Voyage 1 Limited

John Cabot House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 13 March 2016 and was unannounced. The service was last inspected in July 2014 and met with legal requirements at that time.

John Cabot House is registered to provide accommodation and personal care to eight people. Two people are accommodated in self-contained flats and up to six people can be accommodated in the main house which has six en-suite bedrooms. The service specialises in providing care for people with an acquired brain injury. There were seven people using the service on the day of our visit

The registered manager for the service had recently left and the provider was in the process of advertising for a new manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been provided with training and supervision to help them to care for people and meet their needs. However, this had not been kept up to date and some staff had not had recent training. Staff supervision had not been carried out as often as the provider's policy stated it should be. This meant people were supported by some staff who were not well supported and were in need of further training.

Medicines were mostly managed safely however staff did not always follow the provider's policy when writing out hand written medicines records. They were not always doing this with two staff checking to make sure they were accurate. This meant without the safety check of two staff there could be a risk that people's medicines may not be given to them correctly.

There were systems in place to minimise risks to people and to protect them from abuse. People told us that the staff who assisted them were always kind and caring in manner. People at the service interacted in a positive way with the staff who provided them with personal care and other support.

People were assisted with their needs by staff who understood their needs and knew how to provide effective care. Staff were kind and caring toward the people they supported. They ensured that people's privacy and dignity was maintained.

People spoke highly about the care and support they received from the staff. Their comments included, "They have pushed me to be more independent which is a really good thing" and "I have found them all most helpful".

Care records were informative and clearly showed what to do to effectively assist people with their range of needs.

People were well supported to make complaints about the service provided if they needed too.

Staff had a good understanding of the provider's visons and values; a key one being to provide personalised care. We saw that they put these into practice in the way they supported people at the home.

In the absence of a registered manager, the deputy manager was being well supported by a registered manager from another service run by the provider. They were providing management support on a daily basis.

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 were supported by staff who knew how to protect them from abuse.

People were supported to manage their medicines safely. However, staff did not always ensure that hand written medicines records were properly checked. This could lead to medicines administration being unsafe.

There was a recruitment system in place that aimed to minimise the risk of unsuitable staff being employed.

There were enough staff on duty at any time to ensure people received safe care that met their needs.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

Staff were not being formally supervised in their work on a regular basis. More training was needed for some staff. This was to make sure they had an up to date knowledge of the needs of people they supported.

People told us they enjoyed the food and drink choices. People were supported to make choices and to build up their own skills in meal preparation.

Staff understood the Mental Capacity Act 20015 and how this was used to support people when they may not have the capacity to make decisions.

Is the service caring?

Good

The service was caring.

People told us they were happy with their care and staff were kind and caring.

People's privacy was respected by the staff who supported them.

People were encouraged to gain independence and to make choices in their life.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs in a flexible way.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with properly.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led

There was a quality assurance system in place to monitor the service and to drive improvements. However, this was not fully effective as it had failed to pick up the shortfalls in the service.

Staff felt supported by the manager from the provider's other service and the deputy manager.

John Cabot 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.

This inspection took place on 13 March 2016. It was unannounced and carried out by one Inspector.

Before our inspection, we reviewed information that we held about the service such as previous inspection reports, safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about.

We spoke with five people who were using the service, a registered manager from another home run by the same provider, the deputy manager and three staff.

We reviewed two people's care files and three staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and management records.

Good

Is the service safe?

Our findings

People's medicines were mostly managed safely. People told us that they were given their medication when they needed it. Suitable secure storage was available for medicines. Medicines recording sheets were accurate and up to date. They demonstrated people were given the medicines they required at the right times. However, some hand written medicine charts had not been checked by two staff. Nor had all staff signed each medicine chart they had written out .This meant there were shortfalls in the provider's own checking systems for ensuring medicine records were accurate and people were given their medicines safely . Each person had a medicines profile. The profiles clearly explained what their medicines were for any side effects, as well as how the person preferred to take them. For example whether they liked water or juices with their medicines. Medicine supplies were kept securely and regular checks of the stock were carried out.

The risks to people from abuse were minimised. People told us that they felt safe and secure at the home. Staff told us they had received regular training about how to keep people safe from abuse. The staff were able to tell us how they would respond to allegations or incidents of abuse and knew how to report any concerns. Staff were also able to tell us what whistleblowing at work meant. They explained this meant to report malpractice or illegal activities if they suspected them. There was a procedure so that staff knew how to report any allegations of concern about the service.

We saw that the manager and other staff had notified the local authority, and CQC, of safeguarding incidents as required. This showed that staff understood the importance of keeping relevant organisations informed about safeguarding matters at the service.

Risks to people's health and safety were well managed. Staff supported people to stay safe in the least restrictive way. Individual risk assessments were in place to support each person and to guide the staff. The staff told us they read this information regularly to ensure they knew how to manage risks people may face. For example, one person we met was supported to safely take part in meaningful activities that were important to them in the community. The person's risk assessment clearly explained why two staff were needed to support them. We saw that this practice was being followed by the staff each time they went out.

