Voyage 1 Limited

St Philips Close

Inspection report

1 St Philips Close
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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

St Philips Close is owned and managed by Voyage 1 Limited and is registered to provide accommodation and personal care. The building is purpose built and provides facilities and living accommodation for up to eight people who lived with a learning disability and/or a physical disability. There is level access throughout the service and there is a parking area outside for a small number of cars.

We carried out the inspection of St Philips Close on 30 May 2017. At the time of our inspection, there were seven people using the service. This was an unannounced inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The home had a registered manager. 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 were protected from the risk of potential abuse because staff knew how to recognise the signs and what action to take to safeguard them. The risks to people were managed in a way that promoted their independence. However, we observed a staff practice that put people at minimal risk. People were cared for by sufficient numbers of staff who were recruited safely. People received their medicines as prescribed by staff who were appropriately trained.

People's care needs were met by skilled staff who were supported in their role to provide effective care and support. 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 had applied the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards in their care practices. People were referred for a Deprivation of Liberty safeguard appropriately. People were encouraged to make as many choices about their care as possible. People had access to a choice of meals and were encouraged to eat and drink sufficient amounts. People had their nutritional needs met. People were assisted by staff to access relevant healthcare services when needed.

People were cared for by staff who were kind and sympathetic to their needs. Staff had extensive knowledge of people and their background and preferences. People's right to privacy and dignity was respected by staff. People were encouraged to maintain relationships that were important to them.

People were encouraged to be involved in their care assessments and had access to an advocate to represent them. The service provided was person-centred to meet people's specific needs. Staff were able to recognise when people were unhappy and this was explored and resolved where possible. The provider had systems in place to record and monitor complaints. People were asked what activities they would like to be involved in and staff supported them to achieve these goals.

People were supported to have a say in how the home was run. The home was run by a registered manager who was supported in their role by the operations manager. Staff felt supported in their role by the registered manager. The provider had effective systems in place to assess and monitor the quality of the service provided to people. We observed there was a happy and person-centred culture in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of potential abuse because staff were aware of the signs and knew what to do to safeguard them.

The risk to people was managed in a way that promoted their independence. However we observed a staff practice that increased risk to people.

People were supported by sufficient numbers of staff to ensure their needs were met.

People's prescribed medicines were managed safely by skilled staff.

Is the service effective?

Good

The service was effective.

People were cared for by skilled staff who were supported in their role to ensure people's needs were met.

People's human rights were protected because the provider was appropriately applying the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards.

People had a choice of meals and were supported to eat and drink sufficient amounts.

People had access to relevant healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were caring and sympathetic to their needs.

Systems were in place to encourage people to make decisions

about their care needs.

People's right to privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People were encouraged to be involved in their care assessment and reviews.

People were able to live a lifestyle of their choice and were supported by staff to pursue their interests.

The provider had systems in place to appropriately manage complaints.

Is the service well-led?

Good

The service was well-led.

People were encouraged and supported to have a say in how the home was run.

The home was run by a registered manager and staff told us they felt supported by them.

The provider's governance was effective in assessing and monitoring the quality of service provided to people.

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.

The inspection took place on the 30 May 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete 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 looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at three care records for people who used the service and four staff files. We spoke with two people and three support workers as well as the registered manager, deputy manager and operations manager. We looked at quality monitoring systems, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

People's risks were managed in a way that promoted their independence and safety. For example, people were provided with one to one support to enable them to pursue their interests whilst ensuring their safety. One person required support to manage their behaviours. A staff member told us about the use of diversion and behaviour management techniques to reassure the person. We found all identified areas of risk had been assessed including ways to reduce or remove the risk. Risks were rated against their severity. We saw risk assessments in place for mobility, finances, social skills and activities. This showed us risks were analysed and minimised where possible.

People were supported by trained staff to take their prescribed medicines. Most people were unable to tell us about the arrangements with regards to their prescribed medicines. However, we saw that Medication Administration Records (MARs) were signed to show when medicines had been given to people. A staff member said one person occasionally refused their prescribed treatment. They told us that when this happened, they would try again later and if they still refused they would respect the person's decision and seek medical advice. Medication profiles were in place indicating to staff how people liked to take their medicines. The registered manager said and records evidenced all staff had received medication training and staff confirmed this. Access to training ensured staff had the skills to assist people with their medicines safely. The registered manager said competency assessments were carried out to review medication practices and staff confirmed this. We observed that medicines were stored securely, however, medicines were not always stored appropriately. For example, we saw that the temperature of the medicine room was 28 degrees Celsius, which is outside of the recommended range for storing medicines. The registered manager was notified and took immediate action to address the issue.

