

Voyage 1 Limited

Calvert House

Inspection report

Mill Lane
Leyland
Lancashire
PR25 1HY

Tel: 01772459978
Website: www.voyagecare.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Calvert House is a purpose-built residential home providing personal care and support for up to eight people, with acquired brain injury, mental health support needs and learning disabilities. At the time of inspection there were five people living in the home. There were eight self-contained units, people had a bedroom, living area and bathroom. Six units also had a small kitchen area. There was a communal lounge and large kitchen and gardens.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service and what we found

Safeguarding policies and risk management procedures helped protect people from the risk of harm and abuse. Medicines were safely managed stock checks had not been accurate in the past, this had been addressed by the new manager before the inspection. Staff had been recruited safely. Enough staff were on duty. There was a system to ensure safe staffing levels were maintained.

People's needs had been assessed and plans of care developed to meet these. People were supported by staff who had received training and support to fulfil their roles. People's nutritional needs had been met, however menus reviewed showed very repetitive meals with limited nutritional value. This was in the process of being addressed. People had regular access to health professionals with support if they preferred this. People's ability to make decisions had been properly considered and recorded. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way

possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who understood how to support people respectfully. People were supported to maintain and develop their independence. Some people were actively preparing to move in to more independent accommodation in the community.

People received person centred care which was responsive to their needs. Care records included details about people's experiences and lifestyle choices. Staff were respectful of people's choices and had received equality and diversity training. People's care needs were kept under review and updated in response to change. People were supported to engage in activities they valued.

The service had clear values and a commitment to providing high-quality, person-centred care. Staff were clear about their roles and the standards expected of them. Staff felt valued by the management team. Governance systems were in place to monitor the quality of care provided and records maintained. Regular team meetings and partnership working with the wider organisation ensured people were kept informed. People were able to provide their views on the care they received through a variety of formats.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was Good (Published 11 January 2019)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Calvert House

Detailed findings

Background to this inspection

The 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.

The inspection team

This inspection was carried out by one inspector.

Service and service type

Calvert house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. There was a manager in post who had applied to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager, deputy manager a senior and a support worker. We spoke with two people

living in the home. We also spoke with the operations manager and quality lead. We reviewed the care records for three people, the medicines records for three people and staff recruitment records for two staff who had been employed since the last inspection. We reviewed a sample of records relating to team meetings, audits, training and supervision.

Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had been supported to manage the risks in their daily lives. Staff told us risk assessments were available in the office for them to refer to. The risk assessments had been thoroughly completed and reflected good practice in relation to positive risk taking.

Systems and processes to safeguard people from the risk of abuse

- People had been protected from the risk of abuse by an effective safeguarding policy. Staff knew how to recognise a concern and how to report this. A recent safeguarding concern had identified financial abuse. The service had changed the way they checked people's monies to minimise future risks.

Staffing and recruitment

- Staff had been recruited safely with all necessary checks being completed before they started work. People told us there were enough staff to support them. Staff told us they had enough time to support people safely. We saw staffing was adjusted in response to peoples' needs and wishes.

Using medicines safely; Preventing and controlling infection

- Medicines continued to be managed safely. The manager had identified a weakness in the stock checking system and addressed it.
- People were protected from the risk of infection by staff who had received appropriate training. Gloves, aprons and hand washing facilities were available throughout the home. The home was clean and tidy. Some refurbishment of vacant rooms was in progress.

Learning lessons when things go wrong

- Incidents and accidents had been recorded and investigated.
- The service had a system for reviewing incidents to learn lessons. The manager had identified concerns and addressed them. This minimised the risk of them happening again in relation to finances and medicines.

Is the service effective?

Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcome and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good at this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to admission and plans of care developed which provided clear information and guidance for staff. People had been involved in their own assessments.
- Some people needed support should they experience distress to minimise the risk of harm to themselves or others. The service had clear plans in place which reflected good practice guidelines.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink. Some people prepared their own breakfast and lunch but staff prepared a main meal in the evening. Menus appeared to be repetitive, the manager told us they were under review at the time of inspection to offer people good nutrition. At the time of inspection no one had a modified diet. People who needed alternatives due to cultural or lifestyle choices had been supported.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

- The service provided a comprehensive induction programme for new staff. Ongoing training was kept up to date.
- The staff worked with other agencies, including community-based health professionals and local learning disability teams to ensure consistent good practice. One person told us 'Staff understand my needs and help me walk twice a day. They follow the plan developed by my physiotherapist.'

