

Voyage 1 Limited

Glasshouse Hill

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 14 June 2016. The service was last inspected on 24 January 2014, when no concerns were identified and it was found that all standards assessed were being met.

Glasshouse Hill provides accommodation and personal care for up to 11 people with an acquired brain injury and associated conditions, including physical disability and epilepsy.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

People were happy, comfortable and relaxed with staff. They received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional staff training specific to the needs of the service. Staff received one-to-one supervision meetings with their manager. Formal personal development plans, such as annual appraisals, were in place.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector, providing support for vulnerable people.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these

had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

The quality of the service was assessed and monitored through regular audits. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders. Staff were encouraged to question practice and changes had taken place as a result.

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 were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good awareness and understanding of people's identified care and support needs. A range of stimulating and

personalised activities were available that reflected people's individual interests and preferences. A complaints procedure was in place and people's relatives told us that they felt able and confident to raise any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

Staff said they felt valued and supported by the registered manager; they were aware of their responsibilities and felt confident in their individual roles. There was an open and inclusive culture and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made, where necessary. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Glasshouse Hill

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 14 June 2016. The inspection was conducted by one inspector and an expert by experience who had experience of a range of care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Due to timescales, on this occasion we did not ask 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. We looked at other information we held about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We observed care practice and saw how people using the service were supported. We spoke with three people who used the service, three visitors, a visiting health care professional, four members of staff and the registered manager. We looked at documentation, including the three people's care plans, their health records, risk assessments and daily notes. We also looked at two staff files and records relating to the management of the service. They included staff rotas, training records and policies and procedures and audits such as medicine administration and maintenance of the environment.

Is the service safe?

Our findings

People said they felt safe and very comfortable at Glasshouse Hill. They and their relatives were happy with the care staff and the support they received and had no concerns regarding their safety and welfare. One person told us, "Yes, I feel safe all right, they [the staff] all look after me here." Another person said, "There's always staff around if you need anything, so I've got no worries." A relative we spoke with told us, "I visit once a week and I'm sure people are safe here ... yes, it seems well run."

Relatives and staff we spoke with also told us they thought there were enough staff available to meet people's needs and keep people safe. During our inspection we observed there were enough staff deployed to respond to people's needs and call bells were answered promptly. One member of staff told us, "Oh yes, there's generally enough staff on duty. It was a bit low this morning but that was only because staff were out with residents at college. The actual staff ratio here is good." Another member of staff we spoke with was also happy with staffing levels. They told us, "The average is seven in the morning and six in the evening ... to 11 residents, which I think is good." They added, "This will also be increased, if necessary, if people's needs change." Asked if they had time to sit and talk with people, they told us, "I do, yes." This demonstrated people were supported by a sufficient number of staff to meet their needs and keep them safe.

People were protected from the risk of avoidable harm as staff had received relevant training relating to safeguarding. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular updates. Staff also told us they would not hesitate to report any concerns regarding the care practice of others and were confident any such concerns would be acted upon. This was supported by the fact we saw that, where appropriate, safeguarding referrals had been made in a timely manner.

We saw that individual care plans incorporated personal and environmental risk assessments which identified potential risks and how these could be managed. The risk assessments reflected people's individual assessed needs and were regularly reviewed. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There were clear action plans and guidance for the staff to follow to protect people from avoidable harm. Staff we spoke with were aware of potential risks and confirmed their training and safe working practices helped ensure any such risks to people were minimised and effectively managed.

People had medicines prescribed by their GP to help ensure their individual health needs were safely met. We saw that staff responsible for administering medicines had received appropriate training. They followed comprehensive and updated policies and procedures, that were in place for the storage, administration and disposal of medicines. We observed medicines being administered at lunchtime and saw the medicine administration record (MAR) charts had been accurately completed. We also saw appropriate entries had been made in MAR charts to show the date and time that people had received PRN [when required] medicines. This meant people were protected as medicines were managed safely.

