

Voyage 1 Limited







Northfield House

Inspection report

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Date of inspection visit: 30 July 2015
Date of publication: 27/08/2015

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 took place on 30 July 2015 and was an unannounced inspection.

Northfield House is a large detached property which can accommodate up to 10 people. The home specialises in providing care and support to adults who have a learning disability, autism and/or a physical disability. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

The majority of the people who lived at Northfield House were able to tell us about their experiences of life at the home. We also used our observations of care and our discussions with staff to help form our judgements.

There was 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.

Summary of findings

People were involved in all aspects of life in the home and their views were valued by the service. Staff supported people to develop and maintain independent living skills and to live their life to the full. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised.

Staff morale was good and people were comfortable with the staff who supported them. The atmosphere in the home was very relaxed with lots of laughter and friendly banter. People had nothing but praise about the staff team. One person said “The staff are the best.” Another person said “All the staff are really lovely. I like them all very much. We have a laugh.”

Staffing levels were good and people also received good support from health and social care professionals. Staff were confident and competent when assisting and interacting with people and it was evident staff knew people well.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them.

The registered manager had a clear vision for the home and the people who lived there. They told us they wanted to ensure people were supported to develop their skills and promote their independence. Staff told us they were proud of the standard of care they provided to people. They spoke with kindness and compassion when they told us about the people they supported.

People were supported to eat well in accordance with their preferences and needs. There was a varied menu which had been developed with the people who lived at the home.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access a range of social and leisure activities in the home and local community.

The service made sure staff completed appropriate training so they could meet the needs of the people they supported. The knowledge, skills and competency of staff were regularly monitored through supervisions and observation of their practice. Staff told us they felt well supported and received the training they needed.

There were systems in place to monitor health and safety and the quality of the service provided to people.

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.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them.

Good



Is the service effective?

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good



Is the service caring?

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

Good



Is the service responsive?

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Good



Is the service well-led?

The service was well-led.

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service.

Good



Northfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 July 2015 and was unannounced. It was carried out by one inspector.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 10 people living at the home. During the inspection we spoke with nine people, three members of staff and the registered manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home and the recruitment files of two members of staff. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person said “I have lived here such a long time; the staff are great and I feel very safe.” Another person said “This is the best home. I am safe here.”

There were enough staff to help keep people safe. The registered manager told us staffing levels were determined on the needs, including social needs, of the people who lived at the home. For example, there were additional staff on duty to enable people to visit a local pub on the evening of the day we visited.

Care plans had information about how people were supported to take risks and how risks to people were minimised. Examples included accessing the community and travelling in a vehicle. Other risk assessments were in place which enabled people to develop and maintain independent living skills. These included making hot drinks, cooking and washing up. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised.

Everyone who lived at the home required staff to manage and administer their medicines. There were appropriate procedures in place for the management of people’s medicines and these were understood and followed by staff. Medicines were supplied by the pharmacy in sealed monitored dosage packages which provided details of the prescribed medicine, the name of the person it was prescribed for and the time the medicine should be administered. Each person had a pre-printed medicine administration record (MAR) which detailed their prescribed medicines and when they should be administered. Staff had signed the MAR charts when

medicines had been administered or had made an appropriate entry when a medicine had not been administered. There was a clear audit trail of all medicines entering and leaving the home. Medicines were only administered by staff who had received appropriate training.

There were plans in place for emergency situations; people had their own evacuation plans if there were a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system within the organisation; this meant they were able to obtain extra support to help manage emergencies.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

The provider’s staff recruitment procedures helped to minimise risks to people who lived at the home. Applicants were required to complete an application form which detailed their employment history and experience. Those shortlisted were then required to attend an interview. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

Staff were confident and competent when assisting and interacting with people and it was evident staff knew people very well. They knew what people wanted even where the person was unable to express their wishes verbally. They were skilled in recognising when a person was becoming distressed or anxious. For example, staff used distraction techniques with one person who was becoming increasingly anxious. The person responded positively to this, engaged with the staff member and became much calmer.

