

Voyage 1 Limited

Highfield Farm

Inspection report

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Date of inspection visit:
22 May 2017

Date of publication:
28 June 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 22 May 2017 and was unannounced, which meant no-one at the service knew we would be visiting.

Highfield Farm is a care home for young people with a learning disability and/or autistic spectrum disorder. It can accommodate up to seven people in the main house and another three in individual bungalows on the same site. At the time of our inspection there were 10 people living in the home.

The service did not have a registered 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 and associated Regulations about how the service is run. A new manager had commenced in post the week prior to the inspection. It was their intention to register as manager of the service.

The service had been in breach of regulations since an inspection at the service on 20 October 2015. The service was last inspected on 1 and 9 November 2016. At the last inspection we found the service was not meeting the following regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 17 Good governance and regulation 19 Fit and proper persons employed. A requirement notice was issued for regulation 19, Fit and proper persons employed and a warning notice for regulation 17 good governance. At this inspection, we checked and found improvements had been made to meet regulations. The registered provider must now maintain those improvements to ensure a consistently good service is offered to people who use the service.

Our observations of the interactions between people and staff identified people were comfortable in the presence of staff and in our discussions with them no-one raised concerns about their safety. People told us and we found the service provided good care and support. People told us and we found staff to be caring, kind and that they respected their choices and decisions.

Staff we spoke with were knowledgeable regarding safeguarding vulnerable adult's procedures and were able to explain the action required should an allegation of abuse be made.

Care records reflected the care delivered to people and the care and support they described to us. Those records incorporated relevant risk assessments in regard to people's health, safety and wellbeing. Staff were familiar with the information about how to meet people's needs, showing they knew people well.

There were sufficient staff to meet people's needs and provide a regular team of care staff to people who used the service and recruitment information in place showed staff were suitable to work with people who used the service.

Medicines were stored and administered safely. The systems for monitoring medicines ensured medicines

were given as prescribed.

There was a programme of training for all staff to enable them to have the qualifications, skills and knowledge to understand the care and support required for people who used the service. Staff received supervision and appraisal.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were met and the mealtime experience had been improved with the offering of a choice of desserts with meals.

Staff were aware of the values of the service and knew how to respect people's privacy and dignity. Reducing the number of beds the service could accommodate had assisted with this, by ensuring private space was available when needed to ensure people's confidentiality.

We found where concerns were raised these were listened to and acted on.

Systems in place for monitoring quality and compliance with regulations were effective.

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.

There were systems in place to make sure people were protected from abuse.

There were systems in place to assess and manage risks to keep people safe and prevent avoidable harm, including the management of medicines.

There were sufficient staff to provide a regular team of care staff and all the required recruitment information and documents were available for staff.

Is the service effective?

Good ●

The service was effective.

There was a programme of training, supervision and appraisal for all staff to ensure they had the skills required to support people who used the service.

The service was compliant with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported with their dietary and healthcare needs.

Is the service caring?

Good ●

The service was caring.

Staff were aware of the values of the service and knew how to respect people's privacy and dignity. Staff knew people well.

Our observations and discussions with people told us they were happy with the care and support they received.

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

Is the service responsive?

Good ●

The service was responsive

People's health, care and support needs were assessed and choices and preferences discussed with people who used the service.

People had access to activities that were provided both in-house and in the community.

We found when concerns were raised they were listened to and acted on.

Is the service well-led?

The service had not been consistently well-led.

The service did not have a registered manager.

Effective governance systems were now in place to ensure regulations had been met and that the service improved. The service now have to maintain consistency in providing the good quality service to people and meet regulations.

Requires Improvement 

Highfield Farm

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 22 May 2017 and was unannounced. This meant no-one at the service knew we were coming. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed information we held about the home. This included correspondence we had received about the service and notifications required to be submitted by the service.

We asked the registered provider to complete a provider information return (PIR) which helped us prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also contacted commissioners of the service and Healthwatch to obtain any relevant information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with two people who used the service. We spoke with three care staff, the manager, the operations manager, peripatetic manager and the service optimisation manager. We examined three people's care files and associated records, such as health action plans and financial transaction records. We also examined the systems used to manage people's medicines. We examined three staff recruitment files and staff training, supervision and appraisal records. We also looked at the quality assurance systems, such as audits to check if they were robust.

We spent time observing care in communal areas to help us understand the experience of people who used the service.

Is the service safe?