We recommend that the registered manager conducts their own spot checks on the medicines storage area.

People were protected from the risk of potential abuse because staff were aware of the signs to look out for. One staff member said, "We know the signs of abuse, being withdrawn or not wanting to eat." They told us they would share any concerns with the registered manager. Another staff member told us, "If I was worried about anything, I would go see the deputy or the registered manager." Staff were aware of other external agencies they could share their concerns with to protect people from the risk of further harm. Discussions with the registered manager confirmed their awareness of when to share information about abuse with the local authority to safeguard people and our records confirmed this.

Accidents and incidents were appropriately managed and we found the provider was taking action to reduce the risk of any accidents happening again. For example, where people were found with marks on their body, investigations took place to identify the source and the source was removed where possible. We saw that a record of accidents had been maintained. This allowed the provider to monitor for trends and to take action to avoid a reoccurrence. This meant the provider had systems in place to ensure people's safety.

People were supported by sufficient numbers of staff. The registered manager said people required one to one support at times to ensure their care needs were met safely. Discussions with one person and staff

members confirmed this level of staffing was always provided and we observed this on the day of the inspection. We looked at the rota which showed when staff were working and found consistent staffing levels, ensuring people could complete the tasks and activities they wished at the times that suited them.

The provider had a safe recruitment process in place. The provider's recruitment process included safety checks. For example, the registered manager said and records evidenced a Disclosure Barring Service (DBS) check was carried out before staff started to work in the home and staff confirmed this. The DBS helped the provider to make safe recruitment choices. We looked through three staff files and found people had applied for their roles, been interviewed, had ID checked and positive references obtained.

We walked around the premises and found exits were clear from clutter and equipment had been serviced regularly in line with the manufacturer's guidelines. On the day of inspection the service completed a fire alarm test. Fire equipment was checked and serviced at regular intervals. People who lived in the service told us they thought they lived in a safe environment and had no concerns. One person said, "It's really safe here; nothing can happen to us here."

Good

Is the service effective?

Our findings

People were cared for by skilled staff. Staff told us they had access to regular training to ensure they had the skills to carry out their role. One staff member said, "We have a lot of opportunities to do training." Another staff member told us, "Training is up dated all the time." The registered manager said they observed staff practices to ensure the skills learnt were put into practice and that people's needs were met. We saw documents which indicated checks on staff competency were completed.

People received care and assistance from staff who were supported in their role by the registered manager. Staff told us they routinely received one to one supervision sessions. One staff member said, "It's a good chance to see how we are doing and to ask for any training or support." We spoke with another staff member who said, "We always talk about how I am and what's working well." This meant people could be confident that the staff who cared for them were supported in their role to provide a safe and effective service.

We looked at how the provider supported new staff in their role. Staff told us they had an induction when they started to work at the home. This included training, getting to know people and reading the provider's policies and procedures which promoted good care practices. One staff member said, "I enjoyed my training and what I did so much I wanted to stay."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The MCA 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 make 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 to 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Four people who used the service had an authorised DoLS in place. This was because they required continuous supervision and doors were locked to ensure they received the appropriate care and support. Staff were aware of the reasons why people had a DoLS in place and the impact this had on the individual. One staff member said a person's liberty had been deprived as locks were fitted to doors to prevent them leaving the home in order to keep them safe. However, people had the opportunity to go out with the support of staff on a daily basis if they wished and we observed this. We saw that mental capacity assessments had been carried out to determine whether people had the capacity to make a decision and whether a DoLS application was appropriate.

Staff had a good understanding of the MCA. One staff member said, "I always assume a person has capacity to make their own decision." They told us people only used limited words to express their needs. This meant

their preferences and consent would be determined by their facial expression and body language. Another staff member said people were supported to make decision by using pictorial aids. This enabled people to point at what they wanted. This demonstrated that staff were aware of how to support people to make a decision and obtain their consent.

Before people came to live at the service an assessment of their needs had taken place. This assessment informed the provider whether they could meet that person's needs. The initial assessment provided a foundation of information about a person and this was used to feed information into their care records.

