Voyage 1 Limited

Fennell Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

At the last inspection on 7 January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection of Fennell Court took place on 23 May 2018 and was unannounced. Fennell Court is a purpose built care home for up to 8 people living with autism or with a learning disability and behaviour that may challenge others. Each person has an individual apartment with their own kitchen, lounge, bedroom and bathroom and access to a communal lounge, kitchen and garden area. There were seven people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People told us they felt safe. Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence. Robust emergency plans were in place in the event of a fire or the need to evacuate the building.

Detailed individual behaviour support plans gave staff the direction they needed to provide safe care. Incidents and accidents were analysed to prevent future risks.

Staff had a good understanding of how to safeguard adults from abuse and sufficient staff were on duty to provide a good level of interaction.

Safe recruitment and selection processes were in place, although some records were not up to date.

A system was in place to ensure medicines were managed in a safe way for people. The service was adapted to meet people's individual needs, with specialist furniture and fittings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Not all mental capacity assessments had been recorded prior to best interest paperwork being completed. The registered manager sent us evidence this was being rectified following our inspection. We made a recommendation about this.

Staff told us they felt supported and records showed they had received role specific training and regular supervision and appraisal to fulfil their role effectively. Not all new staff induction was evidenced due to a large number of new staff, however the staff we spoke with told us they had received an induction. The

registered manager sent us evidence of this following our inspection.

People's individual nutritional needs were met and people were supported to access a range of health professionals to maintain their health and well-being.

The service worked in partnership with community professionals and used good practice guidance to ensure staff had the information they needed to provide good quality care.

Staff were caring and supported people in a way that maintained their dignity and privacy. Observation of the staff and the management team showed they knew people well and could anticipate their needs. People were supported to be as independent as possible throughout their daily lives.

Individual needs were assessed and met through the development of detailed personalised care plans which considered people's equality and diversity needs and preferences. People had good access to social and leisure activities.

Systems were in place to ensure complaints were encouraged, explored and responded to.

The management team promoted an open and inclusive culture.

The registered provider had an effective system of governance in place to monitor and improve the quality and safety of the service, although some issues with recording mental capacity assessments had not been picked up and addressed.

People who used the service and their relatives were asked for their views about the service and these were acted on.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service has deteriorated to Requires Improvement.	**Requires Improvement**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Fennell Court

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 23 May 2018 and was unannounced. The inspection was conducted by one adult social care inspector.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection.

We spent time observing the support people received. We spoke with two people who used the service and following our inspection we spoke with two of their relatives on the telephone. We spoke with two support workers, the deputy manager and the registered manager. We were shown three apartments.

During our inspection we spent time looking at three people's care and support records. We also looked at four records relating to staff supervision, recruitment and training, incident records, maintenance records and a selection of audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "Yes I feel safe. When I want a tablet they give me one."

The relatives we spoke with told us they felt their relative was safe at Fennell Court. One said, "They have made [my relative] feel safe."

Staff we spoke with understood their role in protecting people from abuse and knew how to raise concerns, to ensure people's rights were protected. This showed the registered provider had a system in place to safeguard the people they cared for.

Systems were in place to manage and reduce risks to people. Risk assessments were person centred, detailed and contained clear directions for staff to ensure risk was managed well. The records we saw included comprehensive risk assessments in areas such as behavioural support, transport, mental health, absconding, mobility, cooking, finances, medicines, smoking and additional person specific assessments, for example; for a specific health condition.

Clear information for staff was summarised in the office for individual behaviours that may challenge others, to help staff to prevent incidents and reduce risks to people. When we spoke with members of staff they were aware of this information and told us how they used the least restrictive alternative. This showed the service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks.

Fire safety measures were in place, and people had personal emergency evacuation plans. Regular fire drills were held and people were aware of the procedure to follow. People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

We found there were appropriate staffing levels on the days of our inspection which meant people received sufficient support. Each person had been assessed for the number of hours they required support and the registered provider facilitated this.

We looked at three staff files and found safe recruitment practices had been followed. We requested evidence of how one staff member's conduct in previous employment had been assessed as presenting a low risk to people using the service and how the risk was closely monitored. The registered manager provided this information following our inspection in consultation with their human resources team. The manager promoted the employment of a diverse team of staff and supported staff with reasonable adjustments.

Staff had been trained to manage people's medicines safely and completed regular medicines competence assessment. Medicines were stored and administered in line with good practice. Each person had a detailed medicines care plan including details of how people liked to take them, including 'as required' medicines.

We saw the deputy manager involved a person in the administration of their medicines.

Medicines counts were completed daily by staff. Full medicines audits took place every week and any action required was followed up. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place.

The home was clean and odour-free and there was a good supply of personal protective equipment, which staff used to prevent the spread of infections.

Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. Staff were aware of any escalating concerns and took appropriate action, with any lessons learned translated into care plans. A log of accidents or incidents was recorded using the registered providers' online system to look for patterns and promote learning from accidents and incidents. This meant the registered provider was keeping an overview of the safety of the service.

Requires Improvement

Is the service effective?

Our findings

People told us the staff team knew how to support them. One person said, "Yes. They are doing a grand job." The relatives we spoke with told us the staff were very good and their relative received the support they needed.

Physical, mental health and social needs had been assessed and care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance.

Staff were provided with training, supervision and appraisal to ensure they were able to meet people's needs effectively. Staff new to care, who did not have equivalent qualifications, also completed the Care Certificate. This is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. Twelve new staff had recently been recruited to the service and evidence of induction was not available for two of these staff during the inspection. The registered manager sent this information after the inspection. The new staff we spoke with told us they had received a good induction and training to support them in their role.

We looked at the training records for three staff and saw training included infection prevention and control, emergency first aid, food hygiene, moving and handling, equality and diversity, the Mental Capacity Act and Deprivation of Liberty Safeguards, safeguarding adults and Management of Actual or Potential Aggression (MAPA). We saw from the training matrix mandatory training was up to date and further training was planned onto the rota. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff we spoke with told us they felt appropriately supported by managers and had regular supervision and an annual appraisal and we saw from records this was the case.

One relative said, "They work with [my relative] to come up with a menu for the week." Meals were planned individually around the tastes and preferences of people who used the service using individual menu planners. Each person was supported with their own shopping and cooking. People occasionally ate together if they chose, for example; a birthday buffet was being planned for the weekend.

We saw the individual dietary requirements of people were catered for and people were supported with a diet that met the conditions of their religious faith. The service ensured people's nutritional needs were monitored and action taken if required.

The service had good relationships with community health services and we saw the advice of professionals was included in people's care plans and used to achieve best practice and help people to achieve good outcomes. The home was also working with health professionals as part of the Stop Over Medication of People with learning disabilities (STOMP) campaign.

Records showed people had access to external health professionals and we saw this had included GP's, psychiatrists, community nurses, chiropodists, dentists, speech and language therapists, physiotherapists and district nurses. The registered provider employed their own behavioural therapist to provide additional support. People had an up to date hospital passport in their care records to share information when going into hospital.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Six people were subject to DoLS authorisations and one person had been assessed as having the capacity to decide to live at the home.

We checked whether the service was working within the principles of the MCA. The staff members we spoke with had a good understanding of the Mental Capacity Act and it was clear from observations and records people's autonomy, choices and human rights were promoted. One staff member said, "We use a person centred approach and support people to make their own decisions."

We found people usually had their capacity assessed where required, for example in order to determine their ability to decide to live at the service, or to consent to medical interventions.

We found whilst best interest paperwork had been recorded for some decisions such as whether to consent to the recording and sharing of information, the required mental capacity assessment prior to this was not recorded. The registered manager told us this was their misunderstanding regarding the registered provider's paperwork and they told us they would complete mental capacity assessments with people and their representatives to rectify this. Following our inspection they sent evidence of this.

Some of the best interest paperwork we saw was not decision specific and covered a range of issues. The registered manager told us they would complete more specific mental capacity assessments and best interest decisions, for example in relation to medication for each person.

We recommend the registered manager consults best practice guidance in relation to the MCA.

People's individual needs were met by the adaptation, design and decoration of the service. People's apartments were nicely decorated and furnished to their taste. There were photos of people in the corridors, including people and staff celebrating their cultural heritage together. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

Good

Is the service caring?

Our findings

We asked people if they thought staff were caring. One person said, "Oh yes, very caring."

The relative's we spoke with agreed the staff were caring and knew their relatives very well.

Positive caring relationships were developed through staff understanding people's needs and their personalities. One page profiles of people and staff were used to share information about hobbies and interests and support good relationships.

People told us they liked the staff and we observed warm and positive interactions between them. Staff we spoke with enjoyed supporting people who used the service. One staff member said, "It's like a family. Working together and supporting these guys."

People were supported to make choices and decisions about their daily lives. People told us they chose their own meals, what time to get up or go to bed, clothing, activities or when to have a bath or shower. Staff used speech, gestures, photographs, Makaton sign language, objects of reference and facial expressions to support people to make choices according to their communication needs. Care plans contained details of how to recognise when a person was unhappy or happy using non-verbal cues.

Staff new how to maintain people's privacy and dignity, for example when supporting people with personal care. One staff member said, "Make sure the door is locked. Shut curtains. Explain and ask." People appeared well groomed and looked cared for, choosing clothing and accessories in keeping with their personal style. People's individual apartments were personalised to their taste with furniture, personal items, photographs, sensory items and bedding they had chosen. Some people had a key to their own flat to promote privacy and staff knocked on people's doors before entering.

