Voyage 1 Limited

Beck Farm House

Inspection report

Beck Lane
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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

Beck farm house is registered to provide care and accommodation for up to seven young adults with learning disabilities and autistic spectrum disorder, who have a variety of complex needs. All bedrooms are for single occupancy with en suite facilities. There are also communal areas and a garden for people to use.

The service is located in the village of Barrow upon Humber with accessible transport links to larger towns and the city of Hull.

We undertook this unannounced inspection on the 13 May 2016. This is the first inspection since the new provider registered with the Care Quality Commission in July 2014. Three people were using the service at the time of our inspection.

The service had 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.

We found staff were recruited safely and there were sufficient staff to support people. Staff had access to induction, training, supervision and appraisal which supported them to feel skilled and confident when providing care to people.

Staff received training in how to safeguard people from the risk of harm and abuse. They knew what to do if they had concerns and there were policies and procedures in place to guide them when reporting issues of potential abuse.

Records showed people had assessments of their needs and plans of care that were produced; these showed people and their relatives had been consulted and involved in this process. We observed people received care that was person-centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences. People who used the service received continuous support from staff and needed to be supervised whenever they went out.

Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took steps to minimise risks to people's wellbeing without taking away people's rights to make decisions. People lived in a safe environment and staff ensured equipment used within the service was regularly checked and maintained.

Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices. Staff provided information to people and included them in decisions about their support and care. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with

relevant others to discuss options and make decisions in the person's best interest.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it.

People's health and nutritional needs were met and they accessed professional advice and treatment from community services when required. Meals provided to people were varied and in line with risk management plans produced by dieticians. We observed drinks and snacks were served between meals. People who used the service received care in a person centred way, the care plans described their preferences for care and staff followed this guidance.

People who used the service were seen to engage in a number of activities both within the service and the local community. They were encouraged to pursue hobbies, social interests and to go on outings. Staff also supported people to maintain relationships with their families and friends.

There was a complaints procedure in place which was available in a suitable format which enabled people who used the service to access this if needed. People we spoke with knew how to make complaints and told us they had no concerns about raising issues with the staff team.

Staff told us the registered manager was visible and accessible within the service and they worked well together as a team.

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 who used the service were cared for by staff by staff who had been trained to recognise the signs of abuse and how to report these.

Staff were recruited safely and there were sufficient staff, with the competencies, skills and experience available at all times to meet people's needs.

Policies and procedures were in place to guide staff in how to safeguard people from harm and staff received training about this.

People received their medicines as prescribed. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005[MCA], which meant they promoted people's rights and followed least restrictive practice.

Staff received appropriate training, supervision and appraisal to ensure they had the right skills to care for people.

People were supported to prepare their own meals and to maintain essential living skills.

Is the service caring?

Good

The service was caring.

Staff had developed good relationships with people who used the service. We observed staff approach to be kind and caring towards people.

People were involved in decisions about their care and

treatment and were provided with information to help them make their own choices about this. They had agreed and read their support plans and had been involved in the development of them.

People were supported by staff that had a good understanding of their individual needs and preferences for how their care and support was to be delivered.

Is the service responsive?

Good

The service was responsive.

People received person centred care which respected their preferences and choices.

People could raise concerns about the service and these would be investigated to their satisfaction. Other stakeholders could raise concerns about the service. Changes were made as a result of concerns raised.

Staff supported people to maintain and develop their skills and to undertake varied activities. Staff were provided with information to enable them to support people in their preferred way.

Is the service well-led?

Good

The service was well led.

People who used the service had a say about how the services was run and could participate in changes made. All suggestions made were welcomed and looked at.

Regular audits were undertaken to ensure people received a safe well-led service.

People who used the service and staff told us the registered manager was approachable and always made time for them.

Beck Farm House

Detailed findings

Background to this inspection

The inspection took place on the 13 May 2016 and was unannounced, which meant the registered provider did not know we would be visiting the service. The inspection team consisted of one adult social care inspector.

We looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we spoke to the local safeguarding team, the local authority contracts and commissioning team and a health professional about their views of the service. There were no concerns expressed by these agencies.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully.

During our inspection we spoke with the regional manager as the registered manager was not available on the day. We spoke with three people who used the service, four members of staff and the registered manager, following the inspection.