People were supported by staff to eat and drink sufficient amounts. People had access to pictures of food and drinks to help them choose what they wanted. Staff told us weekly meetings were used to create a menu plan for the coming week. This meant people decided what they wanted to eat. Staff were aware of foods nutritional content and advised of healthier options when appropriate. Guidance on nutritional content was included in people's care records, including the label to look for on food packaging. We observed one person indicate they wanted a drink and a staff member made them one. One person's care record informed staff that their meal needed to be blended to reduce the risk of choking. The staff we spoke with were aware of this. Staff were aware of the amount of drinks and food people had and these amounts were recorded in daily notes. Staff confirmed and the care records we looked at evidenced that people had access to a dietician and a speech and language therapist. These professionals provided support to people and staff with regards to suitable meals to promote their health and to reduce the risk of choking. People's weight was monitored and staff informed us that any concerns would be shared with the GP.

People had access to relevant healthcare services when needed. Staff confirmed they supported people to attend their medical appointments. One person said, "If I need the doctors, I can go with staff." The registered manager told us some people were unable to say when they were feeling unwell, but they could tell by changes in their behaviour. For example, they may become withdrawn and show a lack of interest in activities. Staff told us this would be explored further and the GP would be contacted. We looked at three care records, which contained communication and input from healthcare professionals including dentists, opticians, G.P. speech and language therapists, district nurses and behavioural therapists. This provided evidence of routine health checks throughout the year and when follow up medical appointments were required.

Good

Is the service caring?

Our findings

People were cared for and supported by staff who were caring and sympathetic to their needs. We spoke with a person who said, "The staff are great, they do anything I need. Honestly it's really good here," and, "I would recommend the service to others, definitely. This is a great place, you should make it outstanding." We observed a staff member routinely chatted with a person even though the person was unable to respond. We saw that when the person indicated they wanted support, staff responded to them in a caring manner. When staff entered the room they took the time to talk with the person and to find out if they were alright. Staff were aware of people's diagnosis, the impact this had on them and how to meet their needs.

People had limited capacity to make a decision about their care. However, staff told us pictorial aids were used to help them make decisions about their care needs. For example, care plan reviews were provided in a pictorial format to promote their understanding. A staff member told us, "We try to get as much information about each person as possible." People were encouraged to make decisions for themselves to promote their independence. Care documentation encouraged staff to promote people's independence including a section on 'social skills and independent living', which stated 'if others do something for this person, they are less likely to ask to do it for themselves.' This showed us people were supported to be more independent.

People's right to privacy and dignity was respected by staff. We observed a staff member knock on a person's door to enquire if they were alright. Staff understood the importance of maintaining people's privacy and dignity. One staff member said they always ensured personal care was carried out in a private area. Another staff member told us about the importance of closing people's doors and curtains before they supported with their personal care. We observed people were dressed appropriately to ensure their dignity and, when needed, they were supported to change their clothes. The registered manager said there were times when people chose to be alone in their bedroom. This was respected by staff and we observed this during the inspection.

People were able to have visitors and discussions with staff confirmed that people were supported to maintain contact with people important to them. On the day of inspection, one person was supported to go see their friend in hospital. Care records contained information about people who were important to them. For example mum, dad and friends.

We saw advocacy was available if people wanted support making a decision. We reviewed people's records and saw people had advocates involved in their lives previously This showed us the service openly supported the use of advocates.

Good

Is the service responsive?

Our findings

People were supported by staff to be involved in their care assessment and reviews. The operations manager said, "We support each person to create a meeting that works for them. They can have the meeting where they wish and invite who they wish." Although some people who used the service were unable to verbally communicate their wishes and views, staff observed people's facial expressions and body language to understand people's preferences about how to meet their specific needs.

People were supported by staff to pursue their personal interests. Through the use of pictures, people were able to point at things they wanted to do. We observed a staff member show a person a picture of a social activity and the person indicated they wanted to pursue this. Another person said, "I love it here, there is loads to do. I like to go out, I'm going out today." Activities were supported on an individual or group basis depending on what people wanted. The service had a table of pictures and items from previous events that had been held. People's care records captured details around what people liked to do. For example, we saw one person liked music, baking, magnetic darts, skittles, DVD's, going to the cinema, theatre or a trip to the coast. On the day of inspection, we saw a staff member ask a person what they wanted to do now, they asked for a DVD to be put on. The staff member asked what kind and checked if they had the right one before playing it for them.

