Voyage 1 Limited

Liphook Road

Inspection report

31 Liphook Road
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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

This inspection was carried out on 10 February 2015 and was unannounced.

Liphook Road provides accommodation and personal care for up to seven people who have learning disabilities. Support is carried out in two properties 31 and 31A which are linked via the garden. At the time of our inspection there were five people living at 31 and two people living at 31A.

Liphook Road has a registered manager in post. 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 received safeguarding training. They told us they understood how to recognise the signs of abuse and knew how to report their concerns if they had any. There was a safeguarding policy in place and relevant

Summary of findings

telephone numbers were displayed in the registered manager's office. Relatives told us their relative felt safe and people behaved in a way which indicated they felt safe.

Risks had been appropriately identified and addressed in relation to people's specific needs. Staff were aware of people's individual risk assessments and knew how to mitigate the risks.

Medication was stored safely and administered by staff who had been trained to do so. There were procedures in place to ensure the safe handling and administration of medication.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. This meant that people's mental capacity was assessed and decisions were made in their best interest involving relevant people. The registered manager was aware of his responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people using the service.

Relatives told us they were very happy. Staff understood people's preferences and knew how to interact and communicate with them. People behaved in a way which showed they felt supported and happy. Dietary and cultural preferences were encouraged and supported by staff, ensuring people felt comfortable and safe in their own home. Staff were kind and caring and respected people's dignity.

Support plans were detailed and included a range of documents covering every aspect of a person's care and support. The support plans were used in conjunction with person centred planning ensuring that people's wishes and skills were recorded as equally important as their support needs. We saw this reflected in the support observed during the visit.

There was evidence in support plans that the home had responded to behavioural and health needs and this had led to positive outcomes for people.

The registered manager was liked and respected by people, staff and relatives. There was good morale amongst staff who worked as a team in an open and transparent culture. Staff felt respected and listened to by the registered manager. Regular staff meetings meant that staff were involved in the development of future plans. There was a positive and caring atmosphere in the home and effective and responsive planning and delivery of care and support.

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 knew how to keep people safe from harm and protect them from abuse. Identified risks had been recorded and addressed.

Medicines were administered safely by staff who had been trained to do so.

Good

Is the service effective?
The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

People were supported to make their own decisions but where they did not have capacity the provider had complied with the requirements of the Mental Capacity Act 2005.

Good

Is the service caring?
The service was caring.

People were supported in a stable and caring environment.

The staff promoted an atmosphere which was kind and friendly.

People were treated with respect and dignity and independence was promoted wherever possible.

Good

Is the service responsive?
The service was responsive.

People's preferences, likes and dislikes had been recorded and responded to by supporting people to achieve their goals.

Appropriate action was taken in response to people's health needs.

Good

Is the service well-led?
The service was well led.

We found the home had an open and transparent culture.

Feedback was sought regularly from people, staff, relatives and professionals and appropriately responded to.

Quality assurance systems were in place.

Good

Liphook Road

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 was carried out on 10 February 2015 and was unannounced. The inspection was carried out by an inspector and a specialist advisor. A specialist advisor is someone who has clinical experience and knowledge. In this case their skills and knowledge were with people who are living with a learning disability.

Before the inspection, we reviewed all the information we held about the home including the previous inspection reports and notifications received by the Care Quality commission. A notification is information about important events which the provider is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with two relatives. We also spoke with the registered manager and three support staff. We reviewed records relating to the management of the home, such as audits, and reviewed two staff records. We also reviewed records relating to three people's care and support such as their support plans, risk assessments and medicines administration records.

Where people were unable to tell us about their experiences due to their complex needs, we used other methods to help us understand their experiences, including observation. We were able to communicate and interact with two people using communication plans within their support plans.

We last inspected the home in April 2013 and found no concerns.

Good

Is the service safe?

Our findings

Relatives told us that their family members felt safe. One relative, when asked if their relative felt safe, said "Yes, I do feel he is safe – staff are very reassuring." People behaved in a way which showed they felt safe. They smiled and interacted with staff.