We looked at the care records for two people who used the service and other important documentation relating to people who used the service such as, medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, the training record, the staff rota, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment.

Good

Is the service safe?

Our findings

We spoke with each of the three people who used the service who told us they felt safe at the service and liked the staff. Comments included; "I like living here, the staff are kind and they help me with things when I can't manage them on my own." Other people told us, "Yes I am safe here and if I have a problem the staff will help me," and "Staff talk to me about how to keep safe, like being responsible in the kitchen when we are cooking."

A professional told us, "I have no concerns whatsoever. The staff are in regular contact. They do a an extremely good job and keep people safe."

Staff told us they were aware of the registered provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the registered manager and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example the local authority or the Care Quality Commission.

Staff had received training in how to recognise and report abuse. They were able to describe what signs would be apparent if someone was the victim of potential abuse; this included low mood, depression or physical signs like unexplained bruising. Staff understood they had a duty to respect people's rights and not to discriminate on the grounds of race, culture, sexuality or age..

Staff told us they had a duty to raise concerns to protect people who used the service and understood they would be protected by the provider's whistleblowing policy. The regional manager told us they took all concerns raised by staff seriously and would investigate them thoroughly. They told us they would protect staff and would make sure they were not subject to intimidation or reprisals for raising concerns. Staff we spoke with told us they felt confident approaching the registered manager and they felt they would be taken seriously and protected from recriminations or reprisals.

The registered manager and registered provider completed an analysis of all accidents and incidents in the service. The information was used to identify emerging trends or patterns or if someone's needs were changing and needed more support or a review of their care. The findings from the analysis of these were reviewed further by the provider's behaviour therapist and then any changes or recommendations following this, were shared and implemented by the staff team..

We looked at the files for four staff files and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible, and that potential employee's had been checked by the Disclosure and Barring Service (DBS). This ensured as far as practicable, people who used the service were not exposed to staff that had been barred from working with vulnerable adults.

The regional manager told us that in any situation where a previous conviction showed up on a DBS check, the potential employee would meet with representatives of the Human Resources team to discuss this

further and their suitability to work with vulnerable adults. All records of discussion and risk assessments in relation to this would be held on the individuals personnel file.

Staff were provided in enough numbers to meet people's individual needs and support them to participate in daily living tasks for example, shopping and meal preparation. We saw that where people's needs changed, staffing levels were reviewed and adjusted to support the staff team and to ensure other people using the service were not compromised in any way.

People's care plans showed assessments had been completed for areas of daily living which may present a risk to the individual. For example, road safety while accessing the community, changing behaviours which may put the person or others at risk and travelling in a vehicle. The assessments outlined what the risks were and how staff should support the person to alleviate them. For example, redirecting the person, if they began to display known triggers.

Risk assessments also included plans for supporting people when they became distressed or anxious. When changes occurred, we saw assessments were updated to reflect people's current needs.

Behaviour management plans described the circumstances that may trigger certain behaviours and ways to avoid or reduce these. Records seen showed if people became agitated staff used effective distraction or calming techniques and avoided the use of physical interventions. During discussions with the regional manager and staff they confirmed that physical restraint was not used within the service. Records showed staff had completed training in relation to changing behaviours and the management of these.

The registered manager maintained an on-going record of any incidents that occurred in the service and we saw that where these required a safeguarding referral, these had been made. Records showed that accidents and incidents were recorded and appropriate action taken. De briefings were completed with staff following incidents to reduce the risk of further re occurrences and learn from incidents.

Medicines were kept securely and stored appropriately. Records were found to be accurate and maintained for medicines administered, received into the service and disposed of. Protocols were seen to be in place for all medicines that had been prescribed to be taken 'as and when required' (PRN), such as paracetamol; these described in which situations the medicine was to be administered. Staff spoken with confirmed this type of medicine was only ever used after following the guidance. Medicines were kept securely and stored appropriately.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation.

We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically. We found the home to be clean, hygienic and well maintained.

Good

Is the service effective?

Our findings

We spoke with each of the three people who used the service who told us they liked living at the service. They told us they could make choices and decisions about aspects of their lives and that they were able to access health professionals when required for advice and treatment. One person told us, "I like [Name] best they are my favourite and they like the same sort of things I do." Another told us, "I like the food and we have meetings to talk about what we want on the menus." and "I like being here and the staff help me to go out every day, because that is what I like to do."