Staff told us they had good training opportunities which helped them understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as caring for people who have epilepsy and how to care for people who required feeding through a tube. Staff had also received training in the management of actual or potential aggression (MAPA). This helped staff to respond appropriately to resolve conflict at the earliest possible stage where there was a risk of a person's behaviours escalating.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew

how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people's legal rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager knew about how and when to make an application. They knew about the recent changes to this legislation which may require further applications to be made. Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to living at the home.

People could see health care professionals when they needed to. The registered manager and staff told us they received good support from GP's and they would always visit if there was a concern about the health or well-being of people. People's care and support plans showed they received annual health checks and a review of their prescribed medicines. People also had access to other healthcare professionals such as dentists, epilepsy nurses, dieticians and chiropodists.

People were supported to eat well in accordance with their preferences and needs. There was a varied menu which had been developed with the people who lived at the home. Every day there was a choice of meals and the names and photographs of the people who had chosen the meals had been written on the menu. We observed people having lunch. This was a relaxed experience and staff ate lunch with people which helped to make for a more sociable time.

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences and we saw people were supported by staff in accordance with their plan of care. For example, one person had been assessed as being at risk of choking. There was a specific care plan in place which reduced risks to the individual. Staff supported this person in accordance with their plan of care.

Is the service caring?

Our findings

The atmosphere in the home was very happy and relaxed. There was a lot of friendly banter between the people who lived at the home and with the staff who supported them. Staff interacted with people in a very kind and caring manner. People had nothing but praise about the staff team. One person said “The staff are the best.” Another person said “All the staff are really lovely. I like them all very much. We have a laugh.”

Staff told us they were proud of the standard of care they provided to people. They spoke with kindness and compassion when they told us about the people they supported. Staff had a very good knowledge about what was important to each person who lived at the home. Each person had a one page profile which provided staff with information about the persons needs and what was important to them. One person who lived at the home showed us a file which contained a one page profile which had been completed for each member of staff. This provided information for people who lived at the home about staff which included their interests and what people felt their strengths and weaknesses were.

People were supported to be as independent as they could be. Throughout our visit people were involved in cleaning their bedrooms, making drinks, laying tables and preparing lunch. There were no restrictions on what people could or

couldn't do. Staff were available to provide people with the level of support they needed to be as independent as they could be. It was positive to see people were able to be fully involved in all aspects of life at the home despite their disability.

Staff respected people's right to privacy. Each person had their own bedroom which they could lock. People told us they could spend time in their bedroom whenever they wanted to. We saw this to be the case on the day we visited. Bedrooms had en-suite facilities which meant people could be supported with their personal care needs in the privacy of their own room.

People were treated with respect. Staff communicated with people in a very kind and respectful manner. Staff asked people if they were happy doing what they were doing and checked they were happy with the member of staff who was supporting them. When we asked to look at some care plans, staff requested permission from the people who lived at the home.

People's confidentiality was respected and all personal information was kept in a locked room.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

Staff knew about the needs and preferences of the people they supported. Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs. People had been involved in reviewing their plan of care wherever possible. One person was keen to tell us about their recent review. They told us they felt fully involved in the care and support they received.

Before people moved to the home the registered manager visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. People were encouraged to visit the home before making a decision to move there. One person who had recently moved to the home told us "I had several visits before I moved in. It's very good here and I am very happy. I don't think I want to live anywhere else."

Staff told us routines in the home were flexible to meet the needs and preferences of people. People were able to plan their day with staff. On the day of our inspection people were busy, coming and going at various times. People were able to do the things they wished to do. For example, a member of staff supported one person to visit the local hairdressing salon. On the afternoon of our visit the majority of people went out on two separate trips. We saw staff were available to respond to any impromptu requests from people. For example one person said they wanted to go to a nearby beach and this was facilitated.

People regularly accessed a range of activities both in the home and local community. Staff told us they supported people to make choices about what they wanted to do. One person who lived at the home was keen to show us photographs and videos of a recent trip to a hydrotherapy pool. They explained it was the first time they had been and had thoroughly enjoyed it. They explained they had requested to do this on a regular basis and this had been arranged. Another person told us they, along with another person who lived at the home, were involved in broadcasting on a local radio show. They explained they went to the broadcasting studio at a local town every Saturday to record their programme. They said "We play

music, have conversations about all sorts of things and share humour. It's good fun." They told us they were also doing outside broadcasts; one at a local fete and the other at the Taunton flower show.

