

Voyage 1 Limited

Voyage 1 Limited - 1 St Philips Close

Inspection report

1 St Philips Close
Leeds
LS10 3TR
Tel: 0113 277 8069
Website: www.voyagecare.com

Date of inspection visit: 19 February 2015
Date of publication: 01/05/2015

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

The inspection took place on 19 February 2015 and was unannounced. St Philips Close is a care home for people with learning disabilities. It can accommodate up to 8 people in two purpose built properties. Each person's room is provided with all necessary aids and adaptations to suit their individual requirements. There are well appointed communal areas for dining and relaxation. There is also a garden area to the rear of the home. At the time of our inspection there were seven people living in the home.

The home had a Registered Manager. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. People were protected

Summary of findings

against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements for staff to respond appropriately to people who communicated through their behaviour/actions.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and they were able to demonstrate a good understanding of when best interest decisions needed to be made to safeguard people.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and

support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

A wide range of activities were provided both in-house and in the community. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to maintain contact with friends and family.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

Staff we spoke with had a good understanding of the Mental Capacity Act and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Medicines were stored and administered safely. The systems for monitoring medication ensured medication was given as prescribed.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Good



Is the service effective?

The service was effective.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

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

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

Good



Summary of findings

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

Good



Voyage 1 Limited - 1 St Philips Close

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 19 February 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

During our visit we spoke with four members of staff, the registered manager and three people living at the home.

Others who used the service were unable to tell us about their experience of living at the home. We spent some time observing care and support given to people. We looked at some areas of the home including people's bedrooms and lounge areas. We looked at documents and records that related to people's care, support and the management of the home. We looked at four people's care and support plans.

Before our inspection, we reviewed all the information we held about the home. We contacted the local commissioning team and Healthwatch to obtain any relevant information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We asked staff members what they would do if they suspected abuse, they were confident in their answers and were able to tell us the correct action to take. Staff told us they had received training in safeguarding and this had provided them with enough information to understand the safeguarding processes. Records we looked at confirmed this.

The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw written evidence the manager had notified the local authority and CQC of safeguarding incidents. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of any further incidents.

The support plans (a support plan looks at a number of questions about people's priorities, goals, lifestyle, what's important and how care and support will be managed) we looked at had an assessment of care needs and a plan of care, which included risk assessments. Risk assessments had been carried out to cover activities and health and safety issues, these included bathing, crossing the road and swimming. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We also saw environmental risk assessments which included fire, electrical and hazards.

We saw when people went out into the community the risks were clearly documented for staff with details of how they should respond to such risks if they arose. This meant people were supported to take informed risks by going out into the community.

There were risk assessments in place, supported by plans which detailed what might trigger each person's behaviour, what behaviour the person may display and how staff should respond to this. Staff had been given training in how to use recognised distraction and de-escalation techniques. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience or training to meet the needs of the people living in the home. One person who used the service told us, "There is always enough staff around."

The manager told us staffing levels were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We checked the medication cupboard. We saw it was kept in an orderly manner. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant that the medicines for each person for each time of the day had been dispensed by a pharmacist into individual trays in separate compartments. Individual named boxes were seen inside the medication cupboard. They contained medication which had been dispensed in blister pack form.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told that all people using the service were subject to authorised deprivation of liberty. Our assessment of people's care records demonstrated that all relevant documentation was securely and clearly filed.

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The manager told us a programme of training was in place for all staff. The manager told us the training department had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The members of staff we spoke with said they received supervision every six to eight weeks. The manager confirmed staff received supervision six times per year and staff were able to receive ad-hoc supervision if they needed to discuss any issues. We saw from the staff records we looked at that each member of staff received supervision on a regular basis. We also saw staff had received an annual appraisal.

Information in the support plans showed the service had assessed people in relation to their mental capacity; people were able to make their own choices and decisions about care. People and their families were involved in discussions about their care and support and any associated risk factors. Individual choices and decisions were documented in the support plans. This showed the person at the centre of the decision had been supported in the decision making process.

People's nutritional needs were assessed during the care and support planning process and a detailed meal time strategy had been drawn up for each person. We saw people's likes, dislikes and any allergies had been recorded in their support plan.

People who used the service told us they enjoyed the food and always had enough to eat and drink. If someone didn't want what was on offer then an alternative would be arranged. One person said, "I like my food."

People were offered drinks throughout the day to ensure good hydration. One person living at the home told us, "I have enough food and drink." Another person told us, "I ask for a coffee when I want one."

We saw people were consulted about their food preferences during monthly meetings and there was a menu displayed with the choices available. We saw the menu incorporated healthy options and was in pictorial form for people to be able to see what the meal looked like.