When risks had been identified changes to the care and support people received were put in place when needed. The incident and accident records showed how incidents and occurrences at the home were reviewed and there was learning from them. There was a record of the actions taken after an incident or accident.

There were procedures in place in the event of an emergency at the home. The staff had been trained to know how to safely manage and respond where people in the home may pose a risk of harm to them or others. The staff told us it was important to learn how to practise de-escalation of a potentially challenging and unsafe situation.

There was a recruitment process in place that aimed to ensure that people were cared for by suitable staff.

The appropriate checks were carried out in line with regulatory requirements. These included Disclosure and Barring checks (DBS) and written references before staff started work. Staff said that the recruitment process was thorough. They told us that they had not been able to start work until all of their checks had been completed.

There were enough staff with the right experience to meet the full range of needs of people living in the home. The staff responded immediately when people wanted their assistance with their care. There were enough staff to do this in an unhurried and attentive way. We spoke with the staff about how they provided people with the care they needed. They said there were enough staff to meet people's needs and they were allocated a small group of people to support during a shift at the home. Staff also said they worked flexibly as a team and helped each other. The manager told us staffing levels were reviewed regularly with a senior manager. They said this was done based on reviewing how much support each person required with their complex and varied range of needs.

The premises looked safely maintained in the areas we viewed. Health and safety checks were carried out and actions put in place to reduce the risk of harm and to keep people safe. Checks were carried out to ensure that electrical equipment and heating systems were safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked. There was also guidance in place that explained how to support people to use the kitchen and equipment safely.

Requires Improvement

Is the service effective?

Our findings

There was a system of staff supervision that aimed to ensure that the performance and development of staff were properly monitored. However, this system of staff support had not been complied with for the majority of the staff. The staff had not had the chance to meet with a manager for regular one to one meeting for over six months. The provider's own policy aimed for staff to be offered one to one support at least once every six weeks. This meant staff were not being formally supervised and supported enough to ensure they were providing effective care and support.

Some of the more recently recruited staff had not been on training about 'Acquired Brain Injury'. This could impact on their ability to provide effective care if they did not fully understand the impact of acquired brain Injury on people. For example, the impact on memory, as well as day-to-day behaviours may not be fully understood by those staff. The manager who was providing management support said they had identified this shortfall in staff training. They said they were in the process of booking all newer staff that had not done this training onto a relevant course.

Some staff told us that they had training about managing and responding to behaviours that may be challenging to others. Staff discussed how this learning was put into practice. For example, one staff member told us how a course around the subject of Acquired Brain Injury had increased their understanding of how people with this condition experienced their world. Staff also told us the training had helped them to support people whose behaviours may challenge as it had helped them to have more of an insight into their experiences .The staff training records confirmed that some staff had completed training to help them have the skills and knowledge to provide effective support.

The staff told us that if required, additional support for example after an incident or occurrence was needed this was provided for them. They said time was taken to ensure that staff were well supported if they had had to respond to behaviours that were particularly challenging.

The people we spoke with told us they were satisfied with the care and support that they were receiving. One person said "I can't believe how far I have come thanks to them".

People were assisted with their needs by staff who understood how to support people effectively. The staff did have an insight about how an acquired brain injury impacts on people's lives.
Staff were observed providing assistance to people in a calm and attentive manner. The staff spent time with people who needed support due to their particular needs arising from their particular acquired brain injury.

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 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 or authorisations to deprive a person of their liberty, were being met. There were records that showed an application had been made to the 'supervisory body' for a DoLS and that this had been accepted. The staff demonstrated a good understanding of when it was necessary to apply for an authorisation to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests. They also knew how to ensure that any restrictions placed on a person's liberty were lawful.

We saw that staff communicated with people and gained their consent prior to support being provided and gave people time to respond and express their wishes. Staff told us that they always asked people for their consent. Care records clearly showed that people's consent to care and treatment had been discussed.

People told us that they enjoyed the food provided for them and we saw staff offered people who needed it discreet support to eat. People were asked by staff what food options were available during the course of the morning. Some people told us they prepared and cooked their own meals with the support of the staff.

Guidance in the care plans set out what actions to follow so that people were assisted to meet their identified nutritional needs. For example, it was identified when people needed extra encouragement. It was also identified when people needed support due to swallowing difficulties to maintain a healthy weight and wellbeing.

Good

Is the service caring?

Our findings

The people we spoke with told us that staff were caring and kind to them. One person told us staff were "All really kind". We saw that people were treated with respect and staff had a caring and kind approach. We saw how people were comfortable, relaxed and happy with staff and with each other.

Staff were friendly in manner and were discreet when offering support to people. The staff took the time to speak with people as they supported them. Staff prompted people in a discrete and respectful way when they were not able to recall something that they were talking about.

There were numerous positive interactions between staff and people at the home. We saw members of staff gently engaged in a good humoured but still respectful banter with people. People joked and teased the members of staff back in a gentle and good humoured way.