Our findings

We checked and found the registered provider had made improvements following our inspection in November 2016 when we issued a warning notice for a breach of regulation in relation to good governance, in respect of having systems and processes in place that protected people from bullying, harassment, avoidable harm and abuse that may breach their human rights.

People told us they felt safe and happy living at Highfield Farm and this was supported by our observations. We saw people were relaxed in the company of staff and there were friendly and respectful interactions between them.

At our last inspection we raised concerns that people did not understand about bullying or being safe. The registered provider had taken steps to address this by discussing those topics with people individually and at house meetings, differentiating the content to help meet everyone's communication needs. Information was available about bullying in an easy read format for people.

The registered provider had policies and procedures in place to guide staff practice in keeping people safe. Staff we spoke with had a clear understanding of the procedures in place to safeguard vulnerable people from abuse and were knowledgeable on the procedures to follow. Staff also knew how to recognise and respond to abuse correctly. Staff members told us if they had any concerns they would report it immediately and were confident they would be dealt with.

Notifications we had received showed staff at the service knew how to respond to safeguarding concerns. This meant the provider's safeguarding policies and procedures had been followed and effective systems were in place to protect people from bullying, harassment, avoidable harm and abuse.

The service had made improvements in the systems and processes in place to demonstrate how much people who used the service were required to pay for and what they could expect from the service by providing clear information within people's contracts. In addition, the management of monies was much clearer and demonstrated staff now understood what people should and should not pay for. Where it had been identified people had paid for products that were supposed to be included in their contract, this money had been reimbursed.

Also, the monies raised for people who used the service was now to be managed through a committee of relatives who would hold that bank account.

We checked and found the registered provider had made improvements following our inspection in November 2016 when we issued a warning notice in respect of the governance arrangements in place to ensure risks to people were managed, so that people were protected, whilst at the same time respecting and supporting their freedom.

Servicing and checks of the environment were carried out to ensure people's safety. These included

legionella, fixed electrical wiring, fire safety and waste management and gas. Where these required attention the service's quarterly audit had identified any improvements necessary and an action plan implemented to address those improvements.

Staff told us the fire alarm was tested every week on a day when one person who used the service who does not like loud noises was away from the building.

We saw risks to people were appropriately assessed, managed and reviewed, for example, behaviour that challenged. Risks were assessed using a matrix to determine the level of risk by assessing the likelihood and outcome. These were then rated as red, amber or green. Risk assessments contained guidance for staff to follow to reduce the identified risk.

On this inspection we found a system in place to analyse themes and trends from any accidents and incidents associated with those risks and that this was shared with staff at team meetings.

We checked and found sufficient numbers of suitable staff were on duty to keep people safe and meet their needs.

We saw staff were always visible and available for people. Where people had one to one support, the staff member was mainly within a few feet of the person and other staff did not distract them from these duties.

There was mixed feedback regarding staffing levels and whether there were enough staff to meet people's needs from both a person who used the service and staff. The person who used the service said, "Some days, yes, some days, no." Staff comments included; "They always make sure we've got safe numbers", "We've always made sure we've had enough staff" and "It's quite difficult at the moment with staff on sick."

One staff member said, "We've got a lot of agency at the moment. It seems be normal, regular agency." Another staff member said the same agency staff were normally used.

The service's general risk assessment for safe working numbers identified that when everyone was present at the service this was six members per shift during the day and two waking night staff. This had been reviewed since the last inspection. Two of those staff members were utilised during the day to provide one to one care for two people who used the service. The quality optimisation manager told us the expectation was that they worked with an additional member of staff so that people who used the service received their individual contracted one to one hours and in addition, that if a member of staff was unable to work there was a contingency to enable safe working numbers.

We examined two weeks staff rotas and found the numbers of staff required by the service's general risk assessment were met. The staff rotas identified the use of agency staff was reducing with new staff being appointed and some members of staff returning to work. This was confirmed by the quality optimisation manager, who also confirmed what staff had told us in that they always tried to obtain the same agency staff, so that people who used the service had some consistency.

At the last two inspections we issued another requirement notice for regulation 19, fit and proper person's employed, because all the required information for staff before they commenced employment continued not to be in place. The registered provider submitted a further action plan identifying the action they were going to take to improve the systems in place to meet the regulation. This included a review of all staff files and workshops with managers and deputies to ensure they are aware of the recruitment process and documentation required to assure compliance.

