Care Quality Commission

Voyage 1 Limited

Cote House

Inspection report

24 Rowden Hill, Chippenham
Wilitshire SN15 2AG
Tel: 01249 653760
Website: www.voyage.com

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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

Cote House is a residential care home providing personal and nursing care for up to 11 people. The inspection took place on 21 September 2015. The service had a registered manager who was responsible for the day to day operation of the home. 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 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

People liked the staff who supported them and positive relationships had formed between people and staff. Staff treated people with dignity and respect.

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social well being. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed. Staff worked closely with health and social care professionals for guidance and support around people's care needs.

Staff were knowledgeable about the rights of people to make their own choices, this was reflected in the way the

Summary of findings

care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support. Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. Staff were confident that the registered manager would respond appropriately. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs.

The registered manager, the regional manager and the provider carried out audits on the quality of the service which people received. This included making sure that the accommodation and the environment was safe.

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 told us they felt safe living at Cote House.

Medicines were administered in a safe and competent manner to suit individual needs.

There were systems in place to ensure people were evacuated from the premises safely should the need arise.

Good

Is the service effective?
The service was effective.

People had access to a choice of food and drink throughout the day and staff supported them when required.

Staff had received appropriate training which ensured they were suitably skilled and knowledgeable to support people.

People thought staff had the right skills and did their job well.

Good

Is the service caring?
The service was caring.

In all interactions with people, staff were friendly, respectful and caring.

We saw that people and staff had developed positive relationships with each other.

People told us they liked the staff.

Good

Is the service responsive?
The service was responsive.

People's care and support was individualised and monitored to ensure the service could continue to meet their needs.

Peoples preferences and choices were respected.

People and their families were involved in planning their care and support.

Good

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

The service had clear values about the way care should be provided.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs.

The registered manager promoted an open door policy and staff and people alike felt they could approach her if they had any concerns.

Good

Cote 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.

The inspection took place on 21 September 2015 and was unannounced. The inspection was carried out by one inspector. Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete 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. This enabled us to ensure we were addressing potential areas of concern.

Cote House is registered to provide personal and nursing care for up to 11 people. During our inspection we spoke with three people who live at Cote House. Some people did not wish to speak with us or were not able to verbalise their opinion of their care and support, we therefore observed their care and interaction with staff. We spent time observing people in the dining and communal areas.

During our inspection we spoke with the registered manager and the regional manager, four care workers and the housekeeper. Before our visit we contacted five health and social care professionals to find out what they thought about this service.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with people, looking at documents that related to people's care and support and the management of the service. We looked around the premises and observed care practices throughout the day.

Good

Is the service safe?

Our findings

Two people told us they felt safe living at Cote House. For people who were not able to verbally express their opinion, we observed that people did not hesitate to seek support and approach staff when required. This indicated that people felt comfortable with staff.

Staff had received training in safeguarding to protect people from abuse and records confirmed training had taken place. There was a safeguarding and whistleblowing policy and procedures in place which provided guidance on the agencies to report concerns to. Staff were clear about their responsibility in ensuring that people were safe. Incident and accidents were recorded and action taken to minimise the risk of further incidents.

Where people behaved in a way that may challenge others, staff managed the situation in a positive way ensuring people's dignity was protected. They sought to understand what caused people to become distressed and then display these behaviours. There were detailed intervention and risk management plans in place which were regularly reviewed to ensure staff continued to support people appropriately. Staff used the least restrictive intervention methods.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place for the safe management of medicines. Medicines were stored in a lockable cabinet within the medicines room which only certain members of staff had access to. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. Medicine audits were carried out daily. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines).

Nursing and senior staff had responsibility for administering and disposing of medicines and undertook a yearly competency assessment to ensure continuation of safe practice. People received their medicines as prescribed. Nursing staff were knowledgeable about the medicines people were prescribed, the reasons for prescribing and any interactions with other medicines the person was receiving. There was no set "medicines round". Instead, people received their medicines at staggered times throughout the day when they required. We observed people receiving their medicines throughout the day. It was explained to people it was time to take their medicines and drinks were offered with them. People were not rushed when they took their medicines.

