Voyage 1 Limited

Hurstville Drive

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

This was an unannounced inspection and took place on the 16 May 2017.

The service provides care and support for people who may have a learning disability, a mental health condition or physical disabilities. Some people living at the home displayed behaviours that were challenging to others and required interventions from staff to keep them and others safe. Some people could not speak with us due to their difficulty in communicating effectively.

There is a registered manager at Hurstville Drive. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Record showed the provider monitored incidents where behaviours challenged and responded promptly by informing the local authority safeguarding team, the Care Quality Commission (CQC), behavioural support team and advocacy agencies.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions made in people's best interests were reached and documented appropriately

People were not unlawfully deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the deprivation of liberty safeguards (DoLS) in place for people and accurately described the content detailed in people's authorisations.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were knowledgeable about the homes safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff received training appropriate to people's needs and were regularly monitored by a senior member of staff to ensure they delivered effective care.

Staff interacted with people and showed respect when they delivered care. Healthcare professionals consistently told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture where people told us they were encouraged to discuss what was important to them. We consistently observed positive interaction between staff and people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Is the service effective?

Good

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Is the service caring?

Good

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before

they moved into the home to ensure their needs could be met.

People received care and support when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.
Information about how to make a complaint was clearly displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

Is the service well-led?

Good

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Hurstville Drive

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 inspection took place on 17 May 2017 and was unannounced.

One inspector carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Some people were not able to verbally communicate their views to us or answer our direct questions due to their complex needs.

During our visit we spoke with the registered manager, the operations manager, a senior support worker and two support workers.

We pathway tracked the records of care for three people. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives

We last inspected the home on 13 July 2015 where no concerns were identified.

Good

Is the service safe?

Our findings

Healthcare professionals told us people were provided with safe care. One healthcare professional said: "Staff have reported concerns about (Person's) safety in the past and we have carried out appropriate assessments". Another professional said: "People are protected from harm because staff have good knowledge of the risks around people's care needs".

The provider had good arrangements in place to mitigate any risks associated with people's care. Management meetings took place on a regular basis which provided them with the opportunity to share information, discuss any safety issues and ensure people were being supported with consistency. Detailed risk assessments were in place which were created and developed with the support of a multi-disciplinary team and included involvement from specialist healthcare professionals and relatives. Assessments were reviewed on a regular basis and any changes or concerns identified were quickly reported to the appropriate professional for further review.

Safe recruitment processes were in place. Staff records contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission (CQC), the local authority, the Police and advocacy agencies. Staff accurately describe the policy and said they would not hesitate to contact CQC or the local authority if they felt abuse took place. Staff had received training in safeguarding people from abuse.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD's). CD's are medicines which may be misused and there are specific ways in which they must be stored and recorded. People received pain relieving medicines when required and documentation stated reasons for the administration and dosage given. Staff were able to describe the provider's medicines policy in detail. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly.

Arrangements were in place to protect people if there was an emergency. The registered manager had developed Personal Emergency Evacuation Plans (PEEP) for people and these were kept in an accessible place. The emergency plans included important information about people such as their communication

and mobility needs. This gave details of the safest way to support a person to evacuate the building in the event of an emergency, for example fire. These had been recently updated to remain relevant and accurate. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety.

Good

Is the service effective?

Our findings

Staff told us they were well supported and said they received effective induction into their role. One staff member said: "I have had supervisions but there is an open door policy here and if I need help or any training I just need ask and it's arranged".

All new staff employed by the service had undergone an induction which embraced the standards set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Each member of staff had undertaken and completed a training programme before they provided care unsupervised. Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Records showed an induction programme for new staff which included health and safety, fire awareness, emergency first aid, infection control, safeguarding and food hygiene. Staff consistently told us they were able to access support and guidance from their manager at any time. A member of staff said: "We have a great team here now and the manager is really supportive". Another member of staff said: "We have supervisions where we meet with our manager and we have loads of support if we need it by knocking on the door and asking for it, we don't have to wait we just ask". Senior staff had conducted competency checks to ensure staff were appropriately skilled to meet people's needs. For example, administering medicines and observing interactions.

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 people 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 when this is in their best interests and legally authorised under the MCA. The application procedures for 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. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out with the support of relatives and healthcare professionals. DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. Staff acted in accordance with any restrictions which were put in place and tried to apply the least restrictive option.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. There was an assumption that a person had mental capacity to make decisions unless there were clear indications to the contrary, and took what steps it could to support people in maintaining their decision-making capacity. Staff told us they were frequently involved in the assessments of people's mental capacity. Where it had been decided a person lacked capacity to make an informed decision, staff were involved in working out what measures would best support their interests, whilst minimising any necessary restrictions of their liberty.

