Voyage 1 Limited

Hepdene House

Inspection report

Halifax Road
Sandbed
Hebden Bridge
West Yorkshire
HX7 6PT

Tel: 01422846646
Website: www.voyagecare.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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 November and 6 December 2017 and was unannounced.

Hepdene House is a residential care home for up to eight people living with physical and /or learning disabilities. There were eight people living in the home when we inspected.

At the last inspection on 6 November 2015 we rated the service as 'Good' and there were no regulatory breaches. At this inspection we found the the overall rating for the service remained 'Good'.

Staff recruitment procedures ensured staff were suitable to work in the care service. Staffing levels were sufficient and flexible to meet people's needs.

Staff received the training and support they required to carry out their roles and meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw staff knew people well and understood how to manage risks without limiting people's freedom unduly. Staff understood safeguarding procedures and how to report any concerns. Medicines were managed safely and people received their medicines when they needed them.

Staff supported people to access healthcare services. People were involved in planning their care and support which was delivered to meet their needs and preferences. Staff supported people to lead active lives of their choosing and to keep in contact with family and friends. There were systems in place to manage complaints.

Staff were exceptional in their commitment to ensuring people could live as full a life as possible by promoting and maintaining their independence. They knew people very well and had developed positive relationships with them. They were compassionate, considerate and respectful in their interactions with people and were extremely skilled in communicating and responding to their needs. Staff continuously looked for ways to improve care, so people had positive experiences and led fulfilling and meaningful lives.

Relatives and staff were complimentary about the management team and leadership of the service. The registered manager led by example and promoted person-centred care. Effective quality audit systems were in place.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

People were supported by exceptional staff who collectively and individually did all they could to ensure people could live as full a life as possible. Staff were exceptionally patient and kind with people and very skilled in communicating and helping people to express their views.

People's diversity, privacy and dignity was respected.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Hepdene House

Detailed findings

Background to this inspection

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

This inspection took place on 28 November and 6 December 2017. The first day was unannounced, the second day was announced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.
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. The provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We met and spoke with all eight people who were using the service, three relatives, two support workers, a senior support worker, the deputy manager and the registered manager.
We looked at three people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. We saw people were relaxed and comfortable around staff who were present and attentive. The registered manager told us staffing levels were flexible and adjusted according to people's needs and to ensure they could led full lives. Staff we spoke with confirmed this, one of whom said, "People here have the freedom to do what they want and there's enough of us (staff) to make sure that happens."

Staff recruitment followed safe procedures ensuring all checks, were completed before people started work.

Staff had received safeguarding training and understood the procedures to be followed if they suspected or witnessed abuse. Records we reviewed confirmed this. Accidents and incidents were well recorded and showed the subsequent action taken to ensure people's safety and make improvements. Systems were in place to analyse accidents and incidents for any trends. Lessons learned were shared at staff meetings.

Staff were proactive in anticipating and managing risks to people. Risk assessments were developed with people and looked at ways of supporting them to do things safely rather than restricting them. People's support plans considered the level of risk for each activity and provided clear guidance for staff.

The accommodation was well maintained, well decorated and comfortably furnished. Regular health and safety checks were undertaken on the premises and equipment, and maintenance certificates and safety checks were up to date. Personal emergency evacuation plans (PEEPs) were in place clearly outlining the individual support each person required to vacate the building in an emergency.

Effective infection control systems were in place. The home was clean and there were no noticeable odours. We observed staff used personal protective equipment appropriately. Regular infection control audits monitored practices and showed actions had been taken where improvement was required.

Safe systems were in place to make sure people received their medicines as prescribed. This included the ordering, storage, administration and recording of medicines. Medicine administration records (MARs) were well completed with no gaps. People's support plans provided detailed information about their medicines and any special instructions such as how they liked to take their medicines. Management checks and audits were undertaken at all levels and actions
taken to improve medicine management. Staff told us they had received medicines training and had their competency assessed and this was confirmed in the training records we reviewed.

Good

Is the service effective?

Our findings

Any admissions to the home were carefully planned to ensure the placement was suitable for the individual and considered compatibility with the people already living in the home. This included visits to the home so the person could meet other people they would be living with and the staff and see for themselves if they wanted to move in. Pre-admission assessments identified people's needs and choices and the support they required from staff, as well as any equipment or technology required to keep the person safe and promote independence.

People were supported by staff who had the knowledge and skills to carry out their role and meet each individual's support needs. New staff completed an induction programme which included a period of shadowing. Staff without any previous care experience also completed the Care Certificate.. The training matrix showed staff had completed essential and specialist training to make sure their skills and competencies were maintained. One staff member said,"The training is very thorough; we're kept up to date and it's relevant." Staff said they were well supported through regular supervision and appraisal and this was confirmed in the staff records we reviewed.