There was effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

During the day we found there was enough qualified, skilled and experienced staff to meet people's needs. The registered manager explained that there was always a registered nurse on duty and the registered manager provided nursing cover as part of the roster. Staffing levels were set according to the needs of people and people told us they felt there were enough staff. Staff told us that cover was always sought for staff absences. We looked at the home's roster which indicated there was a consistent level of staff each day.

Measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which all housekeeping staff followed to ensure all areas of the home were appropriately cleaned, including the deep cleaning of rooms. Staff could explain the procedures they would follow to minimise the spread of infection and how they would handle soiled laundry. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. A monthly audit of infection control was carried out as part of the overall management monitoring system. We found bedrooms and communal areas were clean and tidy.

During the inspection, the person responsible for overseeing the safety of the premises carried out a quarterly inspection. Safety checks were made regarding the environment such as flooring, windows and the grounds. In addition, fire systems were checked. Each person had an individual evacuation plan in place to ensure that staff could safely assist them to evacuate the building should the need arise.

Good

Is the service safe?

Equipment such as, specialised chairs and wheelchairs were checked for wear and tear by staff. Other equipment such as ceiling and bath hoists, were maintained on an annual basis through an external contractor.

Good

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

The service had complied with the requirements of the Mental Capacity Act 2005. Where required, mental capacity assessments had been undertaken and DoLS applications had been made. Best interest meetings had been held to ensure that decisions made were in the interest of the person. People and their family were involved, as well as relevant health and social care professionals and staff from the home.

We observed staff communicated with people effectively and used different ways of enhancing that communication. This included, touching people on the arm to gain their attention, giving eye contact and affording people time to respond to any requests or questions. Some people used signs which were individual to them. We saw staff understood people's communication and were able to readily respond in a way which the person understood. A communication plan was in place for each person. This gave guidance to staff on how to interpret what the person's behaviour, physical gestures, signs, sounds or conversations could mean and how to respond in a way which enabled staff to offer an appropriate and consistent approach for that individual. We observed t staff were extremely patient when communicating with people.

To further enable people to be involved in their care and support, documents were produced in different formats such as, the handbook about Cote House being in a pictorial format. The hospital passport and health action plan was again in a pictorial and easy to read format.

New staff undertook a six month probationary period in which they completed an induction. The induction included getting to know people who live at Cote House, looking at care plans, completing the mandatory training, familiarising themselves with the service policies and procedures and shadowing more experienced staff members. The provider had introduced the new care certificate for new members of staff. Two of the newer members of staff we spoke with told us they were 'really enjoying the work' and 'I wished I had done this type of work years ago'. Both felt they were being appropriately supported. The registered manager told us that although there was a six month probationary period, they would support staff if they needed a 'little bit more time' to fully develop their confidence in the role.

Staff told us and records evidenced they received regular supervision with the registered manager or deputy manager. During supervision, training and skill development was discussed. This included clinical supervision for the nursing staff. Staff said they felt supported and feedback during these sessions was constructive. Staff who had been employed by the provider for more than a year had undergone an annual appraisal. Supervision and appraisals processes offered support, assurance and developed the knowledge, skills and values of an individual, group or team. The purpose was to help staff improve the quality of the work they do, achieve agreed objectives and outcomes.

Training for staff was centred around the needs of people who live at Cote House. Staff completed mandatory training as set by the provider and specific training to support people's individual needs, such as positive behaviour support, diabetes, sensory and physical impairment and mental health needs. In addition, clinical staff were supported to maintain their skills in carrying out clinical procedures. During our conversations with staff, we found they were very knowledgeable about the people they cared for and skilled in supporting each person's individual needs. Staff said they were happy with the training offered by the provider and felt they had received sufficient training for their role. People told us they thought staff were 'good' at their job.

