities and preferences. These had been regularly reviewed to ensure they reflected people's needs and aspirations.

People accessed various activities in the home and local community. People were supported to maintain contact with the important people in their lives.

There were systems in place to monitor and improve the quality of service people received.

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 received their medicines when they needed them and these were managed and administered by staff who were competent to do so.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and be as independent as they could be.

There were sufficient numbers of suitable staff to help keep people safe and meet their individual needs.

Is the service effective?

Good

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People were supported by staff who knew how to ensure their legal and human rights were protected.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Good

The service was responsive

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed with people to ensure they reflected their current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good

The service was well-led

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

Huish 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 9 March 2017 and was unannounced. It was carried out by one adult social care inspector.

At our last inspection of the service in September 2014 we did not identify any breaches in our regulations. However we found some aspects of the mealtime experience were rushed. At this inspection we found the provider had taken action to address this.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 12 people living at the home. We were able to meet with 11 people however people were unable to tell us about their experiences of life at the home. We therefore used our observations of care and spoke with the registered manager, three members of staff and two relatives.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care and records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

Good

Is the service safe?

Our findings

We observed people were well treated and appeared relaxed and at ease with the staff supporting them.

People were potentially vulnerable to abuse due to their learning disabilities. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries.

The risk of abuse to people was reduced because the provider had effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. We saw staff were able to respond to impromptu requests when people indicated they wanted to go out.

Care plans contained risk assessments with measures to ensure people received safe care and support. These included risks and management of people's finances, epilepsy and accessing the community. There were clear plans in place for supporting people when they became anxious or distressed. The circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these incidents. Staff received training in positive interventions to de-escalate situations and keep people and themselves safe.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered. MAR charts contained clear details of how people liked to take their medicines. There were clear protocols in place for 'as required' and 'rescue' medicines. This meant people received their medicines when they needed them and that staff followed a consistent approach. Records showed people's prescribed medicines had been regularly reviewed by health care professionals to ensure they remained appropriate and effective. We discussed the current arrangements for how staff transported medicines through the home and the risks this may pose. Staff currently used a medicine pot to take a person's medicines from the office to where ever the person was in the home. The registered manager agreed to source suitable secure storage for the transportation of medicines within the home.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call management system which meant they were able to obtain extra support to help manage emergencies.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. During the induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. The registered manager told us the timescale for completing the induction programme was adjusted to meet the skills, knowledge and confidence of the staff member.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home such as epilepsy, communication, eating and drinking and autism. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles.

Care plans showed people had access to healthcare professionals including doctors, opticians and chiropodists. The registered manager told us the service had "close working relationships with external health professionals including psychology, psychiatry, dieticians and epilepsy specialists." People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans included 'hospital passports' which are documents containing important information to help support individuals with a learning disability when they are admitted to hospital. A relative told us "One thing they are exceptionally good at is obtaining proper medical advice."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. As the people who lived at the home were unable to fully express themselves verbally, there was clear information for staff about how a person may react if they did not like or want the meal they had been given. For example, one person's records said they would push the plate away if they did not like the food. Prior to lunch people chose their meal from simple photographs. One person took a staff member's hand and led them to the kitchen to show them what they wanted to eat. We observed the lunch time experience and this was unhurried and sociable. Staff sat and had lunch with people and we saw people could choose where they had their lunch. For example, one person wanted to have their lunch in their bedroom.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) Staff had been trained to understand and use these in practice. The 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. Care plans demonstrated that assessments of people's capacity to consent to their care and treatment had been completed. Where a person had been assessed as lacking the capacity to consent, staff had involved people's representatives and health and social care professionals to determine whether a decision was in the person's best interests. These included decisions about the management of people's medicines and routine well-being health checks. This ensured people's legal rights were protected.

Staff asked people for their consent before supporting them. For example staff asked a person for their consent for us to look at their bedroom. We also heard staff asking people for their consent before assisting them with a task such as personal care.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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). Assessments about people's capacity to consent to living at the home and for certain restrictive practices to keep people safe from harm had been completed. Where required DoLS applications had been submitted/approved.

Good

Is the service caring?

