

Voyage 1 Limited

Anro House

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

Care service description

Anro House is a residential care home for up to five people with learning difficulties. The large terraced property is situated close to the Deal seafront and is within close walking distance to shops and leisure facilities.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The inspection took place on 18 June 2018 and was unannounced.

Anro House accommodates four people in one adapted building. Anro House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Not everyone using Anro House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

Anro House continued to enable people to live their lives to the full. The atmosphere was calm and friendly, staff and people talked and laughed together. Staff treated people with kindness and respect. A relative told us "I cannot find one fault with Anro House, the care is fantastic there".

People at Anro House continued to be safe. Staff knew how to report suspected or alleged abuse and people had opportunities to raise concerns. Risks to people were identified and mitigated against and people were

encouraged to take risks to promote their wellbeing and independence.

Staff continued to be recruited safely. Staff took part in a range of face to face and eLearning which staff described as "superb". People told us that they thought staff had appropriate training to care for them. Staff regularly met with and felt supported by the registered manager who they went on to describe as "very helpful and supportive", a "super boss".

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.

Medicines continued to be managed safely. Policies and procedures were in place and a system of regular audits and checks of all areas of the service meant that any errors were quickly identified and resolved.

The premises continued to meet the needs of people. It was clean and well maintained. Staff knew how to protect against the spread of infection and people helped with cleaning and laundry. Since the last inspection, redecoration had taken place and peoples rooms were large and decorated to peoples individual tastes.

Care continued to be steered by developments in best practise. The registered manager attended a variety of learning disability forums and developments were discussed in team meetings and through training sessions. Care plans were person centred and thorough and were written in a way that was meaningful to people.

Staff knew people very well, they spoke with fondness about each person and told us about them in detail. Peoples communication needs were assessed and staff used different methods to enable people to communicate their views and choices in their own way, through discussions, reviews and house meetings.

People were supported to lead healthy lives. Staff encouraged healthy eating and exercise and people decided on the menu, chose the ingredients and were involved in preparing and cooking meals.

Staff worked well together and there was a clear vision that staff demonstrated. When people were unwell, staff responded quickly and contacted the relevant professionals. Policies and procedures were in place to ensure that care was responsive and delivered consistently within Anro House and throughout health services.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked with people and their representatives to ensure that care plans and support reflected their care needs. People discussed what they would like to happen if they were to pass away, and their wishes were respected.

The registered manager sought feedback from people using the service, staff, relatives and health professionals and an accessible complaints procedure was available. Complaints, compliments, feedback, errors and incidents were recorded and these were collected and analysed by both the registered manager and the provider to identify patterns and if lessons could be learnt.

People's information was kept securely in the office and staff were respected people's privacy, dignity and confidentiality.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Anro 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.

The comprehensive inspection took place on 18 June 2018 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection we reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also contacted commissioners and health professionals, one of whom responded and their feedback is included within this report.

The registered manager completed a Provider Information Return. We used information the provider sent us in the Provider Information Return. This is 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.

On the day of inspection, we spoke with three people and three members of staff. We also observed interactions between staff and people.

With the consent of people, we looked at two care plans. We also looked at a range of other documents, such as; policies, medicine records, audits, daily logs, the communication book, meeting minutes, development plans and two staff files.

After the inspection we spoke with the registered manager who was not present on the day of inspection. We also received feedback from a relative of a person living at Anro House.

Is the service safe?

Our findings

Systems continued to be in place to protect people from abuse. Staff had safeguarding training and told us about different forms of abuse and how to report suspicions or concerns. Detailed information about reporting and whistleblowing was displayed on notice boards in the office. Staff had knowledge of the whistleblowing policy and told us that they would feel confident raising concerns with the registered manager and provider if necessary.

Risks to people continued to be identified, assessed and recorded in a personalised way so that staff knew how to manage and reduce individual risks to people. Staff encouraged people to take risks and to try new things, such as; visiting new places and attending events. People were aware of personal safety and could do the things they wanted to do safely, without restriction. We spoke with people who told us that they had a mobile phone in case they get lost, they continued to say "[I] got lost once and phoned [staff] and they came to get me."

People had control of their finances and went to the bank to collect their money. Money was locked in the safe and was checked in and out by staff. People could ask for their money at any time and were happy for their money to be kept safe by staff.

Environmental risk assessments were in place and designated members of staff were given responsibility for ensuring that health and safety checks certificates were up to date, such as; gas, electricity and water. Fire safety equipment were serviced regularly and there was a programme of fire drills so that people and staff knew what to do in the event of a fire. People had personal emergency evacuation plans (PEEPS) in place and told us about what to do if there was a fire.

Staff continued to be recruited safely. Staff levels were planned according to the needs of people and activities taking place. Contingency plans were in place to ensure that people received consistent levels of care if staff were away or unwell. People could decide who cared for them, as they were involved in the recruitment of new members of staff.

New employees underwent an induction period where they undertook training and shadowed experienced member of staff before working alone with people to ensure that people were cared for safely.

