

Voyage 1 Limited

Liphook Road

Inspection report

31 Liphook Road
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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

Improvements had been made to the service following our previous inspection in October 2017 to address concerns and breaches of regulation. The risks to the quality and safety of the service were identified and acted on. People's records were well organised and checked to make sure they included up to date and accurate information about people's needs. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received. People were supported safely.

The provider supported staff in providing effective care for people through person-centred care planning, training, supervision. They ensured the provision of best practice guidance and support met people's individual needs.

People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this for people and provided the structured support people required. This enabled people to achieve positive outcomes and promoted a good quality of life.

The registered manager had acted on concerns and complaints received by the service. However, we found some improvements could be made to ensure that when concerns were raised they were responded to more fully in line with the provider's procedures. The registered manager evidenced they had acted to address this feedback immediately following our inspection. We have made a recommendation about the management of complaints.

More information in Detailed Findings below.

Rating at last inspection:

Requires Improvement (report published 21 December 2017).

About the service:

Liphook Road is a residential care home that accommodates up to two people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were two people living at the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen ' Registering the Right Support' CQC policy.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service has met the characteristics of Good in most areas. The rating for Responsive is Requires Improvement. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive. We will follow up on our recommendation at the next scheduled inspection.

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 improved to safe.
Details are in our findings below.

Is the service effective?

Good ●

The service was effective
Details are in our findings below.

Is the service caring?

Good ●

The service was caring
Details are in our findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive
Details are in our findings below.

Is the service well-led?

Good ●

The service improved to well-led.
Details are in our findings below.

Liphook Road

Detailed findings

Background to this inspection

The 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 checked 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.'

Inspection team:

One inspector carried out this inspection.

Service and service type:

Liphook Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is a small service and the manager is responsible for two services. We needed to be sure that they would be in the office.

What we did:

We reviewed information we had received about the service since the last inspection in October 2017. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

People living at Liphook Road were not able to fully share with us their experiences of living at the service.

Therefore, we spent time observing staff with people in communal areas during the inspection. We spoke with two support workers, the registered manager and the operations manager.

We reviewed a range of records. This included two people's care records and medication records. We also looked at two staff files around staff recruitment and supervision and the training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Following the inspection, we spoke with two relatives and sought feedback from professionals who worked with the service.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. People's needs and risks were assessed and plans were in place and followed to promote their safety.

Assessing risk, safety monitoring and management:

- At our last inspection on 11 and 16 October 2017 we found that care was not always safe because the provider had not done all that was reasonably practicable to mitigate all risks for people associated with the environment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements had been made to ensure a safe environment was maintained. Cupboards containing sharp objects and electrical equipment were locked and checks were carried out to monitor these precautions were maintained.
- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. For example; this included risks related to nutrition and hydration, epilepsy and choking.
- Where people experienced behaviours that may challenge others, staff knew how to respond to help alleviate any distress or risk of injury to the person or others. Guidelines were in place which detailed an appropriate person-centred response including the person's preferences for support in these circumstances. Incident reports confirmed staff followed these guidelines.
- The environment and equipment was safe and well maintained. People were involved in practice fire drills to check any risks to people from an emergency evacuation were assessed. Personalised plans were in place to guide staff and emergency services on the support people required in these circumstances.

Supporting people to stay safe from harm and abuse, systems and processes:

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.
- Information about safeguarding was available to staff and visitors to the service 'See something, say something' cards were available to provide information on how to report any concerns.
- Staff were aware of the signs of abuse and the importance of observing changes in people's behaviours when they may not be able to communicate their feelings verbally.
- A system was in place to record and monitor incidents and this was overseen by the provider's quality department to ensure the appropriate actions had been taken to support people safely.

Staffing levels

- Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and

outings.

- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs. Continuity of staff was important for people living in the service and the registered manager told us they only used familiar staff from another service when staff cover was required or one familiar agency staff in exceptional circumstances.

Using medicines safely:

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required and this was checked by two staff.
- Staff completed training in medicines administration and their competency was checked annually or following any error to make sure they continued to practice safe medicines administration.
- The provider had signed up to Stopping Over Medication of People (STOMP) with a learning disability, autism or both with psychotropic medicines. This had resulted in a reduction of the use of these medicines for a person.

