

Voyage 1 Limited

Gorse Hill

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an inspection of Gorse Hill on 19 and 20 January 2015. The first day was unannounced. We last inspected Gorse Hill on 20 January 2014 and found the service was meeting the current regulations. However, during this inspection we found the care home provider was required to make improvements in the following areas: taking appropriate action following a safeguarding incident and notifying the commission of incidents in a timely manner. We also made a recommendation about the development of suitable activities.

Gorse Hill provides accommodation and personal care for up to ten people with a learning disability. The home is set in its own grounds and is located near to local amenities. All accommodation is single occupancy, with some rooms taking the form of a small flat, with kitchen, living and bathroom areas. All bedrooms have an ensuite bathroom.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

All staff spoken with were aware of the procedures in place to safeguard people from harm. However, a recent incident in the home had not been reported to the local authority under safeguarding procedures. We also found there was no evidence to demonstrate how this incident was being investigated. An alert was made following our inspection.

We found the arrangements for managing people's medicines were safe. We found accurate records and appropriate processes were in place for the storage, receipt, administration and disposal of medicines.

As Gorse Hill is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate information was available on the Mental Capacity Act 2005 (MCA 2005) and two applications had been made to the local authority for a DoLS. Staff had completed training and had a working knowledge of the MCA 2005.

We found staff recruitment to be thorough and all relevant checks had been completed before a member of staff started to work in the home. Staff had ongoing opportunities for training and there were systems in place

to ensure staff completed the training in a timely manner. Whilst people's needs were met, on the first day of our inspection there were fewer staff on duty than the provider's usual level of staffing.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

All people had a detailed care plan which covered their needs and any personal preferences. We saw the plans had been reviewed on annual basis, however, we found the keyworker monthly reviews were not always completed. This meant there was the potential for not picking up small changes in people's needs and wishes.

We observed an inconsistency in the caring approach by staff. One person told us they were concerned they did not always receive the one to one time they were funded for. This meant there was the potential for this person's needs not to be fully met.

Whilst there were systems in place to assess and monitor the quality of the service, we found the arrangements in place to manage the service required improvement.

Our findings demonstrated a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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 not consistently safe. Whilst all staff spoken with had a clear understanding of safeguarding, we found at the time of the inspection, there was no evidence to demonstrate an appropriate response had been made to a safeguarding incident in the home. We also noted the staffing levels did not always meet the provider's expectations of five staff on duty.

We found suitable arrangements were in place for managing medication and the way new staff were recruited was safe as thorough pre-employment checks were carried out before they started work.

Requires Improvement



Is the service effective?

The service was effective. People were cared for by staff who were well trained and to give care and support to people living in the home.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people's rights were protected.

People told us they enjoyed the meals served in the home and confirmed they had access to healthcare services as necessary.

Good



Is the service caring?

The service was not consistently caring. Whilst people told us the staff were supportive, we found one person was concerned they didn't receive the one to one time with staff they were funded for. This individual time was important to meet the person's emotional and social needs.

People's privacy, dignity and independence was respected and promoted.

Requires Improvement



Is the service responsive?

The service was not consistently responsive. Whilst people told us they were involved in the annual review of their support plan, we noted monthly keyworker reviews had not always been completed. This meant there was the risk of the people's support plans not reflecting their current needs and wishes.

We also found not all people benefitted from community activities and one person had not left the home for six weeks. This meant there was the potential of this person's social needs not being met.

Requires Improvement



Is the service well-led?

The service was not consistently well led. Whilst there were systems in place to monitor the quality of the service, we found improvements were needed in the management of the home to ensure people were protected against the risks of unsafe or inappropriate care.

Requires Improvement



Summary of findings

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| <p>We also noted there was a failure to notify us of an incident in the home in line with the current regulations.</p> | |
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Gorse Hill

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 19 and 20 January 2015 and the first day was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications. We also asked for feedback from the local authority contracts unit.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with ten people who used the service. In addition we spoke with the registered manager and five members of the care team. We also discussed our findings with the operations manager.

