

# Voyage 1 Limited

# Hibernia

## 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

Hibernia is a care home service without nursing, which provides personal care and accommodation for five younger adults with learning disabilities or autistic spectrum disorder. Staff support the people who use the service to access the community and develop their daily living skills.

We inspected the home on 8 April 2016. The inspection was announced 24 hours in advance because the service was a small care home for younger adults who are often out during the day. There were five people living in the home at the time of our inspection.

This was the first inspection of Hibernia since the current provider took over the running of the service in June 2014.

The service had a registered manager in post. A registered manager is a person who has registered with 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.

Relatives we spoke with were confident their family members were safe. People were cared for by staff in ways that met their needs and maintained their dignity and respect. Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from harm, including how medicines were managed.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

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

People and their relatives were involved in planning the care and support provided by the service. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they delivered care. They understood the issues involved in supporting people who had lost capacity to make some decisions.

People were supported to eat and drink enough to meet their needs and to make informed choices about

what they ate. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health or when their needs changed.

The service was responsive to people's needs and staff listened to what they said. Concerns or complaints were responded to appropriately. People were encouraged and supported to engage in activities and events that gave them an opportunity to socialise.

There was a friendly, homely atmosphere and staff supported people in a kind and caring way that took account of their individual needs and preferences. The staff and management team shared common values about the purpose of the service. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

There was an open and inclusive culture within the service, which encouraged people's involvement and their feedback was used to drive improvements. The registered manager demonstrated an open management style and provided leadership to the staff team. There was a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

## 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 from the risk of abuse because staff understood their responsibilities.

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

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

Medicines were stored, administered and managed safely.

### Is the service effective?

Good ●

The service was effective.

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

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

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

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

### Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with people using the service and their families.

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence and involved them in

making decisions about their care and support.

### **Is the service responsive?**

**Good** ●

The service was responsive.

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

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

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff received support and felt well informed.

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

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

# Hibernia

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Hibernia on 8 April 2016. The inspection was announced 24 hours in advance because we wanted to make sure we could meet people who used the service. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

None of the people who used the service were able to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with the registered manager and operations manager and three members of the care staff team. Following the inspection visit we contacted four relatives who provided us with feedback about the service.

We looked at a range of documents and written records including people's care records, staff recruitment files, risk assessments and medication charts. We also looked at equipment and some building maintenance records. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

# Is the service safe?

## Our findings

Relatives we spoke with were confident their family members were safe. One relative said "They totally look after him. He is safe there. He is happy there and gets on with everyone". They also commented that staff handled risks well. Another relative told us "Staffing levels are generally good and there is always someone to offer support if required on his trips home".

Staff were aware of the policy and procedures for protecting people from abuse or avoidable harm. They understood the possible signs that could indicate abuse and were confident that any issues they reported would be responded to appropriately by the organisation. There was also a policy protecting staff if they needed to report concerns to other agencies in the event of the organisation not taking appropriate action.

People were supported to take planned risks to promote their independence. Risk assessment and management plans were in place to support people to do activities they enjoyed, including accessing the community. Staff were able to tell us about the risks associated with certain situations and people, demonstrating they knew people well. The service had a business continuity plan, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises.

The provider told us: 'The people we support have individualised behavioural support plans which provide specific support and management guidelines with reference to the individual's behaviours considered to be challenging. The plan aims to prevent crisis situations by providing staff with the right approach in behavioural management'. Staff had received training on the management of behaviours that challenge, using non-confrontational techniques. They demonstrated their knowledge of people's behavioural support plans and appropriate action such as redirecting a person to other activities.

The registered manager had notified us about an incident during which a member of staff had used a form of physical intervention while supporting a person, who had become upset and anxious. The person's support plans had subsequently been updated to reflect new behaviours. Staff refresher training in dealing with incidents and behaviours that may challenge had been brought forward and all staff were up to date with this.

The provider followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the records for two of the most recently employed staff. These included evidence that pre-employment checks had been carried out, including written references, employment histories, and satisfactory Disclosure and Barring Service clearance (DBS).

There were sufficient staff to meet people's needs and provide personalised care and support with activities. The service employed twenty staff including the registered manager. The staff group was made up of regular staff and experienced bank staff, which provided continuity of support for people. We saw that staff responded quickly so that people did not have to wait for support or assistance. A person told us there were enough staff to help them to do the things they wanted to do. Staff told us there was enough staff on duty to

meet people's needs and support them with their activities.