We inspected the recruitment process for three members of staff and found the action taken by the registered provider had been effective and the process was now safe. We found full information and documents in place to demonstrate compliance with regulations. For example, the registered provider had ensured satisfactory conduct at previous employments concerned with health and social care and/or vulnerable adults and/or children and had carried out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. The identity of staff members had been verified using relevant records and staff only commenced employment once these checks had been completed. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We looked at the management of medicines and found systems in place were effective which meant this process was safe.

Staff responsible for the administration of medicines had received relevant training and their competency had been checked within the last 12 months.

The storage of medicines was safe as these were kept in a lockable cabinet. A daily record of the room temperature had been kept which showed medicines were stored at appropriate temperatures.

One person we spoke with confirmed they received their medicines as prescribed. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person had been dispensed by the pharmacist into individual trays in separate compartments, for when they were required to be administered during the day.

We looked at the medication administration records (MARs) for three people and found these were fully completed. Where people had refused their medicines, this was recorded. We found the stock held matched the amount of outstanding medication recorded on people's MARs. There were no gaps in the recording, which meant people received their medicines as prescribed.

We looked at the management of topical creams and ointments and saw records showed people received these as prescribed. Some medicines were prescribed for use 'as and when required'. We saw records which demonstrated under what circumstances PRN medicines should be given which meant people were protected from the unnecessary use of medicines.

At the time of our inspection no one living at this service was prescribed controlled drugs.

Care plans we looked at showed people had regular medication reviews.

Is the service effective?

Our findings

We checked and found people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

When we spoke with staff they told us they received relevant training and felt competent in their role, such as autism awareness, epilepsy and the management of actual or potential aggression (MAPA). Staff we spoke with confirmed their knowledge was tested following training to ensure they had a satisfactory understanding of the subject.

The registered provider predominantly used e-learning to train staff, but face to face training was provided in some areas. The service used a training matrix to monitor the training staff had received, when training was due for renewal and to identify where staff needed further training.

The range of training provided covered a number of topics including allergen awareness in care, autism, diabetes, epilepsy, equality and diversity, fire safety, first aid, food safety, health and safety, infection control, manual handling, management of behaviours that may challenge others, medication administration, Mental Capacity Act and Deprivation of Liberty Safeguards, nutrition and safeguarding adults.

Supervisions are accountable, two-way meetings that support, motivate and enable the development of good practice for individual staff members.

We asked staff whether they received regular supervision and were provided with an opportunity to discuss any issues or share information. One staff member said, "It gives you time to express things if something's not working."

We inspected supervision records and saw staff received this support on a regular basis. Supervision covered specific areas, for example, safeguarding, training and whistleblowing. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

Staff files we looked at showed annual appraisals had been carried out within the last 12 months. Appraisals were an effective tool as they considered prior performance, personal development requirements, training and objectives for staff.

The monitoring of supervisions and appraisals was confirmed by the training matrix, which also included information about when staff had received supervision and an appraisal.

This meant staff received the training and support they needed to meet people's needs.

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 so that they can 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.

Discussions with people and our observations told us their freedom was not inappropriately restricted.

Care plans included decision making profiles which looked at how the person liked to be given information about decisions, the best way to present choices, ways to help the person understand the decision and when the best and worst times were for the person to make a decision. One person's care plan stated 'When [name of person] is in a positive frame of mind. When the environment is calm and quiet. Just before the decision is made. [Name of person] may forget the information if it is given too early.' The register of decision making recorded where best interest decisions had been made on the person's behalf. Records we looked at showed the involvement of family members and relevant health professionals in best interest decisions.

Staff we spoke with were able to describe how they offered people choice on a daily basis and could identify people's capacity and where they would require support with decision making. We saw DoLS authorisations in people's care records and found applications for the renewal of DoLS had been completed before the existing authorisations had run out. We also found visits from people's representatives were made as part of this process. This meant appropriate action was taken to ensure people's liberty had not been unlawfully restricted.

Information about what to do and who to contact in regard to people's mental capacity and where restrictions may need to be placed on people where they lacked capacity was available for staff in the office.

This meant consent to care and treatment was sought in line with the principles of the MCA.

We checked the systems in place to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.

Staff told us meals were discussed and decided upon in house meetings with people, so everyone's choices and favourites were known and accommodated. We saw this recorded in the meetings we looked at and the menu was amended to accommodate the changes.

Staff told us they encouraged people to choose healthy options.

We saw the menu and found choices were available at each meal including a choice of dessert. The menu was available in both a written and picture formation to suit people's communication needs.