Our findings

The atmosphere in the home was happy, relaxed and welcoming. Without exception, all staff we met with and observed were exceptionally kind and caring in their interactions with people. There was lots of laughter and friendly banter and people responded very positively to staff. Staff spoke with great affection when they told us about the people they supported. One member of staff said "I love it here. Everyone here is amazing. You get so attached to them. We are like part of their family really." Another member of staff said "I have never worked in such a brilliant home with such wonderful people." A relative told us "We are very, very happy with everything and so is [name of person]. We would definitely know if they weren't happy."

The registered manager was clearly dedicated to ensuring the best quality of life for people in the home. They said "I am totalling committed to making sure the residents have the best life. I am so proud of them. They are all wonderful. Everything here is about the people who live here and making sure they have the best life." It was evident that the registered manager and staff promoted an ethos of "this is their [people who lived at the home] home." One member of staff said "Nothing is set in stone. Routines are very much determined on what each individual wants or needs." Another member of staff told us "It's all about the guys here and what they want to do. I think they have an amazing life."

Staff knew people very well. They told us about the people they supported, what was important to them and who were the important people in their lives. This meant staff could have conversations with people about things that were important to them and about their interests. Staff told us about people's families and how they regularly met with them either at the home or when supporting people for home visits.

People's wishes were respected and nobody was made to do anything they did not want to. People were encouraged to make their own decisions, as far as they were able to. We observed staff offered people options to choose from and then acted on the person's wishes. People could choose to spend private time alone in their rooms or join others in the communal areas of the home. Staff were always on hand when people needed their assistance.

Staff saw their role as supportive and caring but were keen not to disempower people. They promoted people's independence within the bounds of their capabilities. For example, people were encouraged to carry out as much of their own personal care as possible, with just a little assistance or prompting from staff when needed. One person liked to help staff with the laundry and we observed this happen during our visit. We also observed staff support one person to make their own drink. Staff encouraged and reinforced such positive behaviours with lots of "Well done" and "Thank you" responses.

Each person had their own bedroom which they could access whenever they wanted. Bedrooms were decorated and furnished in accordance with each person's tastes and preferences. People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. The layout of the home meant that there were ample communal areas where people could chose to spend their time. Staff respected people's dignity within the home. For example, personal care was only provided in the privacy of people's own bedrooms. We observed staff always assisted people in a discrete and respectful manner

during our inspection.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Good

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

People received care that was responsive to their needs and personalised to their wishes and preferences. The care plan format provided a framework for staff to develop care in a personalised way. The care plans were person centred and had been tailored to people's individual needs. For example, there was information about people's preferred daily routines such as what time they liked to get up and go to bed and how they liked to spend their day. The staff we spoke with and observed demonstrated a very good knowledge of the people they cared for. For example, we were told about one person who didn't always like to go out. The staff member said "[name of person] doesn't often want to go out but makes it known when they want to. This morning I saw [name of person] standing by the front door which is their way of telling you they want to go out for a walk. As soon as I saw them there I was quickly able to respond and we went out for a walk which they really enjoyed."

Staff were trained to communicate effectively in ways people could understand. People who lived in the home had difficulty expressing their choices and needs clearly through speech. We observed staff were patient and persevered, without rushing people, until they could understand people's wishes. We observed one person used some basic sign language to communicate and staff understood what the person wanted. Another person used communication cards. One person gave a card to a member of staff which indicated they wanted a snack. This was responded to immediately and the staff member went to the kitchen with the person so that they could choose what they wanted.

People participated in the assessment and planning of their care as much as they were able to. Others close to them, such as their relatives or other professionals involved in their care, were also consulted and involved in reviewing the person's plan of care to make sure that it remained accurate and up to date.

Each person had a named support worker (key worker) who had particular responsibility for ensuring their needs and preferences were understood and acted on by all staff, and that people had everything they needed. Key workers also took people shopping on an individual basis so they could chose and purchase personal items. A relative told us "[Name of person] has an amazing keyworker and they have developed a strong bond. Their keyworker works nights which is perfect for [name of person] as they don't sleep well. It works really well for her."

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences. For example we read the records for one person who preferred to spend most of their time in their bedroom. To reduce the risk of social isolation and to monitor the person's well-being the registered manager had developed a recording sheet which showed staff visited the person on a regular

basis and recorded information about the person's mood and how they had reacted to the interactions from staff and activities. As the person was unable to express themselves verbally, this information helped staff to understand what the person enjoyed and what they had not enjoyed.