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. They also knew how to report abuse. One member of staff said "First I would make sure the person was safe, then I would report to the manager, the telephone numbers to call are on the poster." The relevant telephone numbers and procedures were displayed on the noticeboard, as well as information in relation to whistleblowing. Staff were aware of how to protect people from abuse. The registered manager ensured that staff knew about the safeguarding and whistleblowing policies. Safeguarding was discussed regularly during staff meetings as a standard agenda item. Cards were handed out to staff entitled 'See something, say something.' The cards gave clear instructions to staff about how to report any concerns about the service. Staff said they would feel able to whistle-blow, if necessary, without fear of reprisal.

Risk assessments, referred to by the provider as support guidelines, were in place for each person on an individual basis. People using the service were living with a learning disability and were at risk from a large number of everyday activities. The support guidelines described how the person was involved in developing the guideline and the skills they had to contribute to this. The level of involvement in support guidelines varied according to each person but the aim was always to maximise the contribution of the person themselves. This empowered the person to be part of managing their own risk. Risk rating definitions were categorised as 'stop', 'think', 'go' where a categorisation of 'stop' required a risk consideration meeting with the wider support team and a 'think' required a risk consideration meeting with the immediate support team. A critical section of the support guidelines informed staff what they should always do, what not to do and what never to do. For example 'Always ensure that (the person) has taken his medicine and swallowed it, do not leave him unattended and never give medication if you are not trained.' This gave clear guidance for staff to manage identified risks. Support plans evidenced that the support guidelines were regularly reviewed.

There were arrangements in place to address any foreseeable emergency. For example, there were 'grab books' in place for each person. Grab books provided key information about each person which would be needed in the event of an emergency or an admission to hospital. They included 'Things you must know about me,' 'Things which are important to me,' and 'Things I would like to happen.' Evacuations of the home were practised monthly so that people and staff knew what to do in the event of an emergency.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. This meant the provider took action to reduce the risk of further incidents and accidents.

The registered manager explained how staffing was allocated based on how many people had been assessed as requiring one to one support or two to one support and the known needs of the other people using the service. This meant that eight members of staff were on a day shift and four were on a night shift. In addition the registered manager was available to cover any emergencies. The rosters reflected the staffing and skill mix described. Emergencies such as sickness were mostly covered by staff picking up extra shifts. Sometimes cover was provided by staff from other homes run by the same provider. The registered manager told us the home was currently recruiting for extra care workers, as in order to cover all the shifts, staff consistently needed to work extra hours. Wherever possible agency use was avoided as it affected the consistency of care provided for people with very specific needs, which the staff knew well.

There was a recruitment policy in place, which was followed by the registered manager. Disclosure and Barring (DBS) checks were carried out before anyone could be recruited and where possible these were done online as this was the most up to date information. These checks identify if prospective staff had a criminal record or were barred from working with people at risk. Potential staff had to provide two references and a full employment history.

Good

Is the service safe?

Medicines were administered safely by staff who had been trained to do so. Staff had received medication training and epilepsy training in order to administer emergency medicines in relation to seizures. Medication competencies were checked by the registered manager three times a year. We reviewed records in relation to medicines. Medication Administration Records (MAR) were kept for each person. These were all signed appropriately with no gaps. There was a second member of staff signature to witness the administering of medication. Medication stock levels were monitored and recorded on a daily basis by the member of staff administering medication.

Medicines were stored safely in a locked cabinet and temperatures were monitored on a daily basis to ensure medicines were kept at a safe temperature. A full medication history was kept for each person so it was easy to tell at a glance which medicines had been used before and whether they had been effective or had any side effects for the person. Current medicines were listed for each person in conjunction with relevant medicine information leaflets. A selection of medicines from the cabinet were checked and all were within date.

Good

Is the service effective?

Our findings

Relatives told us they were very pleased with their relatives care and support. One relative said "It's a genuine place and I trust them." Observations within the home showed that staff were delivering support according to support plans and that people looked happy and responded to staff. We saw that staff communicated effectively with people, in accordance with their individual plans, in order to provide support and care.

Staff had received appropriate training to deliver the care and support for people living in the home. Records showed that training covered all essential areas such as medication, food hygiene and fire safety. There was also training about person centred support, equality and inclusion and the principles of implementing duty of care. Duty of care means to always act in the best interest of individuals and others and not act or fail to act in a way that results in harm. The registered manager told us he had booked some Makaton training as staff had not received training in this area for some time. Makaton is a language programme using signs and symbols to help people to communicate. Staff had regular supervision meetings and said they felt supported.