A professional told us," The staff know them really well and have the right skills to support them."

We saw people's nutritional needs were assessed and kept under review and there was a good range of food and drink supplies in the service. People were involved in the development of the menu through regular house meetings. Staff confirmed that menus were planned in consultation with people who used the service and offered at least two choices of food at mealtimes. Further options were always available and were provided if people did not want these options. The daily records we reviewed confirmed that alternative choices were regularly provided to people and people often had the opportunity to eat out.

Staff we spoke with had a good understanding of people's preferences for food and their individual dietary requirements. They gave an example of one person who particularly disliked vegetables, so they ensured they were always offered limited choices of vegetables they enjoyed, to promote healthy eating habits. We saw staff maintained a record of food and fluids where a need for this had been identified. We saw people had their weight monitored and appropriate action taken when there were concerns.

We saw the health care needs of people who used the service were met. Appropriate timely referrals had been made to health professionals for assessment, treatment and advice where required. These included GP's, dentists, emergency care practitioners and opticians. Records indicated people saw consultants via outpatient's appointments, accompanied by staff, and had annual health checks. We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals.

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.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision

and control. The registered manager was aware of their responsibilities in relation to DoLS and authorisations were in place for each of the people who used the service. The registered manager had notified the CQC of the outcome of the DoLS applications. This enabled us to follow up the DoLS and discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practices were being followed.

During discussions with staff and the regional manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 [MCA] and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it as determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, for example what they preferred to eat and drink and the activities they wanted to participate in.

Staff confirmed they received regular supervision including annual appraisals to review their performance and identify any further training needs. Staff described how they felt fully supported by the registered manager and the staff team when they had first been appointed. They told us that following their appointment they had completed the organisational induction which covered training which was considered to be essential and included topics such as medication, safeguarding, care planning, least restrictive practice and positive interventions. They then were involved in a period of shadowing a more experienced colleague.

The staff we spoke with confirmed they attended both practical face to face and E learning training to maintain their skills. Staff told us their training was relevant and covered what they needed to know. They told us that when people's needs changed or they developed particular health needs, training was provided to ensure staff understood how they could support people effectively.

Staff told us they were further supported through regular team meetings which were used to discuss a number of topics including, changes in practice, care plans, rota's and training.

The staff team demonstrated a good understanding of people's routines and the way they liked their care and support to be delivered. Staff described in detail how they supported people in line with their assessed needs and their preferences. We saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, using effective communication support plans, this approach supported staff to create meaningful interactions with the people they were supporting.

Staff told us they had been trained to deliver 'positive behaviour support approaches' to manage changing behaviours that may challenge the service and others. These minimised the use of restrictive practices and reduced the use of physical interventions. Discussions with staff and the regional manager evidenced that restraint were not used in the service as all of the people living at the service responded well to the positive behavioural support approaches in place.

One person was keen to show us their newly decorated bedroom and explained they had arranged to go shopping with staff in order to choose the wall paper and soft furnishings for their room. They told us they were very happy with the finished results and that it was just as they had wanted it to be.

Good

Is the service caring?

Our findings

People told us they were happy with their care and liked living at the service. They told us staff respected their privacy and they had meetings with their key worker to talk about their care. Comments included, "I know everything that is in my care plan and the reason it is there and I have signed it." Another person told us, "The staff always knock on my door and wait till I tell them they can come in."

Professionals told us they considered people were cared for well by staff. Comments included, "It is about the right support and a good quality of life and that is what they have there." and "The staff are in regular contact with me and keep me updated of any changes. They are very settled there and I don't believe there is anywhere else they could be happier."

Staff told us they recognised there were times when people who used the service may indicate they did not want particular staff to support them. In these situations other members of the team would step in and offer support until the individual made their preferences known. We saw staff responded to people's queries and offering reassurances when this was required. One person asked staff if they were still going to the cinema with them at the weekend and staff confirmed they would be and asked them about which film they wanted to watch.

Staff demonstrated they understood how people's privacy and dignity was promoted and respected, and why this was important. They told us they always knocked on people's doors before entering their room. We observed that when someone attempted to leave their room in a state of undress, staff responded quickly and reminded them discreetly they needed to cover themselves up. At intervals during the day one person's behaviour was seen to change. Staff supported the person effectively in a least restrictive way, ensuring their privacy and dignity was maintained at all times.