One relative said, "It's the best place [name] has ever been for independence. With their own flat they have that space and can do what they want." People were encouraged to do things for themselves in their daily life, such as food shopping, laundry, cleaning their own apartments and preparing meals. This showed us the service had an enabling ethos which tried to encourage and promote people's choice and independence.

People's diverse needs were catered for and equality was promoted within the service. Staff supported people to see their families and friends as often as desired. This meant people were supported to develop positive relationships and to maintain contact with people who were important to them.

Staff were aware of how to access advocacy services and some people at the service had an Independent Mental Capacity Advocate. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

Good

Is the service responsive?

Our findings

Through speaking with people who used the service and their relatives we were confident people's views were taken into account in planning their care.

One relative said, "[My relative] is happy and settled and the service manages their needs well. They seem to go out plenty," and a second relative said, "[My relative's] life seems very full."

We looked at three people's care plans. We found care plans were person-centred and explained how people liked to be supported, for example, "What's important to me." "Music and dancing, social activities, bowling, home visits." Staff were able to tell us details about individual's care and support needs, as well as information about people's personal preferences and lives before coming to live at the service.

The service promoted people's individual wellbeing through person-centred care planning. Care plans contained detailed information covering areas such as physical and emotional health needs, healthy living, preventing behaviour, daily tasks, social support, decision making, independence and choice, medication, finances and communication. Care plans specific to people's health conditions were also completed and contained information and guidance for staff.

People and their representatives were involved in person-centred planning reviews. Objectives were set with people and these were reviewed and updated regularly, or when needs changed. These reviews helped monitor whether care plans were up to date and reflected people's current needs so any necessary actions could be identified at an early stage.

Daily records were kept, detailing what activities the person had undertaken, support provided, choices given, meals eaten, the persons mood and any incidents or concerns.

During our inspection we saw staff spent time with people chatting and supported people with their social and emotional needs. Staff were patient with people and listened to their responses. One person said, "I went to Emmerdale village on a coach trip. It was really good - a lovely day." We saw people were supported to take part in a range of activities, such as bowling, going to town, eating out, attending day services or college, visiting places of interest, walks, shopping and table top games. One staff member suggested a driver on every shift would enable people to enjoy more trips out at the weekend.

The registered manager was aware of the requirements of the Accessible Information Standard. This requires the service to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We found very detailed information regarding people's communication needs was recorded in care plans.

One person said, "Sometimes I complain. Yes, they sort it out." The relatives we spoke with said they had not needed to complain, and any concerns were acted on. We saw complaints or concerns had been recorded

when they arose, investigated and responded to appropriately.

Some people and their relatives had discussed preferences and choices for their end of life care, including in relation to their spiritual and cultural needs and this was clearly recorded. This meant people's end of life wishes were recorded to provide direction for staff and ensure people's wishes were respected.

Good

Is the service well-led?

Our findings

A registered manager was 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.

One person said, "I like it here. If I have any problems I go to talk to them. They help me."

The relatives we spoke with told us the home was well led. One relative said, "The manager is efficient and has high expectations of staff and service users."

Staff told us they felt supported by the registered manager and senior staff, who acted on their concerns. One staff member said, "yes, the managers help." A second staff member said, "I feel very supported. Everything runs smoothly. The managers are lovely. Always there."

The atmosphere of the service was friendly, welcoming and calm. The registered manager told us the ethos of the service was, "To make a difference in these guys' lives and promote independence." The registered manager and deputy manager acted as a role model for staff during our inspection by promoted dignity, inclusion and person centred interactions and provided leadership and direction. For example the registered manager knelt to communicate with a person in accordance with their communication needs.

People were supported to use local community facilities, such as shops and cafes to promote good community relationships and networks. The registered manager was liaising with a local church to organise community activities for people, such as a disco and art and craft sessions, to bring people together from different backgrounds and faiths.

Systems were in place to assess, monitor and improve the quality and safety of the service. Care plans and risk assessments were reviewed regularly and were up to date. Audits were also completed in relation to finances, health and safety, fire safety and medicines. Any action required had been completed.

Information was passed to the registered provider regularly regarding incidents, complaints, supervision, health and safety and other issues. The operations manager visited the home every few months to provide support and completed a quarterly audit. This showed staff compliance with the registered provider's procedures was monitored, although this system had not picked up and addressed issues with the recording of mental capacity assessments.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on. House meetings were held every few months and where issues were raised, action had been taken by the registered manager.

Regular staff meetings were held and topics included medication reviews, events, health and safety and

easy read women's health checks. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people.

We saw from records the service had regular contact with relatives and representatives and took their views into account. An annual service review was held, where families and professional were invited into the home and feedback was requested and the results were largely positive. A staff survey was also completed and an action plan was drawn up to address any areas for improvement.

The registered provider held managers' meetings, training and a quality road show to support managers with good practice. The management team worked in partnership with community health professionals to meet people's needs and drive up the quality of the service. We found there was never any delay in involving partners to ensure the wellbeing of the people using the service.