People were asked for consent before care and support was provided. Communication support plans made it clear how people communicated so that staff understood when people were consenting. One member of staff supported a person to ensure his view had been fully communicated and understood. Time was taken to ensure his view was fully expressed. Specific information within his support plan described how to check his comprehension to ensure he had understood the conversation. Another person used a PECS (Picture Exchange Communication System) book to make choices. PECS involves an exchange of picture symbols in order to communicate. Support plans included a decision making profile. The profile described how the person liked to be given information, the best way to present choices, ways to help the person understand the information, the best time for them to make a decision and when would be a bad time for them to make a decision. Records were kept about how people liked to make specific decisions such as choosing activities or choosing what to eat. This meant there were systems in place to ensure that people were given the best chance of being able to make a decision for themselves.

Where people lacked capacity to make specific decisions the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. We found that staff had received training in the MCA and were able describe the principles. Mental capacity assessments had been completed which were decision specific. Where people were deemed to lack capacity, appropriate consultation had been undertaken with relevant people such as relatives to ensure that decisions were being made in a person's best interests.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We found that the registered manager understood when an application should be made and was aware of a recent Supreme Court Judgement which widened and clarified the definition of the deprivation of liberty. Relevant applications had been submitted for people.

We spoke with staff who had a good detailed knowledge of people's needs, their preferences, likes and dislikes. Support plans were in place which recorded people's support requirements. These matched what staff told us and our observations. For example support plans gave detailed descriptions under the headings 'what's important to me' and 'how to support me well.' Observations indicated the staff working at this service were exceptional in terms of knowing the people they support, respecting their skills and positive contributions as well as supporting their needs.

Menus were chosen by people on a weekly basis by pointing at pictures of different kinds of food. Staff managed the food pictures to ensure that the overall weekly menu was healthy and balanced. The menus were displayed on a board in the kitchen so people could see what they were going to eat that day. Specialist diets were supported. One person required a gluten free diet and gluten free food was kept available in a cupboard for the person to choose from. Another person had a culturally specific diet which was supported by service. Authentic recipes were cooked by a member of staff. There was plenty of fresh fruit available in the home and people were

Good

Is the service effective?

able to have drinks and snacks when they wanted them. A drinks board was displayed on the wall for people to choose their drinks from. Everyone, including staff and visitors to the home, was encouraged to choose their drinks in this way so that everyone was communicating consistently. One person was very excited that we chose our drinks from this board.

Lunch was a social occasion. On the day of our inspection large portions of tuna pasta and salad were served. The person who required a gluten free diet, was given gluten free pasta which looked the same as the food everyone else was eating. This was important because the person struggled to understand when their food looked different. Two people ate fruit for pudding. One person was eating an apple, smiling and enjoying it. Staff explained that the apple signified the end of lunch to the person. This was important because previously the person would continue to eat until they vomited. The apple signifying the end of a meal helped to keep the person calm and settled.

Health professionals were appropriately involved in people's care. People were taken to see the GP when needed and a speech and language therapist (SALT) had been involved in developing a person's emerging speech. Another person had problems with their teeth which cause them pain. Staff had understood that the person's behaviour indicated pain and had involved a specialist to look at the person's teeth. Psychiatrists and psychologists were involved in people's care where relevant.

Is the service caring?

Our findings

A relative told us that his son was "very happy" living in the home. He said that whenever he's been to stay with family he's ready to go back to the home at the end of the weekend. Another relative said that although her son did not communicate she felt that staff understood his body language and used his responses to understand how he was feeling.

Staff were supportive and caring. We observed people receiving support in communal areas within the home. They interacted in a meaningful way which people enjoyed and responded to. Staff enthusiastically spoke to us about people's likes and dislikes. They described how one person loved water and swimming. When he was supported to go swimming he looked at everything and blew bubbles. This was reflected in both their person centred and support files.

Staff showed that they understood people's personal preferences. One lady, who was a fan of coffee, showed us her room. She had a cup of coffee which she was clearly enjoying and had plans to go out to a coffee shop later that day. Her room was decorated with a coffee theme and colours. She sat on her bed breathing in the aroma of coffee and smiling happily.

