Voyage 1 Limited

Aykroyd Lodge

Inspection report

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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

Aykroyd Lodge is registered to provide accommodation and personal care for up to six people with learning disabilities. The home is a detached house situated within gardens and surrounded by fields. Accommodation is provided over two floors in single bedrooms. At the time of the inspection three people were using the service.

At the last inspection on 1 September 2015, the service was rated 'Good'. At this inspection on 19 December 2017 we found the service remained 'Good'.

The service was managed by a registered manager who was registered on 22 November 2017. 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.

People received their medicine as prescribed by healthcare professionals. Medicines were stored securely to ensure they were safe. There were risk assessments which identified risks to people and management plans had been put in place to ensure people's health and well-being were maintained.

People were protected from the risks of abuse and improper treatment. Staff had received training on safeguarding and they were knowledgeable on the procedure to follow if they had any concerns. There were sufficient staff available to safely meet people's needs.

People's relatives told us staff were kind and caring. We observed that staff treated people with respect and promoted their dignity.

People were supported to communicate their views about the choices available in relation to what food and drink they preferred and participation in activities.

People's nutritional needs were met. People told us they enjoyed the choice of food that was available to them. People had access to food and drinks throughout the day.

Staff were trained on various areas to ensure they had the relevant skills, knowledge and experience to provide good care to the people they looked after. Staff received regular support and supervision to carry out their duties effectively.

The service liaised with various healthcare professionals to meet the needs of people.

People had their individual needs assessed and their care planned in a way that met their needs. Reviews were held with people and their relatives to ensure people's support reflected their current needs.

People's relatives had opportunities to share their views and give feedback about the service and these were acted upon. The service was subjected to regular quality checks to ensure the service was of good quality and met people's needs.

People were supported to have maximum 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.

Further information can be found 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 remains Good	**Good**
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**

Aykroyd Lodge

Detailed findings

Background to this inspection

We carried out this comprehensive 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 announced inspection took place 19 December 2017. We gave the service 48 hours' notice of the inspection visit because the location was a small care home caring for adults who were often out during the day. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector.

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 also received feedback from health care professionals that we used to help inform our inspection planning.

We reviewed information held on our database in regards to the service. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. A notification is information about important events that the service is required to send us by law.

During the inspection we spoke with one person who used the service, two relatives, three members of staff and the registered manager and their deputy. We also spoke with a representative of the registered provider after the inspection visit.

We looked at three people's care records and medicines administration record (MAR) charts for people using the service at the time of our visit. We also reviewed five staff recruitment records and other records relating to the management of the service including health and safety and quality assurance systems.

After the inspection, we received feedback from health care professionals involved in the care and treatment

of people at the service.

Good

Is the service safe?

Our findings

People could not tell us if they felt safe because of their particular disabilities. However, one person's relative said, "I'm sure that my relative is safe. I have no worries."

There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals. We reviewed medicines' administration records for all people who used the service for the week before the inspection and saw that the records were completed accurately to confirm they had received their medicines as prescribed and there was no medicine left over. Medicines were stored in a designated medicines' room that could only be accessed by staff responsible for administering medicines.

Staff were clear about their responsibilities towards people and demonstrated a clear understanding of what constituted a safeguarding matter and how to report this. One member of staff told us, "I would intervene if I thought any person was at risk and know that I would be completely supported by the manager around this."

Staff told us and rotas we saw confirmed that people were supported by a sufficient number of staff with the appropriate skills, experience and knowledge to meet people's needs. We noted that the home did not rely on agency staff and had sufficient numbers of permanent staff to cover the absence of staff because of holidays and sickness.

The registered provider had safe recruitment processes. Staff had completed an application process and the registered provider had completed pre- employment checks to ensure the suitability of staff. We considered five recruitment files and noted that the registered provider had undertaken criminal records checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The records included the documents used in the application process and personal identification and employment references. However, in one of the files we considered, incomplete enquiry had been made into the applicant's conduct during involvement in a previous health and social care role. We drew this to the attention of the registered manger and provider representative. We noted that by the end of the inspection, additional checks were in progress to ensure that the staff member had been safely recruited.