Appropriate arrangements were in place for managing the small amount of medicines that people were prescribed. Medicines were stored in a purpose built cabinet and up to date records were kept of their receipt, administration and stock checks. Staff received training in the safe administration of medicines and this was followed by competency checks.



# Is the service effective?

## Our findings

Relatives told us the staff team worked effectively to ensure people had appropriate care and support. One relative said "The staff demonstrate the skills, knowledge and patience to communicate, understand and respond appropriately to his needs, they have taken time to understand and respect his individuality". Another relative told us several of the staff were "long-standing and have knowledge they can pass on to new staff, so there is continuity".

Staff followed a programme of training so their skills were updated and they worked in accordance with good practice. The training programme included subjects such as safeguarding people, moving and handling, autism awareness and fire safety. Staff were further supported using a system of meetings and yearly appraisals. They told us there were regular meetings with the registered manager who provided an opportunity to discuss their personal development and training requirements. A member of the bank staff told us they received the same training and supervision as the regular staff. They demonstrated knowledge and understanding of people's needs and said they felt well supported in their work.

New members of staff received induction training based on the Care Certificate, which sets out common induction standards for social care staff. A member of staff told us their induction had included 'shadow working' alongside experienced support workers. They were now undertaking an industry recognised diploma in health and social care, which is a work based award that is achieved through assessment and training. To achieve the diploma, candidates must prove that they have the ability to carry out their job to the required standard.

Staff told us the training they had received helped them to deal with situations confidently. We observed that they interacted with people using the service in a calm and positive manner. They were aware of people's behavioural support plans and the procedures for reporting any incidents. The operations manager informed us that they received very few incident forms from the service. The registered manager commented "It's all about the support plans".

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.

Staff had been trained and showed an understanding of the MCA. Staff recognised that people could make some decisions but not others and supported them to make as many decisions as possible. We saw that, where a person did not have capacity to make a significant decision for themselves, the registered manager had organised a meeting with relatives and relevant professionals to discuss and agree what was in the person's best interests. Care records contained detailed guidance for staff about how to support people to understand choices and be involved in making decisions. This included the use of pictures and the best times to engage the person.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood when a DoLS application should be made and how to submit one. A DoLS authorisation had been applied for in respect of each person living in the home, to ensure that their rights were protected and they could continue to receive the care and support they needed in the least restrictive way.

People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan. Staff provided people with different food options, including the use of pictorial menus and shopping lists, so that they were able to make an informed choice. People were supported by staff to shop for and prepare their own meals at times that suited them, which promoted their independence. The menus reflected people's choices of meals and also showed that staff promoted healthy eating options.

We observed staff supporting a person to eat their meal, in accordance with the person's support plan. Another person used a plate guard, which enabled them to eat independently. Other people were supported by staff giving verbal prompts and encouragement. One person had been assessed as requiring a special diet and this was provided, again in line with the care plan. Staff were eating their meals at the table with people and this helped to create an inclusive and positive dining experience for people.

Relatives confirmed that people were supported to eat and drink well. One commented "He's done really well there, he's put on weight. He loves his food". Another told us their relative was encouraged to eat and drink healthily, was offered choices at mealtimes and had supported free access to the kitchen to choose drinks and snacks at any time.

People had Health Action Plans and their records showed they received regular and on-going health checks and support to attend appointments. This included reviews of the medicines they were prescribed, GP, dentist and optician appointments. People also had a 'care passport' in readiness should it be necessary for their health and support information to be shared with external professionals, for example in the event of their admission to hospital. People's relatives commented that staff were in regular contact with them and called them if there were any problems, such as their relative becoming ill.

There were effective communications systems in place that included staff recording the outcomes of health appointments and any required follow up actions in a 'read and sign' folder. This worked in conjunction with verbal handovers to help ensure staff were kept informed of changes in people's needs.

The home was decorated with people using the service in mind. The registered manager told us he had done research into using colours for people with learning disabilities and calming colours had been used in the lounge and dining room. The kitchen had recently been refurbished and this too had taken people's needs and routines into consideration. There was a ramp from a person's bedroom into the garden, to promote their independence. Photographs for 2014/15 showed a significant improvement in the decoration and appearance of the home. As a result of talking with people and their relatives, a room within the home had been developed into a sensory room, which provided further scope for activities and relaxation.