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us people were always supported to go on shopping trips to enable them to make their own purchases for clothing and personal items. This was further confirmed in discussion with people who used the service who were keen to show us some of the things they had recently bought.

People were seen to approach staff with confidence; they indicated when they wanted their company and staff were seen to respect these choices, for example when they wanted to engage in conversation and when they wanted to be on their own. People were seen to be given time to respond to information they had been given or requests made of them, in a caring and patient manner. Requests from people who used the service were seen to be responded to quickly by staff.

During our inspection we saw that when one person approached, staff offered reassurances they had remembered the person wanted to go out for coffee and asked if they wanted to go into the village or catch the bus into town. The person told them they would prefer to stay in the village as they had other things they wanted to do, including tidying up their bird feeders and making a chocolate cake for tea. The staff told

them they could go whenever they wanted to go, this reassured the person and helped calm their anxieties over their planned routine.

Throughout the day of our inspection there was a calm and comfortable atmosphere within the service.

We found the service was caring and people were respected. There was a key worker system where people who used the service were allocated specific members of staff to support them. We observed staff treated people with kindness and they were listened to. The staff took time to build up relationships and trust with people and their families.

Staff told us about the importance of maintaining family relationships and how they supported and enabled this to happen, for example; home visits, meeting up with family members during holidays and supporting people to purchase gifts and cards for special occasions. During our inspection we observed one person supported to prepare and pack, before setting off with staff to make the journey home.

Staff told us how they kept relatives informed about important issues that affected their family member and ensured they were involved in all aspects of decision making. Relatives were also invited to reviews and if they were unable to attend their views were shared in reviews and other meetings. Discussions with a professional and a review of records confirmed this.

In our discussions staff spoke about each individual and demonstrated a good understanding of their current needs, their previous history, what they needed support with, what they may need encouragement, with and their personal qualities and attributes. Staff offered examples of where people's skills had developed for example; one person had been reluctant to go into a shop when they first came to the service. With the introduction of detailed support plans and risk assessments, staff had supported them gradually to overcome their anxieties, to such an extent they were now happy to support staff with the weekly grocery shopping.

Care records showed people were supported to maintain their independence in areas such as their activities, personal care and activities of daily living such as shopping, cooking, cleaning and laundry. This was observed during the visit when people were supported to tidy their room, prepare and cook the evening meal, set the table, clear their plates away and do the washing up after the meal. We saw staff were patient and consistent in their approach.

During discussion with staff they confirmed they read people's care plans and information was shared with them in a number of ways including; a daily handover, communication records and team meetings.

People's care records showed people were supported to access and use advocacy services when required to support them to make decisions about their life choices. Professionals spoken with confirmed this.

We found a positive approach to promoting people's right to independence and a 'can do' attitude was clearly demonstrated by all the staff and reflected the organisation's values. Staff described how each person received tailored support to meet their individual needs, enabling them to become actively involved in community life and other activities. One professional told us, "The staff are 110% and the interests of each individual are at the heart of everything they do."

Good

Is the service responsive?

Our findings

People who used the service told us staff involved them in letting them know what was happening in the service. They told us, "The staff help me to know what is going on, by speaking to me and writing things down for me on my activity plan so I know what I am doing every day and I don't need to worry." Another told us, "I don't like cleaning up sometimes, but the staff are good at making it fun, so we can get it done and then do the things I like to do."

Professionals told us they considered the service was responsive to people's individual needs. Comments included; "I am very happy with the placement. They are very good at understanding and responding to their needs. We know they are well looked after and cared for. When they are on home visits they always comment they are missing their friends back at Beck."

We looked at the care files for two people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care file had been produced in pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan. We observed how people received consistent, personalised care, treatment and support and how they and their family members were involved in identifying their needs, choices and preferences and how they should be met. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided.

People were actively involved in developing their care, support and increasing their independence skills including all aspects of their social life. Staff were competent and had the skills to assess and support people's needs. Staff made every effort to make sure people were empowered and included in this process. They involved family in decisions about the care provided, to make sure that the views of the person receiving the care were known, respected and acted on. Staff told us that routine was very important to the people who used the service. Care plans and activity timetables were carefully followed, however people's wishes were respected if they chose not to participate in planned activities and alternatives would always be offered in these situations.