Risk assessments identified peoples' risks and provided staff with clear guidance on how to manage them. Examples included health-related issues, behavioural challenges and safety awareness. The assessments enabled staff to support people in a safe way whilst assisting them in activities or interests of their choice. It was noted that the risk assessments were reviewed at regular intervals or in response to any incidents or changes in behaviour.

There were effective infection control procedures in place. These included food hygiene procedures and checking food labelling on food in the refrigerator. Items that should be considered as subject to 'Control of Substances Hazardous to Health' (COSHH) were safely locked away and other environmental risk

assessments were in place. All accident and incidents were appropriately recorded.

The home had a fire safety audit conducted by Lancashire Fire and Rescue Service in January 2017. No issues were found. A fire evacuation plan was in place and we noted that people's support plans included fire safety risk assessments as well as personal evacuation emergency plans (PEEP's). Each document was individualised to the person concerned. We noted that fire equipment and alarms were checked on a weekly basis.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the relevant skills, competencies and knowledge. People's relatives said that staff were well-trained and knew their needs. One relative said, "The staff are great and obviously well trained. They quickly sort out referrals or visits for my relative's specialist."

New staff followed the Care Certificate induction programme. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. This meant the provider was following good practice as part of staff induction into social care. Staff told us that after induction they were supported to obtain nationally recognised qualification in care.

People were supported by staff who had supervision sessions with the registered manager and deputy and staff told us that these were carried out regularly and enabled them to discuss any training needs or any concerns they had. One member of staff said, "We are a close knit group of staff and this helps to raise issues as we go along. I am also encouraged to improve my qualifications and I have regular mentoring sessions."

Staff told us, and training records confirmed that staff received on-going training in areas relevant to their duties including safeguarding, whistle blowing (reporting poor practice), first aid and mental health awareness.

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. We checked whether the service was working within the principles of the MCA. Mental capacity assessments and best interest meetings had taken place and had been recorded as required.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, three DoLS applications had been made that were being considered by the local authority.

People were involved in their meal choices and we noted that there was a four-week revolving menu. People could also choose meals not on the menu if they wished. The wide range of dietary options helped people to maintain a healthy diet and therefore prevented deterioration in their health.

We found that people were supported to maintain good health. Records showed that people had access to a range of healthcare professionals including GP, opticians and dentists. Staff also supported people to attend hospital appointments when their relatives were unavailable. We noted that records and advice related to referrals to external professionals were documented in the care records within people's care plans that were accessible to staff.

Good

Is the service caring?

Our findings

During the inspection we saw that people were relaxed in the company of staff. We noted that staff were kind and respectful with everyone and used communication methods that were appropriate for each person. One person's relative said, "It's like a family here. Everyone gets on." A healthcare professional said, "I have found staff to be very caring in their manner."

People were supported to make choices and the care provided reflected this. People's relatives said that people enjoyed what activities their relative's joined in on and had a say in day-to-day decisions such as when they got up and when they went out. During the inspection we noted that a person asked to go for a walk during the afternoon and shortly thereafter a member of staff spent time with the person communicating in a manner that the person understood and ensuring that they were suitably dressed and then accompanied them on a walk in the countryside.

Staff spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. During our inspection we were able to talk with a staff member who said, "Staff know all the people well and have spent time ensuring that they communicate with people in the best way for the individual. Each person has a key worker and this helps to understand more about people."

We noted a caring and inclusive atmosphere when people were together in groups. After people had returned from activities, during the early evening, we saw an occasion where staff and people had gathered in a 'sensory' room. People were sitting together enjoying the experience. From our observations it was clear that the service acknowledged and supported the relationships people had forged with each other and with staff.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away and this meant that only authorised staff accessed people's records.

We saw there were arrangements in place for people to be involved in making decisions about their end of life wishes. People were assisted with these sensitive issues by their family members. Where people had been consulted and had expressed preferences, these were recorded in their care plans.

Good

Is the service responsive?

Our findings

The service continued to provide care and support to people that met their individual needs. People's relatives told us, and care records confirmed, that the service carried out initial assessments of people's needs before they were accepted into the service. Sometimes these assessments were over a period of days and covered areas such as physical health, mental health, personal care and social needs. Information about people's background and preferences was also included in the records.