People had access to a choice of food and drink throughout the day and staff supported them when required. Meal times were variable, depending upon when people got up in the morning or when they were ready to eat. People told us they enjoyed the variety of food and we observed people were offered alternatives if they did not like what was on the menu for that day. People were provided with a range of nutritious food and were

Good

Is the service effective?

supported to maintain a healthy weight. Records showed people's weight was monitored monthly to support this or more often if required. People received specialised diets according to their needs. A menu board was displayed on the wall outside of the kitchen where people could choose snacks throughout the day. Information was available to staff on people's food likes and dislikes, allergies or intolerances. People told us they discussed the menu selection at their resident meetings.

Specialised equipment was used to support people to eat and drink as independently as possible, such as a plate guard which would keep the food on the plate whilst the person used their cutlery or adaptive cutlery which was easier to hold. We observed people were discretely offered support to eat and drink where required and staff supported people to eat and drink at their own pace.

Each person had a health action plan which identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. A local GP who carried out regular visits to the home told us there was "good communication lines with the surgery".

The premises were suitable for wheelchair users and a lift was available between the floors. The communal rooms were spacious and free of clutter to enable people to walk around unaided.

Good

Is the service caring?

Our findings

One person told us “everything works well, it’s ok for me. The care and support I get is good, the staff are very approachable and kind. The people are lovely and we all know each other. I am happy here”. Another person told us they liked living at Cote House. We saw many positive and caring interactions between people and staff. People and staff acknowledged each other as they either went out or arrived back to Cote House. People chatted amongst themselves, shared jokes and other banter. We observed people were comfortable with each other and would ask others if they were alright.

We observed staff were kind, friendly and caring towards people. Staff spoke with people in a respectful manner and used humour to engage with people when supporting with daily routines, which people responded well to.

Some people who live at Cote House had complex needs which required varying levels of support. Staff were knowledgeable about the people in their care and were mindful of people’s emotional wellbeing. We saw that if individual people were agitated or distressed, staff used effective techniques to reassure and calm them.

When staff entered the communal rooms they acknowledged people and called them by their preferred name. People were treated equally and we saw staff were aware of people’s personalities and respected their right to do things in a particular way, change their mind or do things differently. Staff explained to people when personal care was needed to ensure they understood and consented. All personal care was carried out in the privacy of the person’s room to ensure that their dignity and privacy was respected.

During our inspection we spoke with a visiting healthcare professional who told us “I see a few people in the home, staff have always been kind to people. Staff make sure they record information of the therapy and its outcomes for people”. A family member had responded to a satisfaction questionnaire “staff seem very capable of coping in all situations and staff are also very welcoming”.

People had access to advocacy support with regard to making decisions about their care and support and finances. An advocate supports people to understand their rights and encourages them to speak up if they need information to make an important decision or are unhappy about how they have been treated. Advocacy information about a local service was displayed in the foyer of the home.

A range of other information was available to people. In the foyer of the home was a folder called ‘Meet the Team’ with the names of staff along with their photograph. It gave a brief note of what the member of staff liked and what was important to them, such as their family. There were booklets about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. In the hallways were noticeboards with photographs of events people had participated in. There were leaflets and other information about forthcoming activities.

Good

Is the service responsive?

Our findings

Each person's room showed their individuality and the things that were important to them, such as music, DVD's and family photographs. Social interaction and meaningful activities were centred on what each person liked and wished to take part in. People could participate in organised activities and follow their individual interests such as going out for walks, to the pub, shopping, attending community events and visiting family. Others liked to read, watch the television, listen to music or help prepare lunch or dinner. Staff spent one to one time with people chatting, holding the person's hand, reading together or listening to audio books. In the lounge and dining room were lots of puzzles and art and craft materials. Dotted around the home were pictures, wall hangings and other things people had made.