We saw where people were able they were supported to go shopping to obtain foods they chose to cook.

We saw people's care plans contained information about their dietary requirements and a record of the food they had eaten.

This meant people were supported to eat and drink enough and maintain a balanced diet.

We checked to see if people were supported to maintain good health, had access to healthcare services and received ongoing healthcare support.

People had health action plans, which were reviewed on a monthly basis. The record contained details of visiting healthcare professionals the person had seen and details of those visits, such as GP's, social workers, psychiatrists, practice nurses, opticians and dentists. This meant people received intervention for their healthcare needs to support them to maintain good health and have access to relevant healthcare services.

We saw people were encouraged to visit healthcare services when required and to do this independently where they were able.

Is the service caring?

Our findings

We checked and found staff involved people and treated them with compassion, kindness, dignity and respect.

We saw positive relationships had developed with people who used the service and people were supported to express their views and be involved in making decisions about their care, treatment and support.

We saw one person was asked whether they wanted to have a shower which they agreed to. Later in the morning, they appeared and looked clean and well-dressed, which was achieved through good standards of care. We heard one member of staff pay them a compliment saying, "You look very nice, [name of person]."

During the inspection we heard all staff speak to people in friendly, respectful ways. We saw staff showed genuine kindness and friendliness towards people. People were relaxed with staff and confident to approach them throughout the inspection. Staff and people who used the service were laughing and joking together, which showed an inclusive atmosphere and demonstrated staff knew people well and that people had trust in staff.

We saw photographs of previous events and activities on display. Staff explained they arranged many social events that family and friends could attend. The photographs showed how staff got involved and had a good time with people and their families.

Our discussions with people and our observations emphasised staff supported people in maintaining personal and family relationships.

We found people's equality, diversity and human rights were respected. For example, care plans we looked at specifically considered people's sexual orientation. The 'personal details' section of care records looked at people's religious needs.

Staff we spoke with were consistently able to describe people's care and support needs as they were identified in care records we looked at. Staff knew about people's care preferences and interests. We saw staff were calm and very pleasant with people they cared for and supported. We saw positive interactions between people and staff throughout the inspection and saw one person being supported by staff as they prepared their own meal. This was done with encouragement and praise for the person.

One person told us about an occasion when they recently received some bad news and noted how caring staff were in response to this event. They told us staff were very supportive and spent time listening and helping to reassure them. This person said, "They're really good."

We observed one person who reacted badly when a staff member entered the lounge area and told them to get out. The staff member was calm in their response and looked to reassure the person as they left the room.

Care plans were detailed and contained information which enabled staff to provide effective care and support. Care records contained a one page profile which recorded what name the person wanted to use, 'what people like and admire about me', 'what's important to me' and 'how to support me well'.

One person's care plan identified the need for staff to keep upbeat in their approach to supporting this person. One staff member told us, "You've got to keep him in a good mood. I always walk in with a smile."

Staff told us they respected people's privacy and dignity. During our inspection we saw staff knocking on people's doors. One staff member said, "I'd knock before I enter. I always wait for a reply." One person confirmed, "Yes, they do knock." When providing personal care staff told us they ensured doors and curtains were closed.

On the day of our inspection an electrician was carrying out portable appliance testing (PAT). One staff member asked, "[Name of person], can this gentleman go up in your bedroom to check your radio is working properly." This demonstrated people's individual living spaces were respected by staff.

We asked staff about their motivation for working at this service. One staff member said, "I came across this place and I've never looked back. It's tiring, but rewarding."

Is the service responsive?

Our findings

We checked and found the registered provider had made improvements following our inspection in November 2016 when we issued a warning notice for a breach of regulation in relation to good governance, in respect of people's records not containing up to date and accurate information.

We found people's needs had been assessed. Care records covered a range of topics, such as; personal details and relationship map, a typical day, communication plan, social history and assessments. 'A typical day' covered morning, afternoon and evening routines. We saw good examples of specific comments one person makes, what these actually mean and how staff should respond. We saw detailed daily activity logs which staff had completed to show what people had done at different stages of the day. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in support plans and reviewed. We found records contained up to date and accurate information of care and treatment provided to people and the decisions made in response to their care and treatment.

Whilst inspecting care files we found there were opportunities for people to share their experiences of the service through resident and keyworker meetings, and reviews.

People told us their care was centred on what they wished to do and they were not afraid to tell staff if they were unhappy or disagreed with things. One person told us staff had supported them to access employment at a local hospital.