Staff showed that they were able to communicate with people and understood their needs. One person was unsteady on their feet and tired easily. He was very excited to be involved in the inspection and at one point staff noticed he was tiring. They encouraged him to go to the sensory room for a while to relax. During our inspection another person became very distressed. Staff knew that he needed to go out for a drive in order to calm down and this was arranged very quickly. On return to the home he was much calmer and settled.

One person was supported to follow his religion. A member of staff was able to speak to him in his language of origin. The staff member said "Though we thought he had limited vocabulary, he is also communicating in Hindu, his own language, singing the songs. We see this as positive learning. He is showing us what skills he has."

Circles of support for people were included in their support plans and included family, care workers in the home and specific friendships within the service. One page profiles were written for people and included topics such as 'what people like and admire about me.' One person looked at his profile with us. He agreed with the elements of his profile which included that he liked to look smart. He showed us the clothes he was wearing as evidence of this.

Positive pictures in people's files reflected their closeness to family and celebrated how important members of their family were to them. There were pictures of family pets and birthday celebrations. Birthday cards were also included. Staff told us it was important to focus on people's skills by helping them to choose the activities they preferred. There were pictures of people doing various activities such as water skiing, horse riding, gardening and cycling and pictures of places people liked to visit such as parks and museums. The pictures showed that independence was supported; for example there were pictures of a person mixing a salad and posting a letter.

The level of involvement in support plans varied according to each person. Each part of the plan included a section entitled 'skills or elements the person can contribute to in this area.' The aim was to maximise the contribution of the person themselves and make the best use of their skills. The plans clearly documented how the person had contributed, for example, looking at pictures of showering or trampolining and indicating their agreement. Staff were keen for people to develop skills and try different ways to achieve their full potential. An example of this was a member of staff who had developed a good relationship with one person (as his keyworker) and his family. This meant the keyworker and the family were able to work as a team to develop his emerging speech and communication skills.

Staff explained how they respected people's dignity by knocking on their bedroom doors before entering and giving people personal time alone in their bedroom whilst monitoring from a distance. Everyone had a sign on their door asking staff to knock and wait for permission to enter the room. We saw staff respecting this and relatives told us they had seen staff respecting this too.

Is the service responsive?

Our findings

Relatives told us they had been involved in the support plans, were kept regularly updated and were involved in regular reviews. Reviews involved professionals involved in the people's care, which meant that support plans included all feedback and advice in a timely way. We found that the home had worked with people through observation, preferred methods of communication and regular evaluation to ensure that support plans were tailored to people's individual preferences.

Before a person joined the service, the home received a full assessment from a social care professional. The registered manager then carried out an assessment called a 'risk consideration record index' and family and support workers were consulted. A formal transition plan was prepared. The records of one person who had joined the service a year and half ago showed that this process had been carried out. From that point a person centred planning file was built up over time using observation, interaction, feedback from family and staff experiences with the person. The registered manager described the person centred planning as a continuous work in progress which is in line with best practice.

Support plans included a range of documents which included person centred planning tools, typical support plans and risk assessment formats. Each support plan file contained personal details, a relationship map, a one page profile, an 'important to me' and 'important for me' page, a typical day, communication plan, decision making profile and decision making agreements, reviews and updated records, person centred review and outcomes plan and a social history. Each person had a person centred plan file in addition to their support file. This combination was powerful in terms of ensuring that people's wishes and skills were recorded as equally important to their support needs and this was echoed by the support observed during the visit.

We reviewed a 'what's important to me' section of the file with a person using the service. He confirmed he likes to see family and friends and he speaks to his mum on the telephone. He said he liked to look smart and confirmed he did indeed like monkeys and his job delivering newspapers. A 'typical day' included all support needs and wishes over a typical day and that included all personal care with a focus on maximising independence. The format of the communication plan made it clear for staff getting to know someone. The format very simply guided staff to acknowledge and respond to communication. For example 'If the person does this or says this, it means this and we should do this.'

The person centred planning review section showed photographs of flip chart paper with everyone's names and included very basic but effective questions 'What's working?' 'What's not working?' One person had said they would like a bicycle. This was a goal which had been achieved and there were pictures of the bicycle and pictures of the person cycling. Progress was charted for each goal and agreed actions put in place to increase independence and how best to support the person to achieve their goals.