## Is the service caring?

### Our findings

Through observation and talking with relatives and staff it was evident that positive caring relationships were developed with people using the service. A relative told us "Overall we are very happy with the care my son receives". They added "My son is happy, he is well supported for his activities in the community and in the home, encouraging him to have different experiences and be as independent with his personal needs as is possible". Another relative commented that staff had developed a caring relationship and "understand his communication". Another told us "Staff recognise his communication. They're empathetic and interested in what he wants". They told us staff had responded especially well to health issues their relative had, including accompanying the person and family during hospital visits. One relative said "Staff know him so well" and always welcomed them: "I can ring in the middle of the night if I want".

Relatives told us they were happy with the way they were involved in their family member's care and support. This involvement included taking part in formal care reviews with staff as well as day to day contact with the service. There was a good rapport between the registered manager, staff and people who used the service. The atmosphere throughout the home was friendly, calm and caring. There were photographs in the sensory room showing people who used the service and staff having fun together wearing face paint.

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

Relatives told us the staff respected people's privacy and protected their dignity. Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person. People's care and support plans were written in a respectful way that promoted people's dignity and independence. The registered manager spoke enthusiastically about supporting people to be proud of their achievements. We saw people's artwork had been framed and displayed on the walls around the home.

## Is the service responsive?

### Our findings

Relatives told us the service was responsive to people's health changing needs. They said they were kept informed about any significant events affecting the person receiving care. One person's relative said "Staff know his needs" and "The care before and after hospital appointments is spot on".

A personalised approach to responding to people's needs was evident in the service. Before people moved to the service they and those acting on their behalf participated in an assessment of their needs to ensure the service was suitable for them. Following this initial assessment a care and support plan was developed that was tailored to the individual, reflected their personal preferences and how they expressed themselves and communicated with others. A relative told us "The manager is very good" and had carried out an assessment and arranged for alterations to the environment in preparation for their relative's arrival at the home.

Care plans were written in a personalised way, including what and who was important to the person. A computer play station was important to one person and we observed staff supporting the person to use this. The person's support plan also informed staff that they liked their sandwiches to be toasted. People's plans gave clear guidance in an easy to read style using people's preferred ways of communicating. Activities and tasks, such as making a drink or preparing food, were broken down into clear steps for staff and the person they were supporting. In this way a consistent and personalised approach had been developed that responded to each person's needs and promoted their independence.

One person communicated through typing out choices of activities, which staff were able to translate. Another person had an index box of photographs that they used to communicate with staff. Another person used objects of reference, such as an armband for swimming and a model car to signify going for a drive. One person's goal was to attend a festival in July 2016 and staff were engaged in on-going communication with the individual about this. The registered manager told us the person would be supported by staff with the same interests. Through clear goal and support planning, one person's mobility had improved and they were enjoying longer walks. Another person had progressed to helping in the kitchen with cooking.

Staff monitored people's changing needs through a system of regular review and observation and this was clearly recorded. Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. This helped to ensure care and support plans were current and continued to reflect people's preferences as their needs changed. One person had expressed their wish to go to the cinema and the record showed their key worker had made arrangements for this. The person had enjoyed going to the theatre as a new activity and so more of this was also being planned. In addition to these activities, the record showed a medical appointment had been made for the person.

Relatives confirmed they were invited to review meetings to discuss planning, care and support. One relative told us their "input and views are listened to, discussed and acted upon if we all agree it is to my sons benefit". Another relative described the person's key workers as "Absolutely golden"; and another remarked "I think he gets a really good service". The registered manager had designed and implemented computer

based interactive reviews that included the use of photographs, in order to assist the involvement of people and their relatives in reviewing each person's activities and progress.

The registered manager and staff were introducing a more personalised format for care and support plans, which made more use of pictures and an easy to read layout. Staff demonstrated knowledge and understanding of people's care and support needs and the strategies in place for meeting them. They were consistent in what they told us about how individuals communicated their needs and wishes and the agreed methods for staff supporting them. This demonstrated that care and support plans were accurate and up to date.

A range of social, recreational and educational activities was available. The provider told us: 'The individuals that we support have their own individualised set of preferred and alternative activities. They have varied choices for the venues of their activities as well as opportunities for different and varied activities based on their individual needs'. A member of staff had a role as an in-house activities coordinator and had worked with other staff to produce a list of activities, supported by photographs, to offer people based on what people liked and what worked for them. For example, one popular activity involved using edible finger paints that eliminated the risk of people swallowing harmful substances.