People were able to enjoy one to one time with staff. One person had been supported to watch their favourite comedian perform and another person regularly attended wheelchair line dancing in Devon. One person had certain items which were very important to them. Staff had worked with the individual to put together a folder containing various pictures and materials of these items. We heard this person talking to staff about their folder and how much they liked it.

Three people were supported to attend work placements in nearby care homes and day centres. Tasks included kitchen duties, assisting with activities and serving drinks. People also had opportunities to learn and develop new skills. Some people attended a local college where they could develop numeracy, computing and cooking skills.

People were able to enjoy holidays and visits to see their family and friends. One person showed us photographs of a recent holiday to Dorset. They said "We had so much fun. It was great." They also explained how staff supported them with weekend visits to see their parents.

People's views and suggestions were encouraged and responded to. Each person was allocated a key worker who met with them on a regular basis. These meetings provided people with the opportunity to spend one to one time with staff who knew them well. People were supported to discuss their day to day lives and to explore other things they may like to do. Regular meetings were also held for people. The minutes of the last meeting showed that these were led by the people who lived at the home. For example, people had decided they wanted to put on a talent show. Two people had been to look at venues and there had been discussions about what people wanted to perform at the show. People had been informed about refurbishment and redecoration plans and had been involved in choosing colour schemes. There had also been discussions about "themed dining nights." One person had chosen a seaside theme where fish and chips were served. Arrangements were currently being made for a "Texas Bar-be-que" which had been suggested by another person who lived at the home.

Is the service well-led?

Our findings

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a team of senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. Staff morale was good. Staff told us there were always senior staff available to support less experienced staff.

The registered manager told us about their ethos and vision for the home and the people who lived there. They said “I want our residents to be happy, live a normal life and live life to the full.” They also said “We want residents to be able to do what they want to do despite their disability.” Discussions with staff and our observations confirmed that this ethos had been adopted by staff. All demonstrated a commitment to enabling people to live a full and rewarding life. The registered manager explained they were committed to ensuring staff were properly supported and happy in their role. They said “I want to look after the staff too and give them the support they need. I want us to make this a brilliant home for the people we support.”

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. One staff member said “The staff team and the support you get here is brilliant. If you are unsure about something, the manager or another member of staff are always there. I just love working here.” All the staff we spoke with told us they felt well supported and received the required training to meet the needs of the people they supported. The registered manager monitored staff training which meant staff received refresher training when required. A training matrix showed all staff had completed required training and updates when they were due.

There were regular meetings for staff where a variety of issues could be discussed. The minutes of the last staff meeting showed discussions included fire safety, health and safety, activities and the well-being of the people who lived at the home. The knowledge of staff about the

principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had also been monitored. Staff had also had the opportunity to give their feedback. Comments included “I am very happy. I feel I am listened to and feel my opinion matters” and “Things have really improved here. The residents seem so much more relaxed.”

The views of the people who lived at the home were valued. The registered manager explained how people were involved in the selection of new staff. They told us two people were involved in interviewing prospective staff. They said “They [the people who lived at the home] had their own questions which they put to prospective staff.” They also explained people gave prospective staff a tour of the home. The registered manager told us “We all get together after the interview and discuss the candidate. The residents get the final say.”

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. The registered manager completed a monthly audit; if any improvements were needed they completed an action plan. The operations manager visited and monitored the service and undertook checks. Records of their last visit showed they reviewed issues relating to people and staff as well as health and safety. A clear record was kept of what the registered manager had been asked to do and when this had been completed.

Satisfaction surveys were sent to people who used the service and their representatives to seek their views on the quality of the service provided. Surveys had been produced in an easy read format appropriate to the needs of the people who used the service. The results of the last survey showed a high level of satisfaction with the service provided.

The home had been awarded five stars by the local environmental health department which showed high standards of food safety.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.