During our observations we saw two people needed support with eating their meals and this was carried out sensitively. People were supported to be able to eat and drink sufficient amounts to meet their needs. People were asked if they had enjoyed their meal and if they wanted any more to eat or drink. This meant people were being supported to maintain their hydration and nutrition and were supported to make choices about this.

We saw evidence support plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare. These included health professionals, GP communication records and hospital appointments. People also had a health action plan which provided information for staff on past and present medical conditions.

We spoke with one member of staff who told us they had received a good induction when they started work at the home. They also told us they had attended an interview and had given reference information. We found robust recruitment and selection procedures were in place and the manager told us appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The records we looked at confirmed this.

Members of staff told us people living at the home had regular health appointments. One member of staff told us people's healthcare needs were carefully monitored. They said, "We record the advance appointments in the diary" and "We keep an eye on people's symptoms so we can get help immediately." This meant staff made the appropriate referrals when people's needs changed.

Is the service caring?

Our findings

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. People we spoke with said, "I am well looked after." "I am happy most of the time", "I do like living here" and "It's nice living here." One relative we spoke with expressed a high level of satisfaction with the service provided for their family member. They said, "They are really well looked after at St Philips."

We looked at support plans for four people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual support plan. People who lived at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

The staff we spoke with told us the support plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We observed interaction between staff and people who lived at the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people

living in the home. People had free movement around the home and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished.

People were supported in maintaining their independence and community involvement. On the day of our inspection we saw one person spending time in their bedroom and other people spent time in the communal lounge areas. One person we spoke with told us, "I can choose what I want to do."

Some people living at St Philips had communication difficulties. We observed staff ensured all verbal communication was clear and care was taken not to overload the person with too much information. Staff spoken with had developed individualised communication systems with people who lived at the home. This enabled staff to build positive relationships with the people they cared for. Staff were able to give many examples of how people communicated their needs and feelings. All staff spoken with told us of their commitment to facilitating a valued lifestyle for the people living in the home.

Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. Keyworker meetings were held once a month to ensure the person was receiving coordinated, effective and safe care. One member of staff we spoke with said people received a good quality of care because they had freedom of choice and were supported to be independent.

Everyone we spoke with told us their dignity and privacy was respected. One person said, "I have my own private space and staff respect my privacy." One relative we spoke with said, "I am sure his dignity is respected." We saw people walking around the home when they wanted to. People told us they were able to choose what they wanted to do each day and decide if they wanted to join in with the activities. We observed staff attending to people's needs in a discreet way which maintained their dignity and staff knocked on people's bedroom doors before entering.

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the home. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary.

The Registered Manager told us people living in the home were offered a range of social activities. People's support plans contained an individual weekly activity planner. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the day care centre and on holidays.

Staff told us the service was flexible and responsive to people's needs, for instance they would leave an activity early if the person didn't want to participate or they found the experience stressful. In one care plan for someone with complex medical needs information about what action should be taken in different situations was detailed and reviewed on a monthly basis. For example, if a person experienced a seizure what action should be taken to reduce the risk to them was recorded in detail.

The Registered Manager told us the complaints' policy was explained to everyone who used the service. People were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. People we spoke with and relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. One relative we spoke with said, "I have never had any concerns."

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited. Relatives were encouraged and supported to make their views known about the care provided by the service. The home had invited relatives to complete an annual customer satisfaction questionnaire. We saw questionnaires stating people were happy with the service and they were treated with respect.

Each person's records included a daily record of care given. The record showed personal care; activities participated in, independent living tasks such as cleaning their room, observed mood and behaviour, appointments with other health care providers and incidents.

Is the service well-led?

Our findings

At the time of our inspection the service had a Registered Manager who had been registered with the Care Quality Commission.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the regional manager. The reports included any actions required and these were checked each month to determine progress.

Observations of interactions between the Registered Manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people living in the home. They told us the Registered Manager was approachable, supportive and they felt listened to. One member of staff said, "The manager is really making a change."

The staff we spoke with said they felt the management team were supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were

aware of the whistle blowing procedures should they wish to raise any concerns about the Registered Manager or organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for January 2014 and discussion included health and safety and staffing. The Registered Manager told us they had an open door policy and people who used the service and their relatives were welcome to contact them at any time. They said staff were empowering people who used the service by listening and responding to their comments.

Any accidents and incidents were monitored by the Registered Manager and the organisation to ensure any trends were identified. The Registered Manager confirmed there were no identifiable trends or patterns in the last 12 months.

We saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved people who used the service.

Staff we spoke with said they enjoyed working at the home and felt they were able to share their thoughts and opinions at staff meetings and in staff questionnaires.