The Mental Capacity Act 2005 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager kept a record which showed when DoLS had been applied for, the authorisation date, expiry date and details of any conditions. There were no conditions on any of the authorisations. Our discussions with staff and observations showed people were involved in making decisions about their care and support and this was reflected in their care records. Detailed mental capacity assessments and best interest decisions were recorded where people lacked capacity in relation to specific decisions.

People's nutritional needs were met. Support plans provided details of dietary needs and preferences and any support required from staff. People were involved in planning the menus and we saw staff supporting people with meals and drinks.

Care records we reviewed and our discussions with staff showed people were supported to access healthcare services such as the GP, epilepsy nurse, optician, chiropodist and speech and language therapists. Health action plans were in place and were updated following any medical appointments.

Outstanding ☆

Is the service caring?

Our findings

At this inspection staff showed they continuously and consistently looked for ways to improve and empower people. Therefore we have rated it as Outstanding.

People who were able to verbalise their feelings told us they liked living in the home. One person said, "I like it here, it's good. I go out all the time, my friends visit. I'm happy." Another person told us how much they enjoyed going out and said they felt safe and were happy. They gave a big smile and thumbs up when we asked them what they thought of the staff. Relatives described the service as 'excellent' and said they would have no hesitation in recommending the service to other people. One relative said, "(My family member) is really happy here. The staff are fabulous, they're so easy to talk to and are like family not just to (family member) but us too. When (family member) was in hospital she didn't want me, she just wanted the carers. I think of (family member) as a child but they treat her as a lady. I can't praise them highly enough." Another relative said, "(Family member) seems to like it here. The staff are very good and (family member) does a lot – swimming, horse riding, cookery class at college."

There was a strong and visible person-centred culture where people genuinely came first. People looked happy, comfortable and relaxed around staff. People moved freely around the home and were welcomed by staff wherever they went. For example, the office was a hub of activity with people in and out, relaxing and chatting with staff. Music was playing and people were involved in discussions about the home and their views were valued. We saw staff were sensitive in interpreting and responding to people's feelings. For example, staff knew one person's mood varied on a daily basis and they were aware that certain pieces of music had a calming and uplifting effect on the individual. A playlist had been compiled and the person was given space and time to listen to this which had a beneficial and soothing effect on them. The same had been done for other people with individual playlists devised to meet personal tastes.

Staff had developed positive relationships with people and clearly knew them very well. Some people were not able to communicate verbally yet we saw staff were very skilled in helping people to express their views and understood the different methods people used to communicate their feelings and preferences. Staff were exceptionally patient and kind with people, making sure they had understood clearly what the person wanted and giving them time to respond. People's care records contained detailed communication plans which also described the best situation for people to be able to make decisions. For example, for one person this showed which room the person would feel most comfortable in, when they would be most receptive to a discussion such as after lunch, how to give the information and to ensure sufficient time was given for the person to process it.

People were supported by exceptional staff who collectively and individually did all they could to make people's lives as good as possible. This 'can do' culture was embedded and displayed by all staff who showed great compassion and empathy for the people they were supporting. People were encouraged to be as independent as possible and empowered to take responsibility for their own lives and make their own decisions. For example, one person enjoyed going out but their outings were limited as their car could not accommodate the equipment they required. Staff worked tirelessly over several months to obtain a larger

car for this person which could accommodate their mobile hoist. This meant the person could now have more overnight stays and longer day trips. A birthday trip to a rock concert and overnight stay in a hotel had been booked as a result of the new car. Staff had helped two other people achieve their dream of holidaying abroad. Both people had differing mobility and health needs which made this difficult to achieve. Staff researched different locations and were able to find suitable accommodation appropriate for both people. After many months of discussion and planning both people enjoyed a week's holiday to Spain. They are now planning their next holiday abroad. This showed people were supported to achieve the goals they had chosen.

One relative told us their family member's quality of life had improved dramatically since they had moved into the home. They described how withdrawn the person had been prior to admission and said they had not wanted to go out. The relative said, "There has been such a change since (family member) came here. (They) have blossomed and I can see (them) getting back to the person they used to be. (They) have such a good relationship with staff, who are a similar age which helps. (Family member) goes out every day doing a wide variety of activities and has a fuller, more stimulating life. I am very happy and so is (family member)." We met with this person who happily chatted to us and told us how they loved to go shopping and showed us things they had bought. They had joined a gym, regularly visited family and were planning a holiday abroad in 2018. There had also been a benefit to the person's physical health as the registered manager told us this person's epileptic seizures had reduced significantly since their admission to Hepdene House and were now extremely rare. This was confirmed in the person's care records.

