Voyage 1 Limited

Peel House

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

Peel House is a residential care home for 8 people with complex learning and physical needs. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection 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 ongoing 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.

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Staff knew how to protect people from avoidable harm and abuse. Support plans contained risk assessments and plans provided clear guidance for staff on how to keep people safe. Relatives of people using the service said they were confident their loved ones were safe. The service followed safe recruitment practices. Medicines were managed safely.

Staff were trained to carry out their roles. All of the staff we spoke with said they felt well supported by the registered manager. Staff remained knowledgeable about the requirements of the Mental Capacity Act. 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.

Staff interactions with people using the service were positive and caring. Staff demonstrated respect for the people they supported. People using the service were relaxed and responded positively to staff. We saw and heard lots of smiling, laughter and singing. Feedback about staff included, "The staff are very friendly, helpful and smiley" and "The staff are really good. They bend over backwards for people."

Support plans were person centred and very detailed about people's choices and preferences. People had access to a range of activities within the local community. There was a complaints process in place. No complaints had been received. The service had received positive feedback from people using the service and their relatives.

Staff spoke highly of the registered manager. The values of the provider were embedded in the day to day running of the service. There was a friendly and supportive atmosphere throughout the building. There were robust quality assurance processes in place.

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 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**

Peel 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 was a comprehensive inspection. It took place on 24 May 2018 and was carried out by one inspector. The inspection was unannounced.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.
During the inspection we spoke with one person using the service, four members of staff, the registered manager and a visiting health professional. After the inspection we spoke with one stakeholder and two relatives of people using the service. We reviewed three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

Relatives of people using the service said, "I do feel [person's name] is safe there" and "Oh definitely; absolutely safe living there."

Staff had been trained to protect people from harm and abuse. All of the staff we spoke with demonstrated they knew signs of abuse to look for and how to report any concerns. One staff member said, "I would report it to the senior, or the manager." Another said, "I know how to report concerns. There is a safeguarding number to call on the notice board." Staff also knew to report concerns about poor care. One member of staff said, "I would report anything I was worried about and would go as high up in the company as I needed to."

Support plans contained risk assessments for areas such as falls and malnutrition. There was clear and detailed guidance for staff on how to reduce the risks of harm to people. For example, when specialist equipment was required to move people safely, this was documented. When people needed to be supported to move or change position, there were photographs in place which showed staff how to do this.

Safe recruitment procedures were followed. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There was enough staff on duty to meet people's needs. On the day of our inspection, one member of staff was on sick leave and another had gone to support one person who had been admitted to hospital. Staff who were on days off came in to work to ensure there was enough staff to support people. Comments from staff included, "We [staff] are pretty good at trying to get any shifts covered." Also, "We do use a few agency staff now and then, but most staff are happy to come in and do extra shifts." One relative said, "There's always someone available, it doesn't feel short staffed. The agency staff I've met seem quite good." However, another relative said "There has been a high staff turnover, which I think is unsettling. The agency staff are very pleasant, but just not as proactive as the permanent staff." The registered manager told us they had been using agency staff due to staff shortages, but that regular agency staff were used in order to provide continuity of care. They said agency use had reduced as they had been successful in recruiting new staff.

Medicines were managed safely. Staff administering medicines had been trained and assessed as competent. There were photographs of people at the front of medicine administration records (MARs) and larger photographs were in place on trays staff used to take medicines to people. These assisted staff to ensure they administered medicines to the right people. Although we saw three gaps on MAR charts where staff had omitted to sign to confirm they had given medicines as prescribed, immediate action was taken by one of the senior support workers to rectify this. Additionally, not all of the charts had been signed to

indicate people had their creams and lotions applied as prescribed. We discussed this with the registered manager during the inspection and they said they would make staff aware of the importance of this. Medicines were stored safely and regular stock checks were carried out.

The environment was clean. Staff had access to personal protective equipment such as gloves and aprons. Staff were trained to prevent the spread of infection. Equipment was checked regularly to ensure it was clean.

Incidents and accidents were reported. Lessons learnt from these were shared with staff.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and regularly reviewed. Staff were alert to when people's needs changed. For example, they had arranged for one person to go back to hospital for a review, despite the person being discharged from the accident and emergency department two days earlier.