We reviewed a person centred planning file with the person. The file was full of pictures and certificates of achievement. It included clear parental involvement, and positive pictures of the person with their friend, who also used the service. There were pictures showing how the person had maximum control when taking medication to be as independent as possible. Staff told us the pictures were included to remind the person how far they had come.

The registered manager told us that one person was regularly supported to go to Aldershot where there are a huge number of culturally specific shops. Staff said the person liked to go to the hairdresser there and choose sweets. They planned to take the person to the cinema in Aldershot to see a cultural film. In relation to another person, staff described how one person's behaviour had improved once they started music therapy and that they regularly supported the person to receive music therapy. The home had a sensory room which was regularly used and which could also be converted to a cinema room. Staff described how one person enjoyed watching cartoon films and they had observed how his language related to characters in the films. Activities displayed on the noticeboard in the home included going for a walk, going to the pub, trampolining, paper folding and going to a night club. One person had gone horse riding for the first time in their life two months ago and staff reported that they had really enjoyed it. The home had an exercise bike which some people enjoyed using.

The registered manager was able to explain how, even in a group setting, individual needs were catered for. For

Is the service responsive?

example, one person liked to see the whole week's menu on display in the kitchen because they knew the days of the week, but for another person displaying all the days at the same time was confusing, there were plans in place to put a frame around the day to show the here and now for the person. Everyone had a predictable timetable to support their need for understanding what was happening next. This was in line with best practice for people with autism. Each timetable was person centred according to needs and wishes.

Relatives told us they knew how to complain, but had not found this necessary as they were happy with the service and had regular contact with the service about any updates or concerns in relation to their relative.

Is the service well-led?

Our findings

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the manager who, they told us, always listened and responded. One member of staff said "This is the best and most open home I have worked in, I know I will be listened to." Relatives told us they had a good relationship with the registered manager whom they respected. The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in his role.

Staff told us they were aware of their roles and responsibilities. These were displayed on the notice board and discussed with staff during regular supervision meetings. There were regular staff meetings with standard agenda items such as safeguarding, infection control and training. Staff or the registered manager were able to add anything further they wished to discuss under 'any other business.' The minutes of the last meeting showed, for example, that supervision, allocations and money management had been discussed under this heading. Staff signed to say they had read and understood the minutes. The registered manager described how sometimes brainstorming sessions were held during staff meetings. This ensured that all staff were given the opportunity to contribute towards problem solving and decision making.

An annual service review involved sending feedback questionnaires to family, professionals and staff. Feedback from staff included asking them about the culture of the home, if they felt involved in decision making about the service, did they have the capability and capacity to do their job, did they feel protected from risk and did they feel confident to raise conflicting issues. Positive feedback was received from all parties and an action plan was developed which included feedback from the questionnaires. This included explaining to parents the meaning of the person centred planning meetings and investigating the possibility of having a pet in the service.

Staff received feedback from people on a daily basis through observation and interaction. Staff responded to people's changing needs and wishes as they became apparent to ensure that people were at the heart of decision making.

The registered manager was aware of key strengths and areas for development for the home and had prepared a service development plan, categorised into green, amber and red. The plan included reviewing incident and accident forms, updating menus and including new photos of food, obtaining travel cards for people and requesting a greenhouse for the service. Some of the items had been completed and others recorded where actions had been taken but the outcome was not yet complete. The improvement plan had been developed as a result of regular quality assurance audits carried out by the registered manager.

Incidents and accidents were recorded and responded to appropriately. Records showed that incidents were followed up and investigated where necessary. Actions which needed to be taken as a result were cascaded to staff in team meetings and, where necessary, support plans and other records were updated. This meant the registered manager was monitoring incidents and accidents and taking action in order to drive improvement. There was also an online system maintained by the provider which meant that incidents could be analysed for trends on a provider basis and that senior management were informed in a timely way in order to take any actions which may be required provider wide.

Handovers between each shift were detailed and records were kept of these to ensure safety to people and continuity of care. The handovers were used as a checking process and each aspect was signed off. Areas which were monitored in this way included cleaning the fridge, checking food to ensure it did not go out of date, checking window locks, ensuring the medicines stock control was completed, ensuring health and safety records were completed, handing over keys to the medicines cabinet and the fridge and freezer. Support plans were also formally handed over to the new shift.