Preventing and controlling infection:

- Staff completed training in infection control. Information about how to prevent the spread of infection such as effective hand washing was available in the service. The home was clean and free from malodour.

Learning lessons when things go wrong:

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. Records showed that a 'de-brief' was conducted following some incidents to support the identification of changes in practice to provide more effective support.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence. Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were comprehensively assessed and regularly reviewed, this included the outcomes people hoped to achieve from their planned care and support.
- The provider supported staff to deliver care and support in line with best practice guidance. A behavioural therapist was available to review the support provided to people following incidents or when advice and guidance was required. Guidance on supporting people living with autism was available and included in people's care plans to enable staff to provide appropriate and person-centred support according to their individual needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments and we saw this information was not always fully completed. The registered manager told us he would address this. However, we saw that people's diverse needs were detailed in their care plans and met in practice and a person's relative confirmed this. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff skills, knowledge and experience:

- People were supported by staff who had completed a range of training to meet their needs. Staff told us they were supported by the registered manager through regular supervision and an annual appraisal.
- A person's relative told us, "Staff are well trained" and another relative said, "Staff were skilled in meeting the communication needs of [person]". New staff were supported to learn about people's needs by familiar staff. This supported people to experience a continuity of care and minimise the distress and disruption caused by changes in staff.
- Staff we spoke with were knowledgeable about how to support people effectively and told us about training such as MAPA (Management of Actual or Potential Aggression) they had completed which helped them to provide effective support.

Eating, drinking, balanced diet.

- People's dietary needs and preferences were met and people were involved in choosing their meals. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these.

Staff providing consistent, effective, timely care:

- People had a Health Action Plan (HAP) in place this gives an overview of people's healthcare needs. Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and treatment guidance was available to staff. People's healthcare information was reviewed monthly to check they had been updated in line with their appointments and needs.
- Healthcare professionals such as a Speech and Language Therapist (SALT) had been contacted to support people to achieve positive outcomes such as improving their communication abilities using an electronic device.
- People's health and medication was reviewed at regular check-ups with their GP.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised. The registered manager told us people had been involved in choosing the decorations and objects in their rooms. We saw that people's rooms reflected their personal interests and preferences.
- The environment was accessible, comfortable and decorated with photos that showed people participating in activities. Artwork produced by people living in the home was on display.

Ensuring consent to care and treatment in line with law and guidance:

- 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this.
- Where people did not have capacity to make decisions, they 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.
- Decision specific mental capacity assessments were completed and a best interest process followed in relation to decisions about people's care and treatment. A person's relative told us how a person had been supported to understand treatment by staff at the service. This had enabled the person to make an informed decision about treatment.

Is the service caring?

Our findings

The service involved and treated people with compassion, kindness, dignity and respect. Staff were knowledgeable about, and sensitive to how people preferred to be cared for and we saw they demonstrated this in practice.

Ensuring people are well treated and supported:

- People told us they liked living at Liphook Road and they were well looked after. People's relatives told us people were cared for. Their comments included: "The staff do show care; the staff take time to know (person) and they provide a lot of things for (person)" and "Yes (person) is cared for."
- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.

Supporting people to express their views and be involved in making decisions about their care.

- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes for people.
- Staff supported people in a caring way to promote their health and wellbeing. Staff followed guidance and best interest decisions in this respect and understood people's rights to make unwise choices. When this occurred, the service took advice on how to support the person's choice as safely as possible.
- Records showed people were involved in meetings to discuss their views and make decisions about the care provided. This included choice of activities, food, celebrations, and how they were supported.

Respecting and promoting people's privacy, dignity and independence:

- People's confidentiality was supported. Guidance was in place to ensure staff checked the content of shared information to support people's rights in this respect.
- People were encouraged to do what they could for themselves including participating in cooking and cleaning. We observed staff encouraging a person to participate in doing their laundry for example.
- Staff told us how they supported people's privacy and dignity. This included giving people private time in their rooms or other areas, listening to people, respecting their choices and upholding people's dignity when providing personal care.

Is the service responsive?

Our findings

People received personalised care that responded to their needs. However, we found an area of practice that was not consistently responsive.

