

Voyage 1 Limited

Three Sisters

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Three Sisters is a residential care home for up to 10 people. At the time of the inspection 9 people lived at the home. The service provides care, support and accommodation to people living with learning disabilities or autistic spectrum disorder.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives. Staff encouraged people to enhance and maintain their independence and encouraged people to make decisions for themselves. Processes were in place to enable staff to support people in the least restrictive way possible. However best interest decisions were not always reviewed by relevant external representatives.

Risks to people were assessed, monitored and managed. Staff had the necessary skills, knowledge and experience to provide safe and effective care. Overall there were enough staff to meet people's needs. However we recommend the provider reviews the night time staffing levels to ensure they remain safe and appropriate to people's needs.

People's medicine support was managed safely, and staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. People had a choice about their living environment and were able to personalise their rooms. Some aspects of the home needed refurbishment and the provider was taking action to address this.

Right Care:

Care was person-centred and delivered in a way which promoted people's dignity, privacy and human rights. Staff offered people choices and involved people in making decisions about their routines and how care was provided. Information was provided in formats which met people's individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff worked alongside partnership agencies to assess and develop the care and support people received. This collaborative approach helped ensure people achieved good outcomes. Staff understood how to protect people from poor care and abuse and worked well with other agencies to do so.

People received care that supported their needs and aspirations and was focused on their quality of life. People's equality characteristics were celebrated and respected. Staff identified people's circles of support and involved them to help promote people's wellbeing and enjoyment of life.

Right Culture:

The provider's audit systems did not always identify and drive improvements in the quality of care. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service lead confident, inclusive and empowered lives. People were supported to identify and develop individual aspirations. Staff adapted their support to help people pursue their interests and to achieve their life goals. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 25 July 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made recommendations to the provider about ensuring best interest decisions are reviewed with input from external representatives and to ensure staff always have the most up to date policies. We have also made recommendations to the provider to review night staffing levels and their audit systems to ensure areas for improvement are consistently and promptly identified and addressed.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Three Sisters

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Three Sisters is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Three Sisters is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

We visited the home on 12 September 2022. On 19 September 2022 we made phone calls to relatives of people using the service and met with the registered manager, quality development manager, head of behavioural support and behavioural support practitioner to get more information regarding the management of risk at the service.

What we did before inspection

We reviewed information we had received about the service since it's registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with people in the communal areas observing the care and support provided by staff. We spoke with 5 people who used the service and 3 relatives about their experience of care provided. We gathered feedback from 10 staff members including the registered manager, support workers and senior support workers. We reviewed a range of records. This included 3 people's care records and 4 people's medicines records. We looked at 2 staff recruitment files and other records relating to staff training. We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records. Following our site visit we met with the registered manager, quality development manager, head of behavioural support and the behavioural support practitioner.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Overall staffing was arranged in relation people's individual needs. Some people consistently required the support of either 1 or 2 members of staff to ensure they could be kept safe. Staff rotas showed this dedicated support was consistently provided and usually ended at 9pm. The registered manager said if any person required their dedicated support after 9pm this would be provided.
- Staff rotas showed there were usually 4 staff members on duty at night. One person's support plan detailed if they had an emotional reaction they may require the support of up to 4 staff. This meant if the person required this level of support during the night, there would not be any staff available to support other people. The registered manager told us there was an on-call rota to ensure additional staff could attend if required. Following our site visit 2 new support workers had been recruited to work night shifts.

We recommend the provider review night time staffing levels to ensure they are appropriate to maintain the safety and wellbeing of people using the service.

- Some people told us their relatives would benefit from a smaller staff team and that changes to core team could be managed better. One relative told us this would "help a lot as you can build relationships when there is a smaller team."
- Systems were in place to make sure staff were recruited safely.

Assessing risk, safety monitoring and management

- Risks associated with people's health and wellbeing had been assessed. Risk assessments were person-centred. Staff were aware of what actions they should take to help to reduce identified risks.
- Care records were updated as people's needs changed or new risks were identified. Staff tried different strategies until they identified the most appropriate solution to protect people in the least restrictive way. We also saw examples of positive risk taking. For example, one person had been supported to access a community activity even though there were recognised risks. This demonstrated staff were aware of how to appropriately balance risk taking with ensuring people lived fulfilled lives.
- Some people were at risk of having emotional reactions in response to changes to their routines or environment. Detailed and personalised behavioural management plans were in place, so staff knew exactly what actions to take to calm the person if they became distressed or anxious. Staff told us restraint of people would only ever be used as a last resort and as detailed in the person's behavioural management plan. Staff received training in this area. Relatives told us they felt confident staff would do all they can to de-escalate emotional reactions before proceeding with other actions. One relative said, "There are times when they have to use [physical restraint] but it's always a last resort."

- Systems were in place to monitor environmental safety.
- Some areas of the home required repair and redecoration. The provider did not always ensure this was done in a timely way. For example, work to redecorate one person's bedroom had been ongoing for over 8 weeks. Other examples where repair work was required included; damage to walls in communal areas and corridors, a person's bed headboard, flooring in the sensory room, the door closure in the dining room and the staff toilet.

Following our inspection the registered manager told us the door closure had been fixed and all other areas of refurbishment were being addressed as an immediate priority.

Preventing and controlling infection

- The provider had systems in place to reduce infection control risks. We identified some of these systems required improvement. For example, the storage of cleaning equipment did not always support effective prevention and control of infection. Some communal areas also required more thorough cleaning. Following our site visit the registered manager assured us they had taken action to address these concerns.

Visiting in care homes

- People were supported to have visitors. The registered manager told us they regularly reviewed the visiting arrangements to ensure these were in line with government guidance.
- We saw a relative visiting the service during our inspection. Staff welcomed them warmly