We looked at a sample of records including three people's support files and other associated documentation, two staff recruitment files, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits.

Throughout the inspection we spent time in the home observing the interaction between people living in the home and staff.

Is the service safe?

Our findings

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received regular safeguarding training and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff also had access to internal policies and procedures and information leaflets published by the local authority.

However, during the inspection a person living in the home told us a member of staff had recently acted inappropriately and they were distressed by this at the time of the incident. We discussed this allegation with the registered manager during the inspection and we were told the incident was being investigated. Following the inspection we were sent a copy of the incident form, which had been completed by another member of staff. However, we confirmed with the operations manager shortly after the inspection, that there was no evidence of any action taken to investigate the circumstances of the incident and no evidence a safeguarding alert had been raised at the time of the incident. This meant an appropriate response had not been made to an allegation of abuse. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We were concerned about this situation and raised a safeguarding alert with the local authority. We also received an alert from the service following the inspection.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people's care 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 support plans that the risks had been identified for all aspects of people's needs. Examples of risk assessments relating to personal care included, behaviours which challenged the service, using the community and kitchen safety. Other areas of risk included fire safety and the use of chemical substances had been assessed. There was documentary evidence of control measures being in

place and any shortfalls had been identified and addressed. This meant staff were provided with information about how to manage individual and service level risks in a safe and consistent manner.

We looked at how the provider managed the safety of the premises. We found regular health and safety checks had been carried out on the environment. For instance, water temperatures, emergency lighting and the fire systems. The provider had arrangements in place for the ongoing maintenance and repairs.

We looked at how the service managed people's medicines. All people spoken with told us they received their medicines when they needed them. Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. We saw records of the staff training and competency tests during the inspection. Staff had access to a set of detailed policies and procedures which were readily available for reference.

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. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date. There were no controlled drugs prescribed at the time of the inspection.

We looked at two new staff member's files to assess how the provider managed staff recruitment. We found the staff had completed an electronic application form and had attended the home for a face to face interview. Appropriate checks had been carried out before staff commenced working in the home. 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. New staff completed a six month probationary period during which their work performance was reviewed at regular intervals.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. We discussed the staffing levels with people

Is the service safe?

living in the home, the registered manager and staff. One person told us they did not always receive their one to one time and staff told us there had been issues with the number of staff on duty during November and December 2014. They said this was easing with the recruitment of new staff who had recently started work in the home. The registered manager showed us a staffing tool, which demonstrated the home had been operating below the usual level of staff expected by the provider. The registered

manager explained this had impacted on the provision of care and tasks had to be prioritised during this time. Whilst people's needs were met, we observed on the first day of our visit there were three staff and a new member of staff on the evening shift which was below the provider's expectation of five members of staff. In addition to supporting people living in the home, the staff on duty also had to carry out the cooking and cleaning tasks.

Is the service effective?

Our findings

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. One person told us the staff were "very good" and another person told us the staff were "nice." All staff had undergone an induction programme when they started work in the home and received regular training, defined by the provider as mandatory. From the training records seen we noted staff received regular training in areas such as safe handling of medication, fire safety, food hygiene, health and safety, safeguarding and the Mental Capacity Act 2005. Staff also completed specialist training on non-violent crisis intervention. The latter focuses on prevention and offers strategies for safely defusing behaviour which challenges others and the service. The staff training was delivered both on the computer and face to face. The registered manager had systems in place to ensure staff completed their training in a timely manner. All staff spoken with told us the training was useful and beneficial to their role.

The induction training took account of recognised standards from Skills for Care and was relevant to the staff's workplace and role. New employees also completed a company induction programme to ensure they understood the organisation's policies and procedures and expected conduct. New staff were usually allocated a mentor and shadowed more experienced staff to enable them to learn and develop their role. We found this had been arranged on an informal basis by the senior staff working in the home.