Medicines were managed safely. A system of checks and audits meant that any medicine errors were quickly picked up and rectified. New members of staff were observed and competency assessed before they could provide people with medicines.

Anro House was clean and smelt fresh. We saw staff wearing gloves and aprons and hand wash was available in bathrooms and by the kitchen sink. Staff were responsible for cleaning the premises and a cleaning schedule was in place to ensure all areas of the property were cleaned. People helped to keep the house clean and a relative told us "[loved one] helps in the kitchen, and does some vacuuming, [loved one] likes to keep the place neat and tidy".

A procedure was in place to report incidents and staff knew how to do so. Although there were no incidents recorded, the registered manager told us that if there were incidents, then these would be reviewed these to look for any patterns or trends so they could learn lessons and prevent further incidents.

Is the service effective?

Our findings

A relative stated "As far as I'm concerned, I cannot praise [Anro House] enough", "staff are well trained and they keep me updated with how my [loved one] is getting on."

New members of staff underwent an induction period of training, shadowing and competency assessments. Staff described it as "superb", "I have taken in a lot of things." Staff took part in a mixture of online and face to face training, as well as nationally recognised qualifications. A member of staff told us how recent first aid training had taught them how to deliver safe and effective back blows, which they had to put in to practise on someone who was choking.

Staff told us that they felt supported by the registered manager and regular supervisions as well as annual appraisals provided staff with the opportunity to discuss wellbeing and personal development. There was a 'rolling rota' so staff knew well in advance what shifts they were working and people knew who would be supporting them.

People were supported to live healthy lives and staff were conscious of peoples dietary and hydration needs. People decided on menu's together and new recipes were trialled on a regular basis. People took an active part in preparing and cooking meals and one person told us "I make loads of cake and look up different recipes on [the registered manager] phone". A relative told us how "[loved one] loves their food". Staff identified those at risk of gaining weight, and worked successfully with people, relatives and health professionals to develop strategies to reduce their weight; this included changes to people's diet and by introducing gentle exercises.

It was clear that staff worked well together, staff spoke patiently and with respect to people and other staff members. Any changes to peoples care and support needs were written in communication books and discussed during staff handover. Staff told us "[the] staff are good here, we all work hand in hand."

We spoke with people who told us that staff knew when they were unwell and were quick to act. Information passports were provided to health professionals if a person was visiting or admitted to hospital so that a consistent level of care could continue. Relatives told us that that they were kept informed of illnesses and appointments. A relative told us that their loved one's "health is managed wonderfully".

Anro House continued to be suitable for people's needs. Since the last inspection, the kitchen had been refurbished and a new electronic system meant that maintenance work was carried out promptly when required. Staff had recently added wall decals to the communal areas which people talked positively about. Peoples rooms were large and decorated to their own personal taste. People told us how comfortable their double beds were and showed us their collections of films and books. On the day of inspection, at the request of people, a St George flag was hung in the lounge in preparation for the game later that day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 authorisation 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.

Nobody living at Anro House was subject to DoLS but staff continued to have training in the Mental Capacity Act and DoLS. People made their own decisions and staff respected their choices. When capacity fluctuated, best interest meetings were held and those who knew the person made decisions on their behalf and these were recorded in support plans.

Is the service caring?

Our findings

The atmosphere at Anro House was calm and relaxed. People and staff had friendly banter and there was a feeling of mutual respect between them. Staff spoke kindly and spent time with people, looking through books together and discussing the football match taking place later that day. A relative told us, "The care is fantastic at Anro, the carers are very polite and know how to speak to [loved one]."

When asked, staff spoke fondly about people and could tell us about people and their likes and dislikes. New and experienced staff knew people well and were passionate about providing them with high quality care.

Staff supported people to take an active part in all aspects of their day, based both on what they could do and what they wanted to do. People were encouraged to do what they can so that these skills could be maintained and developed. On the day of inspection, people were preparing their lunch, cleaning their rooms and looking up information rather than asking staff.

Staff addressed people warmly and used Makaton to communicate with some. People and staff also had their own symbols to communicate and staff explained to us what some of these signs meant so that we could use them to communicate during the inspection. People were also supported with visual aids and objects of reference to help people to make decisions. A person had recently visited a zoo after seeing a picture of it on the activity options board.

Staff were not afraid to respond affectionately to people and we witnessed a person give a member of staff a cuddle, which the person clearly enjoyed as they smiled from ear to ear as they held on to the member of staff tightly. The member of staff smiled and told us that the person regularly enjoyed a hug.

Friends and family could visit loved ones, in the community or at Anro House where they had access to a choice of private or communal areas. People were encouraged to meet new people and maintain relationships. Staff supported people to visit friends and family in the community; including local restaurants and clubs.

People took part in a range of in house and external activities, including; studying at college, shopping, takeaway nights, social groups, movie marathons, playing pool and attending local churches. A relative told us how staff had found out that a person used to enjoy painting, so they brought some paints and equipment in an attempt to rekindle the person's passion for art.