The staff rota was planned in advance and clearly linked to people's activity plans. This helped to ensure that suitably experienced staff were available to support people on particular activities and staff holidays did not impact on the continuity of support. The registered manager commented "If you're not organised, incidents will happen. Communication is key".

A relative told us staff supported their relative to find suitable activities and described this as a learning process. They told us how they and staff had "Worked together on a strategy to support him to get used to Hibernia. It worked very well; he now does all the activities and uses all of the house and not just his bedroom. He is very happy there now and happy to go back after visits to us". Another person's relative said their relative had adjusted to living at the home and there was "A wide range of activities, with him in mind". Another told us "He loves going out and they take him out a lot". They told us staff had followed a suggestion they had made regarding a particular outing and tried different activities finding out other things the person liked to do. Activities included the theatre, swimming, and visits to garden centres and cafes.

The registered manager told us they had received no complaints. A complaints procedure was available in written and pictorial formats to assist people to make a complaint. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns. Relatives told us they were confident that if they felt the need to raise any concerns these would be responded to appropriately. One relative told us "There have been occasions when I have voiced concerns to the manager or senior member of staff, these have been taken seriously and acted upon appropriately". Another relative said "The manager and staff listen and respond well to anything raised". Another commented that they had a good relationship with the manager and staff and could "raise any issues and these are resolved quickly".

People's views were also sought via an annual quality assurance survey. The feedback received through these informed the quality development plan for the service.

## Is the service well-led?

### Our findings

Relatives we spoke with were happy with the quality of the service. One relative said the service was "Very good indeed" and told us they had no problems or concerns. Another described the staff and service as "Excellent all round".

The registered manager was promoting an open and inclusive culture within the service. Teamwork and caring was encouraged among the staff team. There were photographs of each member of staff together with a few words about what was important to them and how best to support them. Staff had opportunities to provide feedback about how the service was being delivered. Staff said they were able to raise any concerns with the managers and were confident that they would be addressed. A member of staff told us the registered manager "Leads the team well. Everybody knows what needs to be done".

Records of team meetings confirmed that staff were asked for their input in developing and improving the service. On-going agenda items included policy updates, safeguarding people, health and safety, and discussion about ensuring good practice. Any actions identified at previous meetings were reviewed and updated at subsequent meetings. Registered managers meetings were held each month and were used as an opportunity to share good practices with other registered managers.

The registered manager had a plan for the continuous development and improvement of the service. For example, a detailed staff training check list had been created with the involvement of care staff to help ensure they had the right skills and competencies. The list included observations of staff working practices and adherence to support plans, as well as a monthly quiz to check staff knowledge.

The service used feedback to drive improvements and deliver consistent and high quality care. Satisfaction surveys were conducted that included questionnaires sent to people who used the service, relatives and external professionals. Responses were used to inform the service development plan. We saw that the results of the most recent survey were positive.

The registered manager said he felt the service "Provides a very good quality of life for people with high and complex needs. It's about valuing everyone".

The registered manager and a member of the support staff would be taking part in a research project led by Warwick University in relation to challenging behaviours and physical aggression, called 'Who's challenging who'.

Quality assurance systems were in place and used to identify improvements within the service. The registered manager completed a weekly service report that contained information about any incidents or accidents. This report was sent to the organisation's quality assurance team, who contacted the registered manager for further details and provided support if and when appropriate. The quality assurance team carried out unannounced audits of the service to check on standards of quality and safety. The registered manager also undertook a quarterly audit of the service, which was checked and monitored by the

operations manager. Where necessary, action plans were created and followed up until the actions were completed. The operations manager's review of audits in March 2016 had identified minor issues in relation to how people's weights were recorded. The wording on forms used by staff to record personal care had subsequently been amended to be clearer and more detailed. The registered manager told us that this had improved the record keeping.

The registered manager notified of us of incidents and important events, in accordance with their statutory obligations, and demonstrated the skills of good leadership. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. Probationary evaluations were followed for all new staff and we saw that staff performance issues were addressed in line with company policy. There were clear lines of accountability within the service with each shift having a clearly designated member of staff in charge. An on-call manager was also clearly identified at all times in case of emergencies.