The provider operated a safe and thorough recruitment procedure and we looked at two staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

People lived in a safe environment. Staff carried out health and safety checks to ensure the premises and equipment were safe and there were plans in place to ensure that people's care would not be interrupted in the event of an emergency. Accidents and incidents were recorded and analysed to minimise the likelihood of recurrence. During our inspection, we saw that all parts of the home were clean, well maintained and free from any avoidable hazards. A regular visitor told us they had always found the premises clean. Staff told us they had received infection control training and this was recorded in training records we were shown.

Is the service effective?

Our findings

People received support from staff who knew them well and had the necessary knowledge and skills to meet their needs. One person told us, "The care here is good and the carers have the right skills to look after us properly." Relatives told us staff understood their family members' care needs and provided the support they needed. The service ensured the care and support needs of people were met by competent staff who were appropriately trained and experienced to meet their needs effectively. Relatives spoke positively about the service and told us they had no concerns about the care and support provided. A health care professional we spoke with told us, "The staff are always very proactive and we often see people from here attending the surgery, with a carer, which is good to see."

Staff had regular formal supervision (a confidential meeting with their line manager to discuss their work) and annual appraisals to support them in their professional development. They told us this gave them an opportunity to discuss their performance and identify any further training they required. The registered manager told us staff training was based on the needs of people and the requirements of the service. One member of staff described the support they had received from the registered as, "Second to none." They told us, "It's a lovely place to work, it really is. I couldn't wish for better training or support. Everyone has been amazing and I know I can talk to them at any time." Another member of staff told us, "The management team are very approachable and we are encouraged to make suggestions in staff meetings. We also know we can raise any issues or concerns at any time. [The manager's] door is always open and they are very approachable and do listen." We saw records to show staff received relevant training and regular formal supervision. This helped ensure staff had the appropriate guidance and necessary support to undertake their duties and fulfil their roles.

Staff told us they had received a comprehensive induction when they started work, which included shadowing an experienced colleague and had also received all necessary training. This helped ensure new staff were confident and competent to provide the care and support necessary to meet people's needs. One member of staff told us, "I don't like being bunged in the deep end. But I shadowed other staff till I felt confident and ready. It's very relaxed here and the best place I've worked." Staff said they had attended refresher training to keep their knowledge and skills up to date. They also said they had access to training specific to the needs of people living at the service, such as managing behaviour that challenges others. One senior member of staff told us, "I love my job and never wake up thinking, 'Oh no, I've got to go to work.'" When they found out I was interested in psychology, they also supported me to do an access course which led to my psychology degree." This was supported by training records we were shown and demonstrated staff had access to the relevant training and support they needed to do their jobs.

Detailed information was seen in support plans and risk assessments regarding people's nutritional and dietary needs and preferences, this information was reviewed on a regular basis to ensure staff supported people appropriately. Information also included specific diets and any foods to be avoided. Records demonstrated that staff worked in conjunction with other professional disciplines to ensure people were supported effectively to maintain their nutritional health. Records were also in place to demonstrate that people's weights were being monitored appropriately. Records seen demonstrated that people were

supported on a one-to-one basis to plan and prepare their meals. Meal planning was based on people's preferences and dietary needs.

We observed people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. They said they were satisfied with the quality of food provided. One person told us, "They [staff] ask us before next week's menu what we like ... we got steak this week. We always get enough to eat; lunch time we have a light meal ... Sunday we have a roast dinner – and it's good." The registered manager told us, "Every Sunday we sit down with the residents and plan the meals for the next week ... so they pick ... obviously if they don't like it we will do something else." We observed lunchtime to be a calm, sociable and unhurried occasion, with people sitting quietly or chatting to one another over their meal.