Staff were trained to carry out their roles. There was a training plan in place which showed staff attended regular training. When refresher training was due, the registered manager arranged for this to happen.

People were supported to have enough to eat and drink. Some people were receiving artificial feed regimes via percutaneous endoscopic gastrostomy (PEG). These were clearly documented in people's support plans. Staff confirmed they had been trained to administer these. Other people's preferences for what they liked to eat and drink had been documented, including details of any adapted cutlery. For example, in one plan we looked at it was written "Likes toast, lightly toasted, cut into fingers." We saw records that showed people were involved in menu planning. For example, "[person's name] would like pesto pasta" and "[person's name] smiled when asked if he would like curry." On the day of our inspection we heard people being asked if they wanted the lunchtime meal that had been prepared. People were asked if they wanted to eat in the dining room or elsewhere. When one person didn't want the main meal they were offered something else instead. One person we asked said the food was "nice". People's weights were monitored. When people lost weight staff sought advice from the GP. Guidance from other specialists such as the speech and language therapist was included within care plans.

People were supported to have their healthcare needs met. Records showed people were reviewed by the GP, the physiotherapist, occupational therapist and district nurse. People were supported to attend hospital appointments. One relative said, "The staff always let me know about appointments" and, "Staff always contact us when [person's name] is ill or has had a bad night." A visiting health professional said, "Staff communicate well with us. When they ask for advice they do as we suggest."

The building was light, bright and airy. People's bedrooms had been decorated in accordance with their choice. The outside space was large, but mainly laid to grass. This meant that some people in self-propelled wheelchairs might find it difficult to move around outside.

Consent to care and treatment was sought in line with legislation and guidance. People were assessed for their capacity to consent to their care and treatment. When people lacked capacity best interest decisions had been made. These were documented and showed that less restrictive options had been considered. Input from other health professionals and advocates had been sought. Staff remained knowledgeable about the Mental Capacity Act (2005) and were able to explain how they applied it when supporting people to make decisions. One member of staff said, "I always offer choice to everyone. I know [person's name] relishes making choices; I showed them about ten DVD's to choose from earlier." Also, "Some people will eye point or finger point to indicate choice." Another member of staff said, "We offer choices all the time. I might take someone shopping for toiletries for example, and I'll show them all the options."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was meeting the requirements.

Good

Is the service caring?

Our findings

Throughout our inspection we saw and heard people being treated with kindness and respect. As staff moved around the building, they took time to speak to people. For example, we heard staff saying, "Hi there, how are you today?" And, "Are you watching a film? Is it any good?" One person was listening to music and we saw staff join them and sing along with it. The person was smiling and laughing with staff.

When one member of staff went upstairs to get something, another member of staff and one person using the service hid around the corner. The second staff member said, "Shall we hide and make them jump when they come back?" The person was laughing with the member of staff when this happened. We saw other staff laughing and joking with people.

Relatives of people spoke highly of the staff. Comments included, "The staff are very friendly, helpful and smiley" and, "The staff really know my relation. They do a great job." One relative said, "When I take [person's name] out for the day, they're always happy to go back and always have a big smile on their face."

A health professional said, "The staff are lovely, friendly and very person centred. They go out of their way to provide really good care", "It's excellent."

Staff knew how to respect people's privacy and dignity. They said, "I'm passionate that people should always have their dignity respected." And, "I always close doors and curtains and keep people covered up, and I always tell them what I'm doing and why." One staff member said, "It's important to respect people's choice about whether they want a male or female support worker." Staff responded swiftly to people in order to maintain their dignity. For example, if people spilt something down themselves, staff quickly ensured they had a clean top on.

Staff spoke highly of their roles. Comments included, "I know we provide good care because people tell us" and, "This job is challenging but rewarding too. I enjoy making a difference to people's lives." One member of staff said, "I love my job, encouraging people to live a fulfilling life. I enjoy being part of that and it means a lot when you can really make a difference."

The registered manager said, "We've got a mix of staff ages and experience. They work extremely hard. It's a family oriented service. The team have a great relationship with people's families too."

Good

Is the service responsive?

Our findings

Support plans were person centred and included people's choices and preferences about their care. For example, one person liked to have music on whilst receiving personal care. We saw staff take this person to their bedroom after lunch and we heard music playing soon after. One page profiles detailed what was important to people and there was information about people's social history.

