Voyage 1 Limited

South Highnam

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

South Highnam provides residential care services for up to eight people with learning or physical disabilities. There were seven people using the service during our inspection.

At the last inspection in May 2015 the service was rated Good. At this inspection we found the service remained Good.

Staff knew how to keep people safe and prevent harm from occurring. Staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm. Recruitment checks were carried out to ensure suitable people were employed to work at the service. Medicines were managed safely and administered by staff trained for this role.

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. People were supported to have enough to eat and drink and attend appointments with healthcare professionals. Staff had undertaken a structured induction and essential training at the beginning of their employment. This was followed by periodic refresher training and on-going support sessions.

Staff provided care and support with kindness and compassion. There were positive interactions between people and staff. People could make choices about how they wanted to be supported and staff listened to what they had to say.

Detailed support plans were in place which guided staff how people wished and needed to be supported. People who received support, or where appropriate their relatives, were involved in decisions and consented to their care. People's independence was promoted and encouraged.

People and relatives spoke positively about the registered manager. The registered manager used a variety of different methods to monitor the quality of the service. A recent audit had been effective in identifying where improvements were needed and generating improvements for the benefit of people who used the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

South Highnam

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 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.

This comprehensive inspection took place on 28 June, 6 July and 12 July 2017 and was announced. The provider was given 48 hours' notice because the service is for younger adults who are sometimes out during the day, so we needed to be sure someone would be in. We visited the service on 28 June and 6 July 2017. On 12 July 2017 we sought the views of people's relatives via telephone. The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at the information we held about the home. This included notifications of events that happened in the home that the registered provider is required to tell us about. We also reviewed the Provider Information Return (PIR), which contained information about the service and how the provider planned to develop and improve.

Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service, so we asked relatives for their views. We spoke with two relatives who were visiting the service during the inspection and two relatives via telephone. We also spoke with one relevant person's paid representative (RPR). A RPR's role is to make decisions and act on behalf of a person who lacks capacity.

During the visit we spent time with five people who were using the service. We spoke with the registered manager, the deputy manager (who was based at another of the provider's services in the vicinity), two senior support workers, one acting senior support worker and four support workers.

We viewed a range of care records and records relating to how the service was managed. These included the care records of two people, the medicines records of three people and recruitment files for two staff who had been recruited since the last inspection.

Good

Is the service safe?

Our findings

The people who lived at South Highnam had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw they appeared comfortable in staff's presence.

Relatives told us they were very satisfied with the service and felt their family members were happy at the service. One relative we spoke with said, "[Family member] is getting looked after smashing here. They're safe and well settled and their bedroom is lovely." Another relative told us, "[Family member] is safe, well cared for and well looked after. As a family we are so grateful and relieved." A staff member told us, "Yes people are definitely safe. We watch out for them and keep them safe."

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse that could take place and their role in reporting any concerns.

Staffing levels were monitored regularly to ensure sufficient staff were available to provide the support people needed. Staffing levels were one senior support worker and three support workers through the day; at night two support workers were on duty. There were enough staff to meet people's needs safely. Relatives told us they felt there were enough staff on duty whenever they visited.

Medicines including topical creams and ointments were managed safely and effectively. Medicine administration records (MAR) we viewed had been completed accurately. We checked these against individual medicine packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time. Medicines were stored securely and were within the recommended ranges for safe storage. Staff who administered medicines had been trained for this role.

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, epilepsy and using specialist equipment such as hoists and wheelchairs. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency such as a fire.

Regular planned and preventative maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as fire safety, food safety and moving and handling equipment. The records of these checks were up to date.

The service was clean and decorated to a good standard. We noticed the floor in one of the bathrooms needed replacing. When we asked about this the registered manager said this had already been reported to the provider's property and maintenance team. Records confirmed this and plans were in place to commence work on the bathroom the week after our visit. A relative told us, "It's clean and suitable for the people who live there. They've done a lot of refurbishment."

Good

Is the service effective?

Our findings

Records showed staff training in essential areas was up to date. Training which the provider classed as essential included first aid, food safety, safeguarding vulnerable adults and moving and handling. Staff we spoke with said they had completed enough training relevant to their role.
Relatives we spoke with said staff were trained to do their job. One relative told us, "Staff seem to know what they're doing alright."

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. Supervision records were detailed and relevant. Staff told us they had received enough training relevant to their job role and they felt supported by the management team. One staff member told us, "We can ask for extra supervisions any time or speak to the seniors or manager whenever we need to."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. We saw DoLS applications had been made appropriately and authorised for all seven people who used the service. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests.

Staff we spoke with had an understanding of MCA and DoLS and why it was important to gain consent when giving care and support. Staff told us how they involved people in decision making where possible, for example when choosing where to eat their meals or what activities they wanted to do. We saw this in practice during our visit when staff sought permission before providing care or support.

People were supported to make their own choices about what they wanted to eat and drink. Pictorial signs were available in the kitchen for people to use when deciding and communicating what they wanted to eat. People were involved in planning the weekly food shopping and then asked before each meal what they would like to eat. Care plan's included information about people's likes and dislikes and how staff should support people to eat.

We joined people for lunch and saw they enjoyed vegetable burgers and salad. Cold drinks were readily available and people were encouraged to be as independent as possible. The atmosphere at meal times was relaxed and homely. Menus contained a good range of healthy and varied home cooked meals. A

relative said, "[Family member] gets nice meals and a good choice. They love the food here."

People were supported to maintain their health and wellbeing. The service had close links with healthcare professionals such as the optician, dentist and PEG nurse (a nurse who specialises in caring for people who are fed via a tube inserted into the stomach). People's care records contained evidence of consultation with professionals and recommendations for staff to follow.