We observed how people were supported to maintain their independence. Two people were assisted separately to make sandwiches for their lunch. For each person there was a small pot of butter, two rounds of bread and various small dishes of fillings, such as grated cheese. The care worker then stood back and observed the person, providing verbal support when necessary. The whole process went very smoothly, in a relaxed manner and demonstrated how the service was committed to providing choice, independence and person centred care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager confirmed that, following individual risk assessments, applications for DoLS authorisations had been submitted to the local authority and they were currently awaiting a response.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation related to their work and how it applied to the people they supported. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. During our inspection we observed staff regularly checking people were happy with a particular request or activity, such as their choice of snack or music to listen to, rather than just assuming understanding and consent.

People were supported to maintain good health and relatives told us they were happy regarding the availability of health professionals, whenever necessary. Care records confirmed that people had regular access to healthcare professionals, such as GPs, opticians and dentists. We saw, where appropriate, people were supported to attend some health appointments in the community. Individual care plans contained records of all such appointments as well as any visits from healthcare professionals.

Is the service caring?

Our findings

People were supported by dedicated and compassionate staff who understood their individual care needs and how they wished their care to be provided and their needs to be met. We received very positive feedback from visiting professionals regarding the caring environment and the kind and compassionate nature of the registered manager and staff. One person told us, "I'm very happy with the care I receive. They [staff] are so kind and always speak to us in a nice, calm and respectful way." Another person told us, "The staff here are very caring. Obviously you get on better with some more than others, but that's the same anywhere."

Relatives we spoke with were also happy with the care provided and spoke positively about the kindness of the staff. One relative told us, "The staff are always very caring and considerate to [family member]." Another relative told us, "They [staff] are all very kind and seem to know the residents really well. They all seem to get on together very well and it's a nice atmosphere whenever we come in."

This view was supported by a visiting health care professional, who told us, "They [staff] look after their patients very well and we have no concerns. Whenever I come here, I'm always impressed by the level of care provided."

The registered manager and staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. A member of staff described how people were treated as individuals. They were encouraged and supported to take decisions and make choices about all aspects of daily living and these choices were respected. They told us, "You've got to have a different head on for each person, they are all different."

Staff had clearly developed positive relationships with people. Each person had a key worker who was responsible for planning reviews and monitoring people's needs were being met. We were told, where practicable, keyworkers communicated with people's families and updated care plans. We saw care plans reflected people's needs and identified how they wanted to be supported. Care files showed people and their relatives attended the review meetings.

The registered manager told us the home used permanent or bank staff to cover any absences through sickness or annual leave, which helped ensure continuity of care. They said staff were aware of people's individual care plans and how to provide support that reflected their needs and preferences. This was demonstrated by staff we spoke with, who said they knew and understood people's care and support needs including their preferences and individual routines. They told us they promoted people's independence and individuality by, "Supporting residents and helping them to do things for themselves."

Staff demonstrated the provider's organisational values in their work, including providing person-centred care and treating people with respect. Support with personal care was provided in private and staff

respected people's privacy at all times. People were able to meet with their friends and families in private or spend time alone whenever they wished. Staff were committed to supporting people in a way that promoted their rights and reflected their preferences about their lives.

Staff confirmed they had received training on equality and diversity and we saw the provider had a policy and procedure that advised staff of their responsibilities and expectations. Staff told us they had read the relevant policies and procedures and were aware of their responsibilities to treat each person as an individual and without discrimination.

Is the service responsive?

Our findings

Staff were responsive to people's needs. People told us they were encouraged and supported to make choices about their day to day lives. One person told us, "I chose where I wanted to go on holiday." Another person told us, "I can always go to bed whatever time I want to." People's relatives told us they felt, "Informed, listened to and directly involved," in how people's personalised care and support was provided. They spoke of staff knowing people well and being aware of their preferences and how they liked things to be done. We observed staff provide support in a calm, unhurried manner and they spent time with people on a one-to-one basis. Staff were committed to the people living there and genuinely enthusiastic about their work.