Information to guide staff on how to support and care for people was reviewed regularly to reflect people's current needs. It was noted that these reviews also incorporated the views of health care professionals. A person's relative said, "I was involved in my relative's care plan and am regularly updated." A healthcare professional said, "The home know my client well and how to engage with them."

The service supported and encouraged the use of technology to assist and support people. In one case a person had a specially adapted telephone that was used to communicate with their relatives who lived some distance from the home. The registered manager said, "The people at the home can't use computer tablets but we are always open to ideas and the use of technology to assist people and will always try whatever is suggested to improve people's lives."

Due to the nature of the service, a high priority was given to the ways people communicated. The provider had a policy covering the requirements of the Accessible Information Standard; the Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS and adult social care services are legally required to follow this standard.

In line with the Accessible Information Standard, the provider had ensured that policies relevant to people who used the service such as the complaints' policy, had been provided in accessible way. Often this was through relatives who were best equipped to communicate with people in their own individual way.

People were encouraged to choose from a range of activities. We saw that people had initiated trips out and were spending time in meaningful activity. One person said enthusiastically, "I've been out horse riding and will go to the football on Saturday." We noted that in the case of this person, they were supported on a one-to-one basis during these activities. We also noted that people had been involved in a plan to attend a local restaurant for a 'curry night'. The registered manager said, "We like to change things around so that we don't go to the same place every week and everyone here loves a good curry."

During the inspection we saw photographs from a recent holiday to Blackpool that all of the residents had attended and a weekly nights out. One member of staff said, "We go out every week and the residents really enjoyed the recent holiday."

People's relatives told us they knew how to make a complaint. The service had a robust complaints' procedure. We noted that the home had received one formal complaint since the last inspection. In this

case, the records showed that the provider had followed their procedure. We noted that this involved acknowledging the complaint, completing investigations within a timeframe specified in the procedure and providing written responses and updates.

Good

Is the service well-led?

Our findings

The service continued to operate in an open and transparent manner. There was a positive culture within the home and the registered manager had a good knowledge of the people living there. The registered manager was also familiar with each person's individual needs and was knowledgeable about the staff team they supported.

Staff said that they had a clear understanding of their roles. This was supported by a relative who said, "My relative moves seamlessly between my house and the home and is very happy and settled. This is in no small part down to the organisation and care provided at the home." A healthcare professional said, "I am impressed with the leadership and structure at the home."

Staff told us the registered manager and provider had clearly defined roles and responsibilities and worked as part of the team and that they felt supported and listened to. A member of staff told us, "We work well as a team, it's a small team of dedicated staff and we all know our roles."

We reviewed the service's policy and procedure files. These were available to staff in the office. The files contained a wide range of policies and procedures covering all areas of service provision. We saw the policies and procedures were up-to-date and regularly reviewed. We noted that reference to some policies such as equality and diversity was mandatory during a new member of staff's induction.

People living at the home could not express views on the quality of the service but there were regular meetings that were used to keep staff and people's relatives up-to-date with any changes and to reinforce the values of the organisation. Feedback from recent relative's contacts supported that people expressed preferences over the location of a summer holiday and in a meeting with staff in November 2017, the registered manager and staff discussed a recent audit and areas that required further improvement such as the wearing of identification badges.

People's relatives were encouraged to share their views and suggestions with staff and the registered manager through a quality assurance survey. The provider analysed the survey responses people made. People provided positive feedback that demonstrated they were happy with the service and the care provided to their relatives. In one response a relative said, "We are really pleased how our relative has improved since living at the home."

A range of checks were made at the home to ensure that quality standards within the service were maintained. Monthly checks were made in relation to care plan updates, equipment safety and a range of fire safety matters. We noted that the deputy manager attended the home on most days and completed an early morning 'walk around' when environmental issues were checked to ensure that the home was safe and clean.

The provider's representative regularly visited the home and was familiar with all of the people living there and their capabilities and characters. They completed regular audits of the service including assessments of

training compliance, recruitment standards and environmental checks.