Staff spoken with told us they were provided with formal 'supervision' meetings with their line manager. This provided staff with the opportunity to discuss their responsibilities and the care of people in the home. However, when we checked the staff records we found one member of staff had received three supervisions but another member of staff had only received one supervision during 2014. We also noted the deputy manager had not received a supervision since May 2014. This meant staff did not have regular opportunities to discuss their work performance, personal development and to review the way they met people's needs. The registered manager told us she was aware of this shortfall and said she had a plan in place and wanted to focus on this area in the next month.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people

who may lack mental capacity to make decisions are protected. We noted there was information displayed on a notice board in the office about the MCA 2005. According to records seen the staff team had completed training on the principles associated with the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. Staff spoken with had an understanding of MCA 2005.

The registered manager told us two applications had been made to the local authority for a DoLS. We noted all relevant documentation had been completed and the registered manager was waiting for authorisation from the local authority. These arrangements meant the registered manager was acting in a way which protected people's rights under the MCA 2005.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person told us, "The food is very good; there is always plenty to eat." The menu was prepared and chosen a week in advance by people living in the home and food was purchased from local supermarkets. The menu had been colour coded to ensure people were eating a healthy diet. People were offered a choice in meal time as well as a salad option. We noted people were supported with eating their food as necessary. We saw in the care plan documentation that any risks associated with people's diets were identified and managed as part of the care planning process.

The premises were designed to promote people's privacy, dignity and independence. Accommodation was arranged on two floors in single occupancy rooms. All rooms had an ensuite bathroom facility and some included lounge and kitchen areas. People could choose to spend time alone or with others in the lounges. The home is set in its own grounds and people were able to use the gardens in fine weather.

We looked at how people were supported to maintain good health. Records we 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 book, which provided an overview of current and past medical conditions, weights and healthcare appointments. People were given support

Is the service effective?

to attend appointments and were given the option to speak to healthcare professionals in private. From our

discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Is the service caring?

Our findings

People spoken with told us the staff were supportive towards them. One person told us, “Staff are alright, they help me if there is anything wrong”. Our observations showed us there were mainly positive interactions between people living in the home and the staff supporting them. We saw the staff members engaged with people, talking about things people were interested in and liked doing. They encouraged people to engage in conversation and to make choices for instance in what they had for meals. However, we also observed a lack of consistency in the caring approach of staff. Although staff had purchased and signed a birthday card for a person living in the home, this had still not been given to the person by the early evening. A member of staff noticed this, but left the card in the office. This demonstrated a lack of thought and consideration for the person who had their birthday that day.

One person told us they were concerned they didn’t always get the individual time with staff they were funded for. They said they missed not having this staff support as they enjoyed doing tasks alongside staff and liked to go out as well as sit and talk to staff. We checked the person’s daily care records and found there were many occasions where there was no reference to the person’s daily one to one time with staff. This meant the person was not receiving the full care and support required to meet their needs.

People told us they had a keyworker, who got to know them well and made sure they had everything they needed.

People said the routines were flexible and they could make choices about how they spent their time. People told us they could get up and go to bed in line with their own preferences.

People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

People were encouraged to express their views as part of daily conversations, residents meetings, customer satisfaction surveys and care plan reviews. However, we noted from looking at the minutes of residents meetings the last meeting had taken place in October 2014.

People’s privacy was respected. Each person had a single room which was fitted with appropriate locks. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about the philosophy of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting.

We observed staff encouraged people to maintain and build their independence skills. For instance, one person was supported to make drinks in their kitchen and another person told us they were due to start preparing food in their flat.

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. Two people living in the home received support from an advocate. People were given appropriate information about their care and support.

Is the service responsive?

Our findings

We looked to see if people received personalised care. An assessment of people's needs was carried out by two managers prior to them moving into the home and they were invited to visit 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 that information for the assessment 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 plan was continually reviewed in line with the person's wishes. We spoke with a person who had recently moved into the home and they told us they had enjoyed visiting prior to moving in.