Visitors spoke positively about the homely environment and the relaxed, friendly interactions between staff and the people they supported. They said that despite people's very limited verbal communication staff responded to their needs, routinely offered them choices and were aware of their individual likes and dislikes. A healthcare professional said staff were aware and very responsive to people's identified care and support needs.

Support plans were written in the first person, which provided an individualised picture profile of the person. Their identified needs and preferences were reflected throughout care plans, which enabled staff to provide appropriate personalised care and support, in a way the individual had chosen. Information within the care plans also included details regarding 'What is important to me.' Examples we saw included: 'My appearance' and 'Having regular contact with my family' and 'What is important for me', such as: 'Ensure I take my medicine regularly.' This helped ensure people received personalised care and support that met their needs and reflected their choices and preferences.

Staff demonstrated a sound, professional understanding and awareness of people's needs and were consistent and responsive to their wishes. Individual care plans incorporated details regarding people's specific health care needs and the professionals involved in supporting them to maintain their health and welfare. Other information, which demonstrated the responsive approach of staff, included people's preferred day and night time routines, their interests, likes and dislikes and choice of daily activities.

People and their relatives said they would feel comfortable about raising a concern if they needed to. People told us they would speak to staff and were given a copy of the complaints procedure when they moved in to the home. Relatives were aware of the complaints policy and were confident if they did raise any concerns they would be dealt with by the registered manager or provider. During our visit we reviewed the provider's arrangements for managing complaints. A complaints procedure was in place which set out how people could complain and who they should talk to if they were worried or unhappy about anything. The policy set out clear timescales for when people could expect a response to their complaint and detailed what they could do if they were unhappy with how their complaint was dealt with. The registered manager confirmed no complaints had been received since the previous inspection.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and felt the service was well run. One person told us, "[The registered manager] is around most days. She's often in the office but she always comes round to say good morning and see how we are." Another person told us, "The manager here is very good and always available when needed." A relative told us, "[The registered manager] is usually around when I come here and is always very approachable."

There was an effective management structure in place and staff were aware of their roles and responsibilities to the people they supported. Care staff spoke positively about management and the culture within the service. They described a, "Very open," and, "Inclusive," culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that any issues raised would be listened to and acted upon, by the registered manager, who they described as, "Approachable," and, "Very supportive." We saw evidence of staff having received regular formal supervision and annual appraisals.

Effective quality assurance systems were in place to monitor and review the quality of the service. People who used the service and their relatives were asked for their views regarding the quality of the service provided. We looked at recent survey results which had been collated and saw that any comments were addressed and acted upon. The registered manager showed us that where any issues raised they had been discussed at staff meetings, appropriate action taken and any changes or improvements made, as necessary.

There were systems in place to identify, minimise and manage risks to people's safety and welfare in the environment. The registered manager described how specialist external contractors were used to monitor the safety of equipment and installations such as gas and electrical systems, to help ensure people were protected from harm. We checked a sample of records relating to the quality and safety of the service, including fire, gas and electrical safety, and found them to be up to date.

The registered manager carried out regular audits of all aspects of the service including care planning, infection control, medicines and health and safety to make sure that any shortfalls were identified and improvements were made when needed. We saw one example where an audit, carried out in April, had led to a minor change in practice. The audit had identified that, although people were actively involved in menu planning, this was not recorded anywhere. Following a subsequent action plan, the issue was discussed at a staff meeting and resulted in printed menus now including the initial of the person who had chosen the meal. This demonstrated how improvements were made and lessons learned following shortfalls being identified.

We saw the registered manager had taken appropriate and timely action to protect people and had ensured they received necessary care, support or treatment. We saw records and documentation in place to monitor and review any accidents and incidents. This helped identify any emerging trends or patterns and ensured any necessary action was taken to minimise the risk of reoccurrence.

The registered manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. We saw the service had also notified other relevant agencies of incidents and events when required. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the appropriate care and support they needed.