We asked staff to explain how they might meet people's needs. Staff we spoke with were very knowledgeable about people's needs. They were able to explain what care and support was required for each individual.

People were supported by staff to access the community for events such as attending college, social evenings, trampolining, sensory support, going to the theatre and shopping trips to places like Meadowhall. One person told us staff had recently supported them to go the pub. One staff member told us, "If they've got a particular interest, I follow it up to see what they like."

Highfield Farm had its own minibus, although staff told us there was a limited number of staff who were qualified to drive the minibus. We recommended the registered provider review these arrangements as part of people's funding was to provide access to such facilities.

One person told us they had been supported by staff to go on holiday abroad last year and would be going abroad again this year. One person's care plan recorded '[Name of person] prefers not to have a planned activity schedule in place. Instead, preferring to choose what [name of person] would like to do on a day-to-day basis'.

We saw the notice board in the reception hall had a range of information regarding community events and

social activities that people were aware of and had spoken about if they had taken place.

We checked and found the registered provider had made improvements following our inspection in November 2016 when we issued a warning notice for a breach of regulation in relation to good governance, in respect of an ineffective system for receiving and acting on complaints.

We inspected how the service made people aware of the complaints procedure and how they responded to complaints. We found this was well managed. One person told us they had made a complaint and found they were listened to and appropriate action was taken in response.

Information on the complaints procedure was on display in the home. We reviewed the complaints file and found sufficiently detailed records which showed details of the complaint, an acknowledgement, subsequent investigation and the response sent which showed complaints were answered within timescales identified in the registered provider's complaints policy. We also saw the registered provider looked for learning outcomes from each complaint they received.

Is the service well-led?

Our findings

We checked and found the registered provider had made improvements following our inspection in November 2016 when we issued a warning notice for a breach of regulation in relation to good governance. The registered provider must now ensure those systems and processes remain effective to ensure a consistently good service is provided.

The service had a quality audit book, which was linked to regulations associated with each of the key questions of safe, effective, caring, responsive and well led. The service scored themselves against this and produced an action plan, identifying where improvements were needed. This was overseen by an operations manager who confirmed the outcome of the audit, adjusting the action plan where necessary.

We looked at the services last two quarterly audit reports. We saw the percentage score for caring remained at 100%, the percentage scores in the domains effective, responsive and well led had improved significantly, but safe had deteriorated slightly by approximately 5%. We saw where improvements were required an action plan had been implemented to address these, with timescales to complete this by the end of the quarter.

In May 2017 the service had also had a quality compliance inspection completed by the organisation in-house quality team that mirrored a similar process to the one completed in-house. The service had scored 89% on this inspection. We saw where improvements were required these had already begun to be addressed, for example, testing of electrical appliances.

This meant the system in place to monitor safety and quality at the service and regulations was now effective.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. A permanent manager had commenced at the service the week previously and it was their intention to register as manager. The manager who had been covering the service since our last inspection had now returned to their substantive role within the organisation.

The registered provider has approximately 298 registered services and approximately 90% of those are rated good.

It is a requirement for all organisations regulated by the Commission to have a statement of purpose. This is a document which describes what the service does, where it is provided and the people who might be eligible to use the service. We saw the service had a Statement of Purpose. The copy at the home required reviewing to ensure it contained all the details required by the regulations. The management team acted on this immediately and confirmed to us they had addressed this.

The rating from the last inspection was displayed both on the registered provider website and in the home. This demonstrated the registered person was aware of their responsibilities as a registered person.

The registered provider and manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008 and had done this. Registered providers have a legal duty to tell us about any changes to their regulated services or incidents that have taken place in them.

We found the leadership and staff team were helpful and open when we asked them for information about the home.

Staff we spoke with said they felt their efforts were often unrecognised by the management team who had not taken the opportunity to thank them without being prompted. We discussed this with the new manager who told us they would address this at the next staff team meeting as well as looking at more formal recognition for staff.

In contrast, when staff spoke of the staff team they said, "It's quite a good, happy team. I can go to anybody" and "I have recommended it. It is a good place to work."

People and staff told us regular meetings were held with them. People told us and the meeting minutes confirmed their meetings were used to discuss any concerns and had recently covered menus and activities. One person said, "We've actually changed some of the menus that people don't like". This was confirmed when we looked at the current menus and demonstrated that the service listened to what was important for people.

We saw staff meetings now included discussions of the analysis of themes and trends from accidents and incidents.