People were provided with person-centred care. We spoke with a person who said the service provided was 'person-centred' to meet the individual's specific needs. For example, they told us one person required support with their behaviour. One of the living rooms had been designed to reduce the risk of injury in relation to the behaviour they displayed. Staff were aware of each person's preferred daily routine and we saw this information was also contained in their care record. For example, what the person liked for breakfast, when they liked to have a wash and the time they enjoyed going out. We saw people's preferred routines had been carried out. We saw the service supported one person, who required blended food, to order meals into the home already blended. These meals came plated with individual portions of blended food. Food was also served in the shape of the food that was blended. For example, blended carrots were presented in the shape of a carrot. This showed us staff took the time to support people to have the same options as everyone else as much as possible.

People's religious needs were assessed and met. For example, one person was supported to attend a place of worship. Records also provided staff with information about what they liked and disliked. For example, one person disliked being rushed and being told what to do. We saw evidence that staff were patient with this person and gave them time to express their needs and they were supported to go for a walk. This demonstrated that the service provided was specific to the individual and was person-centred.

People had access to their care plans and these were provided in a pictorial format to promote their understanding and to encourage their involvement. Staff were aware of people's personal history. For example, one staff member informed us a colleague had cared for two people at their previous placement before they moved into the home. The registered manager told us they had a wealth of knowledge about people which was very useful in creating their care records.

We saw the service had not received any complaints. People told us they were happy and knew how to complain if they wished. The registered manager told us complaints would be explored further to try and resolve any problems. People's care records also contained information for staff on how to support people to make a complaint if they wished to. House meetings checked with people if they had any complaints to make. This showed us people were asked for their views regularly to improve the service. The registered manager informed us that complaints would be recorded and responded to. The recording of complaints would enable the provider to identify any trends and action would be taken to address them.

Good

Is the service well-led?

Our findings

People were encouraged and supported to have a say in how the home was run. Staff told us regular meetings were carried out with people.

The registered manager said meetings were carried out with the staff team and staff confirmed this. A staff member said they discussed any forthcoming changes within the service and ideas for activities for people. They said, "The manager is really good. We have an open door policy so we can go and speak with them at any time." One of the people who used the service confirmed the registered manager had an open door policy.

Staff felt supported in their role and understood their responsibilities. One staff member said, "The manager is very supportive." The registered manager told us they were supported in their role by the operations manager. They confirmed staff had access to regular one to one supervision sessions which helped them in their role. They told us and we corroborated with staff this had boosted their confidence and gave them a better understanding of what was expected from them. They told us they had access to training to maintain their skills to provide an effective service for people. Further discussions with the registered manager confirmed their awareness of when to send us a statutory notification of incidents that occur in the home, which they are required to do so by law.

We spoke with staff about the culture of the home. One staff member said, "It's a lovely place to be, we have a lot of fun here." Another staff member told us the emphasis was to provide a homely environment where people felt safe and comfortable in and we observed this. The registered manager described the culture as very person-centred and they aimed to make a homely feel. We observed that the service was homely and staff were committed to providing people with a good service.

We looked at the systems in place to monitor the quality and consistency of the service. Monthly house meetings were held to gather people's experiences of the service and the minutes showed people's reactions were positive. Staff told us any comments from meetings would be reviewed and changes to the service would be made where necessary. We saw regular comments about how to improve the service, for example around house cleaning and activities. This showed us people had chance to express their views and the registered manager listened in order to improve the service.

We saw the service conducted annual service reviews. The annual service review gained information around how staff would describe the care and support people received, what worked well, what was the best thing about working at St Philips Close and what was not working so well. The comments we viewed were overwhelmingly positive with short remarks around the turnover of staff. The registered manager informed us that they had recently been recruiting to solve this issue. The service also completed an internal 'quality and compliance audit'. We viewed the last audit completed in November 2016. This looked at the quality of service provided and where improvements were needed. The plan rated the service against the five key questions we ask on inspection. Overall from this audit the service scored 85.8%. We saw an action plan was created and many of the concerns raised had already been rectified.

The registered manager said they observed medication practices and staff confirmed this. This was to monitor and promote safe working practices. The registered manager said staff had access to regular training. Staff's practices would be observed by the registered manager who would decide whether they were competent or if further training was required. This ensured people received a good standard of care from skilled staff. Care records were regularly reviewed to ensure they provided staff with up-to-date information about how to care for people. Staff confirmed that information contained in care records were relevant and reflected the person's care and support needs.