People were consulted and involved in decisions about their care. Each person had two key workers which helped foster closer relationships, providing a trusted point of contact and continuity of care. Keyworkers helped people in planning their care and support, including reviews and updates. They helped people explore different options such as the gender of the care staff they wanted to support them or spiritual aspects of their lives if this was important to them. For example, one person regularly attended their local place of worship. One to one meetings were held with each person. These were used to help people identify things they were interested in and to look at the areas in which people could develop their skills and independence. When people had made suggestions we saw the registered manager had taken action. For example, one person had expressed an interest in attending the managers' meeting so they could see what was going on. They had attended two meetings in 2017 and gave a speech to the managers about their life at Hepdene House. This had motivated the person to enquire about employment and they told us they were hoping to apply for a job with the provider to assist in auditing other homes. To help with this process the registered manager had arranged for the person to assist them on an audit they were completing so they could gain relevant experience.

People were supported to stay in touch with their friends and families and this was confirmed in our discussions with relatives. Staff were proactive in encouraging and enabling new friendships. For example, links had been made with the provider's other homes in the area forming a group called 'Growing Together' which involved people in discussions and plans about activities. This resulted in many different activities including a weekly beauty school where people enjoyed different pamper treatments such as foot spas, facials and manicures; and a weekly cookery club and disco night. People we spoke with told us how much they enjoyed these activities and of the friends they had made.

People's diversity was respected. People's bedrooms had been decorated and furnished according to their individual preferences. For example, one person showed us their room which was full of personal belongings. They told us they had chosen the furniture and colour scheme. They had chosen a new carpet which was arriving the day after our inspection. Their bedroom had a kitchenette with a fridge and microwave so they could make their own snacks. Another person with a sensory impairment had special

lights in their bedroom and adapted cutlery and crockery so they could eat independently.

We observed people's privacy and dignity was maintained and this was confirmed in our discussions with relatives. People were supported by staff to maintain their personal appearance which included wearing clothes they had chosen. Staff had signed up to the national 'Dignity in care' initiative. One of the staff was a 'dignity champion' and held regular informal and relaxed meetings with people where they could raise any issues or ideas they had. Staff knocked on people's doors and asked before going into their room. They addressed people by their preferred name. Staff asked people's permission and provided clear explanations before and when assisting people with care and support.

Good

Is the service responsive?

Our findings

People's care records were up to date, person-centred and provided detailed information about their needs and preferences. They focussed on what people could do for themselves as well as describing in detail how they wanted staff to support them where they needed assistance.

People were supported to lead fulfilling and active lives at home and in the community based around individual interests and hobbies. For example, one person went swimming and horse-riding, another liked visiting garden centres and going to the cinema, a further person enjoyed going to football matches. Group activities included events such as baking, arts and crafts, discos and movie nights.

The complaints procedure was available to people in an easy read format. Staff explained how they supported people to raise any concerns and we saw people were comfortable speaking with staff and the registered manager. People were asked at care plan review meetings, dignity meetings and by their keyworker if they had any concerns. Relatives told us if they had any concerns they would raise them the staff or registered manager. The registered manager told us there had been no complaints and records confirmed this.

People were supported to discuss their wishes in respect of end of life care with the involvement of anyone else they wished to be present such as their family, friends or advocate. We saw a detailed end of life care plan for one person which clearly showed their wishes and preferences.

Good

Is the service well-led?

Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager promoted an open, inclusive and empowering culture and led by example. Relatives praised the leadership of the home and described the registered manager as 'friendly', 'approachable' and 'easy to talk to'. Staff were equally positive and said their views and suggestions were listened to and acted on. Staff told us they loved working at the home as they felt they made a real difference to people's lives. One staff member said, "People here have really good lives. That's what our job is about making it as good as we can for them." All of the staff we spoke with said they would recommend the service as a place to work.

Effective systems were in place to assess, monitor and improve the service. Audits were undertaken in a range of areas including infection control, medicines and health and safety. We saw the audits were thorough and actions had been taken where improvements were needed.

Surveys were carried out annually to gather the views of people who used the service, relatives, staff and visiting professionals. We saw the results of the most recent survey were positive.

The registered manager had submitted notifications to CQC. However, we found three incidents which had been referred to the local authority safeguarding team which had not been notified. Following the inspection the registered manager submitted these notifications retrospectively.

Our discussion with the registered manager showed they were focussed on providing a quality service and were continually looking at ways in which they could make improvements for people who used the service. This was also reflected in the Provider Information Return which the registered manager had completed prior to the inspection. This showed improvements the service planned to make in the next 12 months.