All of the plans we looked at had been reviewed regularly. Records showed that people using the service and their relatives were invited to contribute to the reviews. One relative said, "I make it my business to get involved in the reviews." Another said, "I always get invited to the reviews. If anything is not going so well, they act on it. For example, we had problems with a wheelchair and as soon as I raised it, staff got it fixed."

Staff knew people well. One health professional told us, "The support plans are very detailed and this translates into the care provided." The staff we spoke with had a detailed understanding of people's needs. One member of staff said, "I've read all of the support plans. I read them all regularly because they do change." Another staff member said, "To me, person centred care is all about putting people first and making the world revolve around them. It helps that we know them all so well." Comments from relatives included, "The staff know my son. They bend over backwards for him." Also, "Staff have got to know [person's name] really well. They have their own in jokes with him, which he loves and they are very interactive with him."

Communication care plans were very detailed. For example, in one plan there was a list of things the person did and how staff should interpret this. Staff knew that when another person tapped their chin, it meant "yes." Some people used computer aided technology. We saw a member of staff using a tablet device with one person to look at pictures and hear sounds. One person had a visual impairment and the plan guided staff to "ensure you are in her eye line" and to use "simple, clear words."

Health plans provided clear guidance for staff on how to identify when people were feeling unwell and the action they should take. Hospital passports were in place. These are booklets designed to give hospital staff helpful information that isn't only about a person's illness and health and includes lists of what the person likes or dislikes. Epilepsy support plans informed staff what to do in the event of a seizure.

People had access to the community. Staff supported people to attend a variety of activities such as music clubs, swimming, theatre trips, shopping and the church. People also went to different clubs and drop in centres where they could socialise, play games and listen to music. One member of staff told us they had taken two people to a music concert. They said, "I'm [person's name] key worker and seeing her face light up when her favourite singer came on stage was amazing." Staff said they were taking some people to a tribute concert in the local town that weekend. One said, "It's rewarding to be able to help people to have a meaningful life and to support them with things they can't do by themselves."

There were advanced care plans in place. These contained some details of people's choices about their end of life care. The registered manager said this was an area of care planning they were working on to improve.

They said, "We're in the process of talking about this with people and their parents."

There was a complaints procedure in place. No formal complaints had been received in the past 12 months. People's relatives said they knew how to complain. Comments included, "If I need to, I know how to" and "I've never had to make a complaint." There was a compliments file in place. Examples of these included, "What a joy to visit [person's name] now. She is relaxed, happy, cheeky and right back to how she should be. Thank you for getting it so right for her."

Good

Is the service well-led?

Our findings

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.

Robust quality assurance processes were in place. Regular audits of medicines management, infection control and care plans were carried out. When actions were noted, there were clear timeframes in place for these to be completed, including details of who was responsible. We saw the latest local authority quality review visit report and no concerns had been noted.

Annual service reviews were carried out. The provider monitored what was working well at the service and what was not working so well. The latest review was dated June 2017 and actions had been taken to improve areas that were not working so well. For example, the lack of wheelchair accessible gardens was being addressed, although there was no defined timescale for this. The review also highlighted that staff did not always feel valued by the provider. This issue had not been fully resolved.

Staff gave us mixed feedback about how valued they felt. One said, "I feel valued by my seniors, the manager and by the people I support. But I don't feel valued by Voyage." Another member of staff said, "The manager is really good at telling you that you're appreciated. Overall, I feel like I'm employed by Peel House, not Voyage." One relative told us, "I don't think the staff are rewarded enough. I've emailed Voyage and told them so."

Regular feedback was sought from people using the service and their families. The latest feedback we looked at contained comments such as, "First class care and support", "I cannot speak highly enough of the care" and "A friendly and fun place to be."

Regular staff meetings took place. We looked at the minutes of the latest meeting which showed that several people using the service had also attended, although confidential issues had not been discussed.

Staff spoke highly of the registered manager. Comments included, "She [the registered manager] is very approachable and always listens." Also, "The manager is brilliant, really lovely." One relative told us, "The manager is great." During our inspection the manager was a visible presence and interacted with people throughout the day. They introduced us to people and made sure that people understood who we were and why were there.

Providers are required by law, to display their CQC rating to inform the public on how they are performing. The latest CQC rating was displayed in the service and these details were also on the provider's website.