Improving care quality in response to complaints or concerns:

- People were asked about their views in group and individual meetings and care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have if they were unable to tell staff about this
- A concerns, complaints and compliments procedure was in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. We looked at an example of a complaint. Whilst we saw the complaint had been investigated and responded to, it was not evident from records the complaint had been checked as resolved to the person's satisfaction or that they had been advised of the opportunity to escalate their complaint should it remain unresolved. The registered manager evidenced they had acted to address this following our inspection.
- One person's relative told us they were not aware of the complaints procedure. They discussed some concerns with us. We spoke to the registered manager about this who evidenced they had acted on this information to ensure the person's concerns were heard and responded to following our inspection.

We recommend the service seek support and guidance from a reputable source about the management of concerns and complaints.

Personalised care:

- At our last inspection in October 2017 we found that people's care plans were not always updated following a health appointment. Some information in people's care plans related to other people. At this inspection improvements had been made and care plans were monitored to check they were current and accurate.
- People participated in a range of activities to meet their individual needs. One person confirmed how they enjoyed activities such as; art and head massage. Photos and records showed the activities that people participated in and staff understood the importance of these for people. A person's relative said, "Yes, the activities are good, everything is slotted in correctly it's all structural." This was important for the person.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. A person's relative told us about the progress a person had made because of the person-centred care they received at the service.
- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs. This included a description of words and behaviours and their known meanings. We observed staff were skilled at supporting people with their communication needs and people's relatives confirmed this.
- Information was shared with people and where relevant available to people in formats which met their communication needs in line with the Accessible Information Standard.
- People's relatives and other professionals were involved in person centred reviews and information was

shared about people's care appropriately to support their best interests and promote positive outcomes for people.

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choice and wishes people may have for the end of their life were made available to people's families for completion should they chose to do so.

Is the service well-led?

Our findings

Leadership and management assured person-centred, high quality care and a fair and open culture. Improvements had been made to the quality and safety of the service people received since our last inspection.

Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements:

- At our last inspection on 11 and 16 October 2017 we found that there was a failure to operate effective systems to monitor and mitigate risks and ensure contemporaneous records were kept in respect of each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements had been made to ensure risks were identified and acted on to monitor the safety and quality of the service people received. People's records were well organised, and regularly checked to monitor the information was up to date and accurate.
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.
- The registered manager was responsible for two services located close to each other. A protocol was in place to describe the management arrangements in the home. This included the responsibilities of the registered manager and the team leader and the out of hours contact information. Staff told us they were clear about the management arrangements and told us they had access to the registered manager as required. A staff member said, "The manager is here enough and there is a team leader, the arrangements are clear."

The service promoted person-centred, high-quality care and good outcomes for people.

- The registered manager told us they promoted the values of the organisation which included 'empowering, together, honesty, outstanding and supportive' through meetings, supervision and a coaching approach. They said, "I am a hands-on manager supportive of the team. I like to be involved in new approaches and to guide and acknowledge staff. I support staff to build their roles and train them up." We found the registered manager had a good understanding of people's needs and acted to make improvements that resulted in good outcomes for people.
- Staff spoke positively about the registered manager. A staff member said "(Registered manager) is very good, he is supportive with staff and service users." Another staff member said "(Registered manager) is very available and supportive of the team and our service user's preferences and needs."
- A person's relative said "(Registered manager) is a marvellous person, he is a nice guy and has told me if there are any problems to let him know – so far so good."

Engaging and involving people using the service, the public and staff:

- An annual service review was carried out with people and their relatives. The last one was dated November 2017. Feedback was analysed and used to implement improvements or suggestions. For example; communication between the service and people's relatives was improved and photos of activities were collated and displayed. The registered manager told us a more user-friendly tool was being developed to improve people's ability to participate more meaningfully in this review. People were also engaged in feedback about the service through meetings and support sessions.
- Staff told us they felt listened to by the registered manager. Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.

Continuous learning and improving care:

- Information from the quality assurance system, care plan reviews and incidents was used to inform changes and improvements to the quality of care people received. We discussed the plans in place to make improvements to the care planning system. The registered manager told us this would "Support a change in the mind-set of staff to enable and support people to be as independent as possible."
- The registered manager demonstrated an open and positive approach to learning and development. Improvements had been made following our previous inspection to ensure regulatory requirements were met.

Working in partnership with others:

- The service had links with other resources and organisations in the community to support people's preferences and meet their needs. The provider held monthly meetings for their registered managers to share and develop good practice in their services.