

Voyage 1 Limited







Aykroyd Lodge

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	

Overall summary

We carried out an inspection of Aykroyd Lodge on 1 and 2 September 2015. The first day of the inspection was unannounced.

Aykroyd Lodge provides personal care and accommodation for up to six adults. The home specialises in supporting people living with a learning disability. There were four people living at the home at the time of our inspection.

This was the first inspection carried out since Voyage 1 Limited became the registered provider of the service.

The manager had been registered at the home since January 2015. 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.

We found the service was safe. Staff knew about safeguarding procedures and we saw concerns had been dealt with appropriately.

Summary of findings

We noted there were sufficient numbers of staff on duty to support people safely and ensure that people's needs were met effectively. Staff received appropriate training and were well supported by the management team.

People's needs were assessed and areas of risk were identified and reviewed to ensure people's safety. Support was offered in accordance with people's wishes and their privacy was protected. Staff knew people well and understood their physical and personal care needs and treated them with dignity and respect.

The registered manager followed the principles of the Mental Capacity Act (MCA) 2005 and where people lacked the ability to give their consent, made appropriate decisions about whether different aspects of their care were carried out in their best interests. Records showed staff had completed MCA training. We noted appropriate applications had been made to the local authority for Deprivation of Liberty Safeguards.

People's medicines were securely stored and managed and people were supported to take their prescribed medicines in a timely way.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People's health needs were monitored which included appropriate referrals to healthcare professionals when required.

Support plans had been developed for each person living in the home, which reflected their specific needs and preferences for how they were cared for and supported. The plans gave clear guidance and instructions to staff about how they should care and support people and ensure their needs were met.

People were supported to take part in a wide range of activities both inside and outside the home to maintain their independence and promote a healthy lifestyle.

The registered manager demonstrated good leadership. It was clear they understood their role and responsibilities, and staff told us they were supportive and fair. The registered manager encouraged an open and transparent culture.

The home's management team carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. The registered manager took appropriate action to make changes and improvements when this was needed.

Summary of findings

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 was safe.

Staff were knowledgeable about how to protect people from harm. Care and support was planned and delivered in a way that helped to keep people safe. We saw support plans included areas of risk.

There were sufficient numbers of staff to ensure people's needs were met in a timely way. The recruitment practices were safe and ensured staff were suitable for their roles.

There were systems in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were provided with a varied and nutritious diet in line with their personal preferences.

Good



Is the service caring?

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a relaxed atmosphere within the home.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs.

People's support plans and records were kept up to date and reflected people's preferences and choices. People were supported to live an active life in the home and the local community.

Relatives knew how to raise a concern and felt confident that these would be addressed promptly.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The home had a registered manager who provided clear leadership and was committed to the continuous improvement of the service.

Staff felt well supported by the management team and felt comfortable to raise any concerns if needed.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people, staff and relatives. Appropriate action plans had been devised to address any shortfalls and areas of development.

Aykroyd Lodge

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 1 and 2 September 2015 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also contacted and received information from the local authority commissioners. The provider sent us a Provider

Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met all four people living in the home and spoke with the registered manager, deputy manager and three support staff. We also spoke to two relatives over the telephone. In addition, we spent time observing care and support being delivered in communal areas. 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 verbally communicate with us.

Finally, we looked at various records that related to people's care, staff and the overall management of the service. This included support plans for three people living in the home and files for two members of staff. We also looked at staff training records, meeting minutes, the complaints log, four medication administration records, a sample of policies and procedures and quality assurance tools.

Is the service safe?

Our findings

People living in the home were not able to tell us about their experiences of using the service. However, we observed people were relaxed and comfortable with staff throughout our inspection. We spoke with two relatives, who expressed satisfaction with the service and confirmed they had no concerns about their family members' safety.

We looked at how the service safeguarded people from abuse and the risk of abuse. Safeguarding procedures are designed to direct staff on the action they should take in the event of any allegation or suspicion of abuse. Staff spoken with understood their role in safeguarding vulnerable adults from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. Training records showed staff had received training in safeguarding adults at risk of harm within the last 12 months.