Good

Is the service caring?

Our findings

Although people were not able to fully share their experiences with us people were relaxed, smiling and comfortable in the presence of staff. Staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour.

Staff had a good understanding of protecting and respecting people's human rights. All staff had received training which included guidance in equality and diversity. Staff described the importance of promoting each individual's distinctiveness. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

People had lived at the home for a long time and were supported by a stable staff team so they knew the people they were supporting well and met their individual needs and preferences to a good standard. People's preferences were detailed in their care plans, along with information about what was important to them. The staff we spoke with demonstrated a very good knowledge of the people they supported, their care needs and their likes and dislikes. We saw they treated each person as an individual and respected their wishes and ideas. For example, told us what time people preferred to get up and go to bed and what hobbies they had. A relative told us, "The staff know [family member] really well and probably understand them better than I do now. The staff are exceptionally caring and attentive."

People living at the home looked well-presented and cared for and staff treated them with dignity and respect. Staff respected people's privacy and dignity by knocking on bedroom doors before entering, closing doors while providing personal care and speaking to people about things discreetly. Relatives could visit without restriction and were made to feel welcome. One relative we spoke with said, "The staff are brilliant here. They make you feel welcome and are very caring." A staff member said, "People's families are welcome here any time as this is people's home."

Relatives spoke positively about the home and staff. Comments included, "The care and support is very good," "The staff and residents all get on well together which makes for a happy home," "It's a caring environment and everything staff do is based on individual needs" and "It really couldn't be any better."

Each person who used the service was given a 'service user guide' (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint and was available in picture format.

Information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed in a number of areas before they started using the service. For example, people's needs in relation to medicines, eating and drinking, personal care and communication. Where a support need was identified a plan was written based on how people wanted and needed to be supported. For example, one person's care plan set out in detail how they liked to communicate. For example, the care plan stated, 'Always offer [person] two choices but no more than two choices as this causes anxiety.'

Care plans were detailed and personalised and contained risk assessments which were specific to the individual. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had a 'one page profile' which provided a person-centred snapshot about the individual for staff to refer to. This meant staff had access to key information about how to support people in the right way.

People's care plans also contained personal details such as their life history, hobbies and interests and their likes and dislikes. This helped staff to help understand what was important to the person. Staff told us about people's life history and preferences which they said helped them to provide personalised support and helped them get to know people better.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear directions as to how to support a person and included information about a person's needs in a variety of areas. The passport also provided information about whether the person had a 'do not resuscitate order' (DNACPR) which is a legal form to withhold cardiopulmonary resuscitation (CPR). This meant other health professionals had information about individuals care needs to ensure the right care or treatment was provided.

Records showed care plans were reviewed by staff monthly or when a person's needs changed. Relatives told us they were invited to attend regular care review meetings and they felt fully involved in their people's care. One relative said, "We get told about everything that happens." Relatives said staff responded to changes in people's needs promptly and informed them immediately. For example, one relative told us how staff had been "brilliant" when their family member had a health issue recently and their needs had changed. This relative said, "I couldn't fault the staff."

People took part in activities at the service and were supported to access the local community. The registered manager told us care staff organised activities. Each person had an activities timetable but staff said this was flexible due to changes in people's needs. Activities included dominoes, baking cakes, giant snakes and ladders, going to the cinema and meals out. On the first day of our inspection one person who used the service told us he wanted to go to the circus which was in town that week. When we returned for the second day of inspection this person told us how staff had supported them to attend the circus and they

had enjoyed it very much.

The service had its own vehicle but staff said they needed more drivers. When we asked the registered manager about this they said they were trying to recruit more drivers.

The provider had a complaints procedure in place and relatives told us they knew how to make a complaint if necessary. Relatives told us they had confidence any issues would be dealt with promptly and appropriately. People said they would speak with the registered manager or a member of staff if they felt something was wrong.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The registered manager had previously managed the service and returned in March 2017. We asked people who used the service about the registered manager. People's comments included, "She's a lovely woman" and "She's great" while other people gave us a thumbs up sign. Relatives spoke positively about the registered manager. One relative told us, "[Registered manager] is exceptional, she really is a wonderful person. I was so pleased when she returned to the home in March this year. She's adept at dealing with residents and staff. If there are any issues she gets them sorted straight away."

Staff spoke positively about the registered manager. One staff member said, "[Registered manager] is a lovely woman. She's a brilliant manager."

We observed the registered manager interact with people and with relatives. We saw that people were calm and appeared happy to be in their company, and the registered manager knew people's needs well, including how best to communicate with them. Staff told us the culture of the home was focused on supporting people and always looking for ways to improve.

Staff meetings were held regularly where each person's care was reviewed in detail. Other topics discussed included communication, safeguarding and whistleblowing, staffing levels and best practice. Staff told us they felt able to raise any concerns at these meetings or at any time. Minutes of staff meetings were taken so staff not on duty could read them later. Staff views were also sought via an annual survey.

The provider sought feedback about the quality of the service through annual family and friends questionnaires. This was last carried out in October 2016. Five questionnaires were returned with positive feedback.

The registered manager told us about a range of quality checks they carried out to monitor the quality of the service. These included monitoring care records, medicines administration and health and safety checks around the home. Records showed that these checks were carried out on a regular basis and where they had highlighted areas for improvement, these were addressed quickly.

The registered manager was supported by the provider's operational manager who carried out various

checks on the quality of the service. An audit in March 2017 identified a number of actions were needed to improve the quality of the service. For example, it was identified that written accident records did not always match computer records. When the provider carried out a follow up visit three months later all of the relevant actions had been carried out. This meant audits were effective in identifying and generating improvements.