People spoken with confirmed they had been consulted about their care needs, and had been involved in the support planning process. 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 each person and how they could best be supported. We found the support plans were very detailed and provided clear information about people's needs and preferences.

We saw documentary evidence to demonstrate people's support plans were reviewed annually. One person told us their review focussed on what was working and not working so adjustments could be made to their service. However, we found monthly keyworker reviews had not been consistently completed throughout 2014 and we found one review had been undertaken without the person being involved. This meant there was the risk of people's support plans being out of date and not reflecting their

current needs. We also saw one review which described the person's needs in an inappropriate manner. It is important to refer to people's needs in a respectful way to promote and protect their dignity.

We discussed the arrangements for activities, with people living in the home, the staff and the operations manager. One person told us they had recently been supported by two members of staff to visit New Zealand for three weeks and another person told us they enjoyed volunteering at a local charity shop. We found one person had an activity planner, which meant they frequently went out the home to use local community facilities, however, two staff spoken with felt this was often at the detriment of other people living in the home. We checked the support plan and daily notes for one person and found that although their one page profile indicated that it was important for them to have individual time and more activities in the community, their daily care notes demonstrated they had not been out of the house for six weeks. This meant there was a risk this person's social and emotional needs were not being met.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The procedure was displayed in an easy read format on a notice board for people's reference. The provider also operated a "See something, Say something" card which people could complete and send to head office if they didn't wish to raise issues in the home. There was a record of complaints and one recorded complaint which was about another service. We noted an investigation report had been compiled in response to the complaint.

We recommend that the service seek advice and guidance from a reputable source, about the development of suitable meaningful activities for people living in the home.

Is the service well-led?

Our findings

The service was led by a manager, who was registered with the Care Quality Commission. During our visit staff spoken with raised concerns about the management of the home and told us they had previously brought issues to the attention of the registered manager, but they felt no action had been taken. This meant staff did not feel confident appropriate changes would be made. We were informed by the operations manager that these issues were being investigated. We discussed the key challenges for the service with the operations manager. They told us they wanted to establish strong leadership and management; improve staff communication and continue to improve the staffing levels.

From talking to one person we were aware of an incident in the home, which had not been reported to the local authority under safeguarding procedures. We had also not been notified of the incident in line with current regulations. This is a breach of Regulation 18 (1) (2) (e) of the Care Quality Commission (Registration) Regulations 2009.

Staff were aware of the whistle blowing procedures and were supported to raise concerns about practice. Staff were given information on these procedures in the staff handbook.

People and their relatives were given the opportunity to complete an annual customer satisfaction questionnaire. We looked at the collated results and noted people's relatives had provided positive feedback on the service. For

instance one relative had written, "My relative is content and happy at Gorse Hill and all the staff do a wonderful job. They should be highly commended." We also noted a social worker had made complimentary comments about the service. Actions plans had been put into place to address any suggestions for improvement.

People living in the home were also invited to meetings, however, according to the records seen the meetings scheduled for November and December 2014 did not take place. This meant people had not had the opportunity to express their views on the service in a formal setting.

There were a number of quality assurance systems in place to assess and monitor the on-going quality of the service. These included audits carried out on a daily, weekly, monthly, quarterly and annual basis. These encompassed all aspects of the operation of the home for instance medication, staff training and health and safety and included action plans in order to address and resolve any shortfalls. The actions were transferred onto a consolidated action plan, which was one action plan for the home so they could easily be monitored. We tracked an action identified on an audit through to the consolidated action plan to make sure the system worked in practice.

The home was also subject to external quality checks by representatives from the organisation. We saw a recent audit undertaken and noted there were actions for the registered manager to address. The operations manager visited the home on a regular basis and compiled a detailed report of their findings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

How the regulation was not being met:

The registered person had failed to make an appropriate response to an allegation of abuse. Regulation 11 (1) (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

How the regulation was not being met: The registered person had failed to notify the commission of an incident in the home in a timely manner. 18 (1) (2) (e)