We noted there was information displayed on the wall in the office about safeguarding procedures which included the contact number for the local authority. Staff were also given an information booklet by the provider and discussed safeguarding issues at staff meetings and one to one meetings. The registered manager had raised appropriate safeguarding alerts with Social Services and had notified the commission in accordance with the current regulations. There were no on going safeguarding investigations at the time of the inspection.

Care and support was planned and delivered in a way that helped to ensure people's safety. Individual risks had been assessed and recorded in people's support plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. We noted from looking at people's plans that risks had been identified for all aspects of people's needs. Risk assessments used a colour coded rating to indicate low to severe risk. This helped staff to identify which hazards were the most serious and thus which hazard to control first. Examples of risk assessments relating to personal care included behaviours which challenged the service, using community facilities, mobility and eating and drinking. Other areas of risk included fire safety, infection control and

the use of chemical substances. There was documentary evidence of control measures and risk management strategies being in place. This meant staff were provided with information about how to manage individual and service level risks in a safe and consistent way.

We noted a Business Continuity Plan had been developed. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. The registered manager explained the staffing levels were flexible and adjusted on a regular basis in line with people's needs, activities and appointments. Staff spoken with confirmed they had time to spend with people and didn't feel rushed. We noted the staffing levels reflected the provider's expectations of one member of staff for every two people using the service. People also had additional one to one time with staff in line with their contractual agreements.

We looked at the recruitment records of two members of staff. We noted checks had been completed before staff commenced work in the home and these were recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

The recruitment process included a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. Staff completed a probationary period of six months during which their work performance was reviewed at regular intervals. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulatory requirements.

We looked at how medication was managed in the home. We saw policies and procedures were available to support staff and one member of staff was designated as a medication champion. We noted each person had an individual medication file, which included a photograph

Is the service safe?

and a medicines support plan. We looked at the medication administration records and found they gave a clear record of the medicines which had been administered. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. All records seen were complete and up to date. The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day

Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests three times a year to ensure they were competent at this task. We saw records of the staff training and competency tests during the inspection.

We saw the home was clean and free of malodours. Staff told us that as well as their caring duties they also cleaned people's rooms and the communal areas including bathrooms and toilets. We saw there was a list of cleaning tasks for both day and night staff and staff had to sign to confirm they had completed the task. The provider had arrangements in place for the on going maintenance and repairs. We saw the repairs book during the inspection and noted records had been made when the work had been completed.

Is the service effective?

Our findings

People spoken with were not able to tell us about their views on the staff team. However, throughout our time spent in the home we observed staff interacted positively with people and took time to listen and interpret their wishes. Relatives spoken with were complimentary about the staff and confirmed they were competent at their role.

We looked at how the service trained and supported their staff. From looking at records and from our discussions we found staff had been provided with a range of appropriate training to give them the necessary skills and knowledge to help them look after people effectively. All staff completed induction training when they commenced work in the home. This included a corporate induction on the organisation's visions and values, the Care Certificate and mandatory training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The provider's mandatory training included, safeguarding vulnerable adults, fire safety, infection control, food hygiene, health and safety, duty of care, person centred care and managing actual or potential aggression (MAPA). Staff told us they felt they were given enough opportunities to continually refresh their existing knowledge, as well as learn new skills. We saw the staff training matrix and the overall staff training plan during the inspection. We noted there were systems in place to ensure all staff completed their training in a timely manner.

Staff newly recruited to the home shadowed more experienced staff for a minimum of two weeks to enable them to learn and develop their role. New staff were assigned a mentor known as a buddy, who supported them throughout this time. We spoke with a member of staff who told us their induction was comprehensive and informative.

Staff spoken with told us they had sufficient opportunities to review their practice and continually look at their personal development. Staff confirmed they were provided with one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. We saw detailed records of staff supervision during the inspection and noted a wide range

of topics had been discussed. Staff also had an annual appraisal of their work performance which provided them with a formal opportunity to review their training and development needs.

Staff were invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people's care and the operation of the home. Staff confirmed handovers meetings were held three times a day. This ensured staff were kept well informed about the care of the people who lived in the home. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS.

Staff spoken with told us they had received training on the MCA and we found they had a working knowledge of the principles associated with the Act. We also noted there were policies and procedures available as well as the code of practice. The registered manager had applied for a DoLS for each person living in the home and was waiting for authorisations. We noted best interest meetings had been held and recorded for people who required medical treatment.