Supporting people to live healthier lives, access healthcare services and support

- People were supported to establish their own health care goals and offered support to achieve these.
- People were referred to other professionals when required.

Ensuring consent to care and treatment in line with law and guidance

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 they 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service had applied for appropriate authorisation to deprive people of their liberty. At the time of inspection two people had a DoLS in place.
- People's consent was sought by staff prior to providing any care. Staff had received training on understanding mental capacity and decision making.
- People had decision making profiles included in their care records which ensured they had the right support to make decisions. Where people had not been able to make a specific decision the service had ensured decisions had been made following best interest principles.

Adapting service, design, decoration to meet people's needs

- The home was purpose built with eight units, each person had their own room, bathroom and a living area. Six out of the eight units had their own kitchen area.
- People's units reflected their taste and preferences.
- There were additional accessible bathing facilities in the home.

Is the service caring?

Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring staff. People's lifestyle and equality needs had been identified in their care records. Staff knew what was important to people in relation to their equality needs and the support they might need to maintain them.

Supporting people to express their views and be involved in making decisions about their care

- Decision making profiles in care records ensured people were supported to make decisions about their care.
- Effective communication guides provided clear guidance to staff about how each person communicated. For some people who could not always directly express themselves there were guides which included details of what they might say and what they usually meant.
- In addition to regular conversations, easy read versions of questionnaires and surveys ensured people could express their views.

Respecting and promoting people's privacy, dignity and independence

- The provider had a commitment to protecting and promoting dignity and respect. Staff had received training around the principles of dignity in care. Staff understood how to recognise when a person might be distressed and needed support to manage their feelings and responses.
- The service was designed to promote independence; each person had their own living space and the majority had a kitchen area in their living room. Each person had their own independence goals and had support to achieve them. One person said, "I like it here, it is better than the care home because they will get me out and walking. I will be able to be more independent."

Is the service responsive?

Our findings

Responsive - this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive personalised care that was responsive to their needs. Care records were person centred. People had been involved in reviews of their needs and were able to set their own goals. Where people needed support to participate in care planning this had been provided.
- People's preferences, lifestyle and histories had been considered and reflected in their care records. Staff said this helped them understand the person's previous experiences.
- People could decide how to spend the day in the home, when to get up and when to eat. Staff respected people's choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Visitors were always welcomed, people told us their family and friends visited.
- Care records identified people's important relationships and the support they needed to maintain them. A variety of activities including trips to local shops, cinema and pubs had been arranged.
- Some staff felt there were not enough activities for people because there were limited funds available and these were mainly used to cover staff expenses. One person we spoke with said, "It would be better if I could go out more. I am hoping to go out today."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had met this standard, people's communication needs were clearly identified, information about the service and surveys/questionnaires were available in an easy read format and could be provided in large print if required.

End of life care and support

- At the time of inspection no one was identified as having end of life needs. The provider had a policy to support people to remain at the home if possible.
- The manager said they had some links with the local hospice and could access community-based health services when necessary.

Improving care quality in response to complaints or concerns

- There was a complaints procedure, people told us they were able to raise their concerns.

Is the service well-led?

Our findings

Well-led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider had clear values and a commitment to providing high-quality care. Staff were clear about their roles and what was expected of them. The providers values and standards were included in staff induction and training.
- Staff felt valued by the management team. One staff member said, "Management is fantastic, they set the tone. If we have any problem they will help us."
- The provider had a robust quality and auditing system in place to ensure the quality of care provided remained consistent.
- The new manager had identified and addressed issues which had arisen, including issues relating to medicines and monies. Any practice issues identified were shared with staff through team meetings and group discussions to ensure lessons were learned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a complaints procedure which included responding openly to people when they complained and apologising when necessary.
- The provider had informed appropriate authorities of any reportable incidents, including; safeguarding and serious incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were invited to share their views on the service through questionnaires and surveys. There were regular meetings and a service user forum. Staff felt able to share their views.

Working in partnership with others

- The new manager was working with partner organisations to achieve positive outcomes for people and to share skills and knowledge. These included; Headway for people with acquired brain injuries, an autism forum and learning disability services.