People's care plans described the holistic needs of people and how they were supported within the service and the wider community. Details were included of what was important to people such as their likes, dislikes, preferences, what made them laugh, what made them sad, their personal attributes and their health and communication needs; for example, their preferred daily routines and what they enjoyed doing and how staff could support them in a positive way.

People's care plans were reviewed monthly, after individual meetings with their key worker, this ensured their choices and views were recorded and remained relevant to the person. We also saw care plans were revised to reflect the outcomes from reviews. Records of these showed how all aspects of the person's progress in meeting their individual objectives and independent living goals were reviewed and any changes needed were implemented.

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. Records showed concerns were always discussed at the regular key worker meetings. We saw that no complaints had been received since the service had been registered.

The registered manager explained how they encouraged relatives to talk about any issues or concerns so they can be addressed at an early stage. Relatives spoken with confirmed they had never had the need to make a complaint, but were aware of the organisation's complaint policy.

The personalised ratio of staff to people who used the service ensured people were able to access an extensive range of community based activities including; swimming, bowling, meals out and trips to the cinema. People were able to be supported in both structured educational activities as well as with hobbies and social activities, for example participating in local community sports events.

People were encouraged to develop new relationships and the service had an established social networks within the organisation and community based social groups to enable people to meet up at planned events. Staff described the rapport people had developed with members of the local community and neighbours, taking time to chat, exchanging Christmas cards and gifts.

Good

Is the service well-led?

Our findings

When we spoke with people who used the service about the management of the service, all the comments we received were positive. These included, "Yes I like her she is nice, but so are all the staff." and "I can go and see her in the office when I want to and have a chat."

Professionals told us there was excellent communication between them and the service. They told us, "They involve us with everything and we are asked for our views of the service and get the results back from these", "I know I can pick up the telephone at any time and anyone I speak to will always make time to speak to me."

The registered manager was very experienced and had managed this service and others within the organisation for a number of years. She shared her time between two small services she has responsibility for, supported by a small team of senior staff. They told us they were supported by a senior management team and by having regular meetings with the registered managers of other services within the organisation. Meetings were a forum where they could share best practice and discuss ideas to improve the service.

They told us they were expected to work a mixture of shifts at different times during the week and at weekends in order to effectively monitor the needs of the service. Comments included, "I consider myself to be fair and approachable and am happy to work alongside staff."

Staff told us they felt well supported as a team and were able to contact the registered manager at any time for support and advice. Comments included, "We have regular staff meetings and have and we get to air our views and share our opinions, we are listened to." Another told us, "We can go to the manager and they will make time for us to listen."

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health professionals. They met with people who used the service and asked them what they thought about the service provided. We saw minutes were taken of these meetings to help inform people who were unable to attend. The registered manager also used pictorial surveys to gain the views of the people who used the service. People were supported to complete these either by staff or their relatives. The outcome of all of the surveys completed were analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed.

The registered manager undertook audits to ensure the service was running smoothly and effectively. These included health and safety, staff training, people's health and welfare and the environment. Time limited action plans were put in place to address any shortfalls identified. This helped to ensure the service was continually developing and people were receiving a quality service which they were involved with.

The service reflected on all accidents and incidents and incident de briefs were carried out to ensure lessons could be learnt and practices changed if required, but also to support staff following incidents too. A weekly service review was undertaken where information records from incidents, accidents, complaints and

safeguarding issues were collated from an electronic portal and reviewed by the companies quality and safety department. Accidents and incidents were investigated, risk assessments compiled and support plans reviewed and updated following this to prevent further reoccurrence.

The registered provider promoted 'a challenging bad practice' awareness, providing staff with opportunities through supervision, team meetings and house meetings to question practice and discuss what is and was not working. The provider had designated champions who research, train and promote best practice in their key area, taking into account specific legislation and guidance. These included dignity, Safeguarding of vulnerable adults, infection control, fire safety and person centred care.

We saw the registered manager had arranged for regular safety checks to be carried out on all equipment used in the home and maintenance was carried out as required. Where there were areas of general maintenance required in the home these were recorded in a maintenance book and were signed as completed when the required work had been carried out. All these measures meant the registered provider was carrying out on-going checks to ensure the care provided and the environment people lived in was maintained to a good standard.