Staff were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People were able to eat and drink what they wanted but were encouraged to eat healthy food. A member of staff said: "We try our best to encourage people to eat healthy options but it isn't always easy".

People had access to health and social care professionals. Records confirmed people had access to a GP, the dentist and the optician when required. People had a health action plan which described the support they needed to stay healthy. A relative told us staff regularly supported people to attend appointments related to any health concerns.

Good

Is the service caring?

Our findings

We consistently observed positive caring interactions between people and staff. A healthcare professional said: "In the small amount of times I have met staff and service users (People) the staff have always shown kindness and patience".

The atmosphere in the home was lively, there were many occasions during the day where staff and people engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner, this included communicating by signing and using hand gestures. Staff always got down to the person's level to ensure eye contact was made. Records showed staff supported people to access the community regularly.

Staff were friendly, supportive and promoted dignity and privacy when providing care and support. We consistently observed positive interactions between staff and people. A healthcare professional told us staff were tactful and considerate towards people's feelings around personal care. They said: "There are times when staff need to be positive and loud and there are times when they need to be sensitive and I have seen the staff doing both pretty well".

Each person's physical, medical and social needs had been assessed before they started to receive care and support visits from the provider. Assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. Staff explained to us how they made sure people received support with their care in a way which promoted their dignity and privacy by covering people whilst providing personal care.

Staff knew people well, and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. They spoke sensitively and enthusiastically about the people they supported. Staff exchanged banter with people and talked about things they were interested in, such as music and baking.

People's independence was promoted. For example, we observed one person being encouraged to make their own cup of tea with the use of equipment that promoted their safety. Staff encouraged people to do things for themselves. Where possible, they had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out.

Good

Is the service responsive?

Our findings

Staff were confident they met people's needs and consistently displayed good knowledge about the risks associated with their care. A healthcare professional said: "We have had reviews and they have been very beneficial, the staff at the home deal with people's conditions really well".

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people. For example one person's daily routine was broken down and was clearly described so staff were able to support the person to complete their routine in the way that they wanted.

Staff felt the care plans were informative and provided clear guidance in how to support people. Records included information about people's life history, interests, individual support needs and details such as food preferences and what was important to the person. People's care plans and risk assessments included specific plans for their health conditions, such as epilepsy, behaviours that challenged and how to support them if they became unwell. Records showed people's changing needs were promptly identified and kept under review. For example, one document showed strategies relating to specific behaviours had been assessed regularly during a period of increased anxiety. Staff told us they reviewed care plans on a monthly basis and healthcare professionals told us they had opportunities to express their views about people's care and support.

There was a multi-disciplinary team of professionals who contributed to the planning and reviewing of people's care. Care plans gave detailed information about people's needs and preferences. who used the service. Care plans recorded people's specific behaviours. There were robust strategies in place to identify the possibility of these behaviours happening, support techniques to be used and guidance on what should be recorded and reported once interventions had been used. Care plans also included detail about which communication aids were needed to help assist people to make decisions about their care. Staff completed daily records which were used to record what each person had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

People were encouraged to take part in activities they were interested in. These included supporting people to attend the swimming baths, shopping and day trips. Where appropriate people's bedrooms contained sensory equipment which supported them to relax and decoration was personalised which included pictures of family members and favourite musical artists.

The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated by management. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the

registered manager directly.

Good

Is the service well-led?

Our findings

Staff consistently told us the leadership in the home was good. One member of staff said: "We have had a lot of change in staffing and I think the manager has done really well. I am a big fan of her". Another member of staff said: "When I have had issues at work or in my life the manager has helped me and supported me".

People were not able to tell us their views about how well led and organised the service was. However during our observations we saw the registered manager and senior staff interacted effectively with people. People were comfortable with the leadership team and responded to them in the same way as they did with other staff. We saw the registered manager communicate with one person through the use of sign language and were knowledgeable how the person should be supported about when they were anxious.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been managed. This demonstrated the registered managers understood their legal obligations. Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans which described how the required improvements would be achieved. For example we saw actions had been put in place to minimise the risk of falls for one person.

Staff told us they had good opportunity to talk about any concerns they had with management and said the office door was: "always open". The registered manager said: "We have an open door policy here". We observed people and staff frequently seeking advice and support from management.

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary. One member of staff said: "I would go to CQC or the police if the management were not listening to my concerns but it is not an issue here".

Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. A support worker said: "We have supervisions and team meetings but to be honest if I need support I just ask for it and it's there". The registered manager understood the importance of feedback and was in the process of sending questionnaires to relatives, people and healthcare professionals.