We looked at how people were supported with eating and drinking. The menu was prepared and chosen a week in advance and food was purchased from local supermarkets. Staff were regularly asked to review people's food preferences based on their observations at mealtimes. Staff spoken with demonstrated a good understanding of people's dietary requirements. Care records looked at included information about people's food preferences and nutritional risk assessments. People were offered three main meals a day, with drinks and snacks offered at regular

Is the service effective?

intervals throughout the day and evening. We noted there was a pictorial menu displayed in the dining room and one member of staff was designated as the nutrition champion. People were provided with appropriate support and assistance to eat their food.

We looked at how people were supported to maintain good health. Records looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. People also had a health and welfare file, which provided an overview of current and past medical conditions, weights and healthcare appointments. People were given support to attend appointments. From our discussions and a review of records we found the staff had

developed good links with other health care professionals and specialists. This helped to make sure people received prompt, co-ordinated and effective care. For instance detailed arrangements had been made to reduce one person's level of anxiety when they attended hospital for dental treatment.

Aykroyd Lodge is a detached house set in its own ground in a quiet residential setting. Accommodation is provided in six single bedrooms, all of which have an ensuite bathroom facility. We looked round the home with the registered manager and noted all bedrooms had been redecorated and personalised in accordance with people's personal tastes and interests. Soft furnishings had also been added to the lounge to promote a homely and comfortable environment.

Is the service caring?

Our findings

People were not able to tell us about the approach taken by staff. However, we observed people were comfortable around staff and seemed happy when staff approached them. Relatives spoken with confirmed staff were caring, one relative said, “The service is very good. The staff are all caring and thoughtful.” Both relatives confirmed they were informed if their family member encountered any problems or difficulties.

The registered manager and staff demonstrated a good understanding and knowledge of how people liked to receive their support and care. There was a ‘keyworker’ system in place, which linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. According to the PIR (Provider Information Return) keyworkers were matched with a person based on the rapport, similar interests and characteristics taken from the staff’s one page profile.

We observed staff acting with kindness and compassion throughout our inspection visit. Staff treated people with respect, listening to them and offering support in a friendly and caring way. Staff knew people well and spent time chatting to them and interacting in a positive and respectful manner. Staff spoke clearly when speaking with people and care was taken not to overload the person with too much information at one time. We observed people responded well to staff and actively sought them out; this demonstrated people were relaxed and comfortable with staff. Staff supported people patiently and kindly and did not appear rushed. If people became anxious, staff responded promptly to assist and support them in a calm and natural way.

Staff ensured people could express their views in order to promote their choices and independence. For example people were asked about their choice of food and were encouraged to carry out small tasks for themselves. People spent individual time with staff. We noted this time was allocated on the staff rota and recorded within people’s daily care records.

Staff ensured people’s right to privacy and dignity was upheld. We observed when people needed privacy they were given the space and time they needed in their room or garden. Each person had a single room which was fitted with appropriate locks and we noted staff knocked on people’s doors before entering. Staff demonstrated good understanding and awareness of how to support people to meet their specific needs and wishes in a dignified way. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included

ensuring people’s bedroom doors were kept closed when staff were supporting people with their personal care.

People were supported to maintain relationships with their families. There were no restrictions placed on visiting and people were supported to visit their families on a regular basis.

Information was available for people in the form of a handbook. This set out the aims and objectives and the facilities available in the home. The handbook was presented in an easy read format and included pictures to illustrate the main points. Information was available about advocacy services. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

We observed during the inspection that staff were responsive to people's needs and wishes. For instance one person indicated they wished to sit in the garden and staff responded immediately to this request. Relatives spoken with had no concerns about the service and told us their family members were happy and settled in the home.

Before a person moved into the home an assessment of needs was carried out by two managers. People were also invited to visit the service so they could meet other people and the staff. The assessment process was designed to consider all aspects of people's needs and individual circumstances. We saw completed assessments during the inspection and noted information was gathered from a variety of different sources as appropriate, including the person's social worker. Following the assessment a transition plan was devised to ensure a new person moved into the home at their own pace. The assessments showed the relatives had been included and involved in the process wherever possible.