People were encouraged to raise ideas and concerns informally with staff in keyworkers meetings and through house meetings, where they discussed activities and meals they would like to try amongst other things. Noticeboards also contained information about helplines and how to access advocates. Advocates support people to express their views and wishes, and help them to stand up for their rights.

People told us that their dignity and privacy continued to be respected; staff appreciated peoples private

time and knocked before entering people's rooms. Staff had equality and diversity training and people were treated with equal respect and warmth. Information relating to people were kept confidential and staff understood their responsibilities to do so.

Is the service responsive?

Our findings

People lived active, fulfilling and interesting lives at Anro House. A relative told us "[loved one] goes out all the time, they have a much better social life than me!"

People's care and support was provided in line with best practice. Care plans were written with the person, in first person and reviewed with the person and their loved ones. Care plans were thorough, person centred and contained a lot of information which was laid out in a meaningful way to the person. They contained clear guidance for staff on how to monitor and manage aspects of their care.

Staff knew how to support people and encouraged them to lead the life of their choosing. Staff adopted a flexible and responsive approach to people and how they chose to express themselves. A health professional commented "[Anro House] show empathy and creativity in trying to motivate people." Activity plans acted as a guide, people could change their mind or initiate different activities and staff would adjust accordingly. A person commented "if I wanted to go somewhere they would take me."

Everyone had their own key worker, a key worker is a staff member who takes a lead in a person's care and support. Through informal discussions, key worker meetings and house meetings, people were supported to say what they wanted and were given enough time and information in a way they could understand so that they were able to make informed choices and raise ideas and concerns. Each person's care plan was specifically designed around their needs, goals and aspirations.

There was a system of review to make sure that all the progress and developments were captured and the care plan was constantly updated to make sure it was a useful working document.

Activities, health and appointments, incidents and people's wellbeing and diary accounts of each person's day and night were recorded in individual daily log books. Staff were observant and recorded all the relevant information about people, to ensure people received the best possible care and support responsive to their needs.

People told us that they would feel comfortable speaking to staff or the registered manager about their feelings and were confident issues would be resolved quickly. People had access to an easy read complaints procedure, and were given time and a range of opportunities to talk to staff about concerns. Staff interacted kindly with people and listened intently to what they had to say. Any complaints or concerns were recorded in a complaints folder, along with associated policies and procedures. There was one complaint from a relative, which was investigated, responded to and resolved.

Staff asked people about their end of life wishes in a kind and sensitive manner. Peoples wishes were recorded in end of life care plans and these were due to be further developed in the coming months. Staff told us how funeral plans were in place and people had picked out their desired method of transport from funeral home to the crematorium, music choices, what flowers they would like and who they would like to attend. We spoke with a health professional who told us that staff at Anro House had managed very well

recently when a person died unexpectedly, telling us "They gave him a send-off fit for a king!"

Is the service well-led?

Our findings

The registered manager at Anro House was a qualified learning disability nurse and had been registered manager at Anro House for many years. Staff at Anro House shared the same set of values and the kind and supportive culture was clear to see.

The provider states 'Voyage Care's purpose is to deliver great quality care and support, and our vision is to make a lifelong difference to the people we support, and their families.' Five values supported their vision; Empower, Together, Honest, Outstanding and Support. Staff were aware of the providers vision and values and staff demonstrated their understanding when interacting with people.

Staff, relatives and health professionals alike praised the leadership in Anro House, comments included; the registered manager is "Brilliant, absolutely brilliant", "They are very competent and thorough," "Everyone loves [registered manager], people call [registered manager] mum".

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 was also a member of various national forums which kept them up-to-date with best practise in learning disability services. These included; 'Positive Choices,' 'Royal College of Nursing's Learning Disability Nursing forum and the 'Foundation for people with a Learning Disability' (UK Health and Learning Disability Network). The registered manager worked closely with local agencies such as; mental health team, local authority, GP surgery, as well as local cafes, pubs and the church.

The registered manager carried out a series of robust daily, weekly and monthly checks to monitor and maintain the quality of care provided to people. The provider also monitored the service. Staff were delegated responsibility for ensuring that certain aspects of the service were kept current. Checks were recorded and action plans were put together if and when required.

An 'open door' policy was used for people and staff. Staff told us that they felt supported and valued by the registered manager. Team meetings were held so that staff could share best practice, ideas for improvement and any concerns they had. The registered manager had plans in place to improve the currency of team meetings and was looking at ways of making them more valuable to the team.

Staff were also asked for their feedback through questionnaires and provider 'share your experience' forms. Feedback gathered from a recent staff survey highlighted concerns around the length of shifts and we saw that this had been picked up by the registered manager and the reduction of shift length was an item on the quality development action plan.

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. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines. Records were clear and up to date and were held securely. The rating for the service of 'Good' was displayed in the hallway for people to see and was displayed on the provider's website.