People had opportunities to take part in a range of activities and social events. On the day we visited four people went out for lunch with staff. Staff had a good knowledge of what each person enjoyed. One staff member said "It's amazing. When I started working here I couldn't believe what an amazing life people had. They do so much." They told us about outings to a centre in Devon where people were supported to enjoy activities such as abseiling and sailing. People also enjoyed regular trips to local pubs and places of interest and staff supported people to go on holiday each year.

People were supported to maintain contact with friends and family. The registered manager told us they had established 'excellent' relationships with people's families. They said "I am regularly involved in supporting people with home visits so I am in regular contact with parents and have a very good relationship with all of them." The majority of the people who lived at the home had regular contact with their families and were supported by staff to visit their family's home. The registered manager told us about one person who preferred to go out in the evening. They said "We are in the process of planning an overnight visit for [name of person] so they can visit their family in the evening and then stay overnight in a hotel with staff." A relative told us "We visit [name of person] at the home and staff bring them to us for visits. They know us and [name of person] really well. The manager and all the staff are very friendly and approachable. Communication is very good and they phone us regularly."

The service had established good links with neighbours and the local community. The registered manager told us "We had a garden party for all our neighbours so they could meet us all. It was a great success and we have built up great relationships. One neighbour regularly pops in and brings a cake for people." They also told us the local supermarket and pubs they visited with people were 'great.' They said "They have got to know us really well and are really supportive." Three people attended a local college. A member of staff said "They do allsorts there such as baking, planting seeds, go to plays and for walks and trips out. They love it and get to meet new people."

There was a complaints procedure which had been produced in an accessible format for the people who lived at the home. There had been one complaint in the last year which had been appropriately responded to and resolved. A relative told us they would not hesitate in raising concerns if they had any. They told us they were confident their concerns would be taken seriously and responded to.

Good

Is the service well-led?

Our findings

The home was managed by a person who had been registered by the Care Quality Commission. The registered manager was available throughout our inspection. They were very visible in the home and they knew the people who lived there very well. They told us "Everything we do here is led by the people who live here. I am just passionate about making sure people are happy and have the best life. We have a great team here who all feel the same." This confirmed what the registered manager had said in their completed provider information return (PIR); "The service is committed to delivering person centred care and support and ensuring that everyone is treated as an individual and with respect. Each person is supported to enjoy and embrace their lives. We believe in making every day count and more fun than the day before. Staff follow this ethos and advocate exceptionally well for the people we support." Through our observations and discussions with staff and relatives it was very clear the ethos was that it was very much the home of the people who lived there. A relative said "The philosophy is about providing a permanent home for people. They have got it right and provide a very high quality of care."

Information about the home had been produced in accessible formats for the people who lived there. This included photographs of the staff on duty. We also saw that menus and activities had been produced in a pictorial format. This meant that people could be supported to make informed decisions and choices.

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and the responsibilities. Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. All the staff we spoke with told us they felt well supported and received the required training to meet the needs of the people they supported. One member of staff said "We all work really well together. The support and training we get is very good. I love working here." Staff morale was very good which led to a happy and relaxed atmosphere in the home.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. One of the provider's operations managers visited the home at least monthly to monitor the quality of the service provided. The quality monitoring system focused on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? We looked at the findings of a recent audit and these had been very positive. The registered manager told us there were also quarterly peer review audits where a manager from another of the provider's services carried out a review of the service which also focused on the five questions we report on. Where areas for improvement had been identified an action plan had been developed and action had been taken or was in the process of being taken, within agreed timescales.

Annual satisfaction surveys were sent to people's representatives, health and social care professionals and staff to seek their views. The results of the most recent survey showed a high level of satisfaction about the quality of the service provided. A relative had commented "A lovely home, run well with a good team which comes from good leadership and caring staff." A health care professional commented "Excellent care of the

patients I see from Huish House." A member of staff commented "The residents always come first and this is shown consistently." One described the care and support people received as 'a very high standard' and that it was 'professional as well as loving and respectful."

The PIR confirmed the provider was accredited by or were members of relevant professional organisations such as Skills for Care England, The Social Care Commitment, Social Care Institute of Excellence, the British Institute of Learning Disabilities, Care England and Investors in People. Voyage Care were winners in Laing Buisson's Specialist Care Awards 2016. The provider also recognised the achievements of its staff team through annual awards. The home's previous achievements had included "Team of the Year" and "Outstanding volunteer."

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.

Significant accidents/incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. We have no reason to believe we have not been informed of significant incidents which have occurred within the home.