People had a care plan which was tailored to their individual preferences and abilities. There was detailed information about the level of support people required in relation to their health, mobility, social and personal needs. The care records were person centred and described what the person's preferences were with regard to their care and support needs including what a good day would look like for that person. In addition, they described how staff could support the person to make choices, including when would be the best time to discuss options and how staff could support in this. Monitoring charts were in place to ensure people received appropriate and timely care and potential risks were identified early. All of the people we met at Cote House looked well cared for and content.

Risk assessments were in place which enabled staff to keep people safe and maintain their independence. Behavioural support plans were also in place which included the involvement of the mental health team who provided guidance and support to staff on managing behaviours that may challenge. Care staff told us the information and guidance given in the care plans enabled them to safely and consistently deliver care and support in the way in which people wanted. Care plans had been reviewed on a regular basis and when people's needs changed.

A member of staff told us staffing levels were adjusted according to people's needs and care records evidenced this. A local GP commented "the home have lots of supplementary staff to support people's needs and Cote House offer an excellent quality of care". Another healthcare professional told us "the team at Cote House have been responsive to people with specific health conditions, they have looked for ways to help people manage various aspects of their condition, such as comfortable seating and complementary therapies such as Reiki which relaxes the patient, they have also made sure that my patient has mental stimulation from playing chess and enjoyment by visiting the local park to feed the ducks. They are excellent at helping people to keep in contact with family members, reading letters and cards and replying on their behalf".

There was a complaints procedure in place and staff told us people would say or indicate if they were not happy. People told us when they had raised issues with the registered manager or any other staff they had listened to them. People were satisfied that their concerns would be taken seriously and felt able to voice their opinion.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Cote House. There was an open and transparent culture within the home and the service had clear values about the way care should be provided and the service people should receive. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff told us they felt supported and valued and the management team were approachable. One care worker told us "when you go to the manager she tries her best to solve things". Another care worker told us "we have a really good team and we really do care about the people we support, that's why we do this job".

The registered manager told us they [the management team] were good at mentoring and guiding the team and they were 'hands on and led by example'. Their philosophy was very much that 'Cote House is people's own home and they wanted to continue to provide excellent quality care, to make things happen and to involve people and their families'. More recently the registered manager had nominated the whole of the staff team for the British Care Awards which were due to be decided in October 2015. They told us "we wanted to shout about it this year, we have also entered staff for the organisations team award, I am very proud of the team, their commitment to people and their professionalism".

Two healthcare professionals commented "the registered manager is efficient" and "the deputy manager is confident and knowledgeable about what is happening when the manager is on leave and nursing staff respond with confidence about daily individual care matters".

The registered manager told us they were "proud of meeting the high standards of clinical care within the boundaries of a home. The recruitment of nurses has to be specific, they have to be dedicated to the service and to nurse led care. When we use agency staff we ask for key individuals who have got used to us and are part of the team". The registered manager had a link nurse programme with the hospice Dorothy House, a lead role in tissue viability and infection control and training was available to staff in nutritional standards.

The registered manager, regional manager and the provider completed a range of audits on the quality of the service provided. This included audits of medicines, care records, staff supervision, staffing levels, complaints, staff training, incidents and accidents.

The provider sought the views of people and their families regarding the quality of the provision of service and the feedback was used to improve and develop services. The feedback from the recent questionnaires returned was positive and constructive.

The registered manager submitted notifications of incidents and safeguarding alerts to the CQC as required. There were contingency plans in place in the event of the loss of facilities, such as gas or electricity.

The building and the environment was audited by the provider to ensure internal and external areas were well maintained. There was a development plan in place for the home and people were consulted about future changes. The registered manager ensured they kept themselves and staff up to date with best practice. Within the organisation, information was disseminated to home managers regarding changes in legislation or information sharing of best practice. The registered manager accessed various resources such as the National Institute of Clinical Excellence.