We looked at three people's care files and from this we could see each person had an individual support plan which was underpinned by a series of risk assessments. The plans were split into sections according to people's needs and the files contained a one page profile. The profile set out what was important to the person and how they could best be supported. The plans also contained a description of a typical day, which included people's preferences. The plans were well written and person centred and contained guidance for staff about the way each person preferred to be supported and cared for. They highlighted what people liked to do for themselves and when they may need assistance from staff.

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and

routines and could describe how each person preferred their care to be delivered. Support plans were reviewed annually or sooner to reflect any changes in people's care. Relatives spoken with confirmed they were invited to attend an annual review. We saw documentary evidence of the reviews on people's support plans. Keyworker meetings were held on a monthly basis to ensure any changes in need were picked up promptly. This helped to ensure people's support plans remained accurate and current.

People were supported to pursue activities and interests that were important to them, both inside and outside the home. Activities arranged in the local community included bowling, swimming, social club, horse riding, church and two different sensory based centres. Inside the home staff organised music nights and supported people with sensory activities. All activities were risk assessed and people were encouraged to try new experiences. Keyworker and team meetings helped to identify what people would like to do with their time and what goals they wanted to achieve. During the inspection we noted that people went out for a walk, had a trip to the park, visited a sensory centre and went out for lunch. Earlier in the year people had enjoyed a five day holiday. All activities were recorded in people's daily records.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. People living in the home had access to a pictorial complaints procedure. We also noted there was information about complaints displayed on the notice board in the hallway. We looked at the complaints record and noted there had been no complaints received during the last 12 months. Relatives told us if they had any concerns or issues they would feel comfortable raising these with the registered manager. A relative said, "I have no criticisms of the service at all."

Is the service well-led?

Our findings

All relatives and staff spoken with told us the service was well managed and organised. A member of staff said “Everything is very organised and all the team help each other.”

There was a registered manager in post who was supported by a deputy manager. Relatives told us they felt comfortable speaking to the managers and could raise any concerns or make suggestions about their family member’s care and support. All staff spoken with made positive comments about the registered manager, who they described as “supportive”, “person focused” and “fair.” Staff members spoken with said communication with the management team was good and they felt supported to carry out their roles in caring for people. They said they were confident to raise any concerns or discuss people’s care. There were clear lines of accountability and responsibility. If the registered manager or deputy manager was not in the home there was always a senior member of staff on duty.

The registered manager told us she was committed to the continuous improvement of the service. At the time of the inspection the registered manager described her key achievements as ensuring one person who was in hospital for a long period of time was fully supported by the staff team 24 hours a day and ensuring the person’s needs were met on their return from hospital. The registered manager told us she was “very proud” of the staff for their dedication during this time and had nominated the team for a care award. The registered manager told us her future plans included further development of the environment.

The registered manager ensured there was an open and transparent culture within the service in which staff were encouraged to share their views and ideas on how the service could be improved. In addition to staff meetings, staff were given the opportunity to complete an annual satisfaction questionnaire. The questionnaires were last

distributed in August 2015. We saw some returned questionnaires during the inspection and noted the staff had made positive comments about the service. One staff member had written, “All staff have the service users’ best interests at heart.” Staff spoken with demonstrated a strong commitment to providing a good quality service for people living in the home.

People living in the home, relatives and visiting professional staff were also invited to complete an annual satisfaction questionnaire. We looked at the returned questionnaires and noted one visiting professional staff had written, “The staff are keen to give information and are up to date with the clients’ condition.” People living in the home were supported to complete a questionnaire by their keyworker.

The registered manager carried out regular checks and audits of the home to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people’s care plans, management of medicines, cleanliness and hygiene, the environment, finance, health and safety, and staffing arrangements including current levels in the home, and staff training and support. We noted following these checks and audits, action plans had been developed to address any shortfalls or issues. The actions were transferred onto a consolidated action plan, which ensured they could be easily monitored.

The home was also subject to external quality checks by representatives from the organisation. The operations manager also visited the home on a regular basis and compiled a detailed report of their findings. We saw a copy of an audit carried out by the operations manager during the inspection and noted an action plan had been devised to address shortfalls.

The registered manager was part of the wider management team within Voyage 1 Limited and met regularly with other managers to discuss and share best practice in specific areas of work.