Staff supported people in a respectful manner that maintained their dignity and privacy. Staff told us they ensured people's privacy whilst they helped them with personal care. Staff said they prompted people and encouraged them to be as independent as they were able to be. People told us they liked living at the home and liked all of the staff. People who lived at the home were observed being supported with their needs by staff who were attentive in their approach. Staff were patient in manner when they assisted people whose memory problems meant they needed regular prompting about certain matters in their life.

The staff demonstrated they understood how to support people with their complex needs. The staff we spoke with also had insight into the impact that an acquired brain injury can have on people in their daily life. For example staff stressed the need to be very patient with people and to communicate in a clear way that could be understood.

Confidentiality was properly maintained and information held about people's health, support needs and medical histories was kept securely in the ground floor office of the home.

Information about how to access local advocacy services was available for people who wished to obtain independent advice or guidance.

People told us that their relatives and friends were encouraged to visit at any time and on any day.

The environment had been made to feel warm and welcoming for people. People's individual bedrooms were personalised with items that had been brought in from their home such as pictures and small items of furniture.

Good

Is the service responsive?

Our findings

Care plans were detailed and informative about how to support people with their needs that related to their particular acquired brain injury. For example, they included detailed guidance and strategies for staff to implement to be able to support people in activities of daily living. These included personal care, social needs as well as finance management and household activities such as cooking and personal laundry.

The staff told us the care plans provided detailed guidance about what approaches and effective helpful ways to support people. They said there was also guidance about how to support people when their mood and behaviours changed. Care plans also showed that people were encouraged to maintain their independence and undertake as much of their own personal care as they could. Where appropriate, staff prompted people to undertake certain tasks rather than doing it for them. This showed how people were being well supported to be independent in their daily lives and in activities of daily living.

Care plans included information about people's interests and preferred daily routines. This was to help ensure staff assisted people in a personalised way and took account of their differing needs. There was information about people's religious and cultural needs. For example, people were supported to practise their faiths at local venues.

People were effectively supported to meet their physical health care needs. There was a health care plan in place for each person. These were part of each person's care records. The health care plans set out how to support the people concerned with their particular physical health needs. For example one person was being supported by a speech and language therapist to support them with potential swallowing difficulties. The records also showed that staff monitored people's health and well-being. Staff supported them to see their doctor if they were concerned about their health.

People were supported and encouraged to take part in to take part in activities that they enjoyed in the home and in the local community. The staff told us this was seen as a key part of people's rehabilitation following their acquired brain Injury. People we met went out shopping with the support of staff to buy lunch from a supermarket. The people we spoke with told us about some of the other activities they enjoyed. One person told us they often went to a café and to the local shops. People were supported to take part in one to one activities of their choice. These included going out to the shops, and spending time with family and friends.

There was an easy to follow complaints procedure in place so that people were able to make a complaint. People told us that they would be confident to raise any concerns with the manager. One person said, "If I had anything to complain about I could go to any of the staff I know they would sort it immediately."

Each person had a copy of the complaints procedure. People told us they were aware of this procedure. We saw that there had been one complaint made in the last year that related to matters in the community. There was an investigation carried out into the complaint. We saw that a response with an explanation of what had happened, and how the complaint was resolved had been sent to the person concerned.

Requires Improvement

Is the service well-led?

Our findings

There was a system to ensure that the quality and safety of the service people received was monitored. However audits that had been undertaken had failed to pick up any shortfalls at any time in how the home was run. Areas that were regularly audited included care planning processes, the views of people at the home about their care, management of medicines, health and safety in the environment, staffing levels, and staff training. We bought this matter to the attention of the manager supporting the home. They said they had identified that the registered manager's audits had not picked up shortfalls in the service. For example the matters we had found at our visit around medicines administration records, staff training, and staff supervision.

People who lived at the home were asked for their feedback about the care and service and this was acted on. People told us that regular house meetings were held. We looked at recent house meetings minutes. We saw confirmation that people were regularly asked to give feedback about what they thought of the care and service that they were receiving at the home. We saw that actions were taken by the staff to address issues that people raised wherever possible. For example, the way that menus were planned had recently been changed.

Regular staff meetings took place where a range of topics including safeguarding people, the way the home was run and people's care needs were discussed. Staff told us that they could make their views known during staff meetings and have an open discussion. They also said that they were involved in how the service was run. Staff told us they had good communication with each other, as there was a handover at each shift and a communication book in use to record important information. This meant that staff could quickly access information when needed.

The staff knew about the values of their organisation. These included being respectful, being inclusive and working with people in a way that was person centred. They were able to tell us how they took them into account in the way they supported people at the service. One key value staff told us was important was to care for people in a person centred way as unique individuals.

Incidents and accidents which had involved people at the home were reviewed and evaluated to look for trends and patterns. The records showed staff recorded what actions had been taken after an incident or accident had happened in the home. The provider had an online reporting system for incident and accidents. These occurrences were recorded by the staff onto the provider's intranet reporting system. A senior manager then reviewed this information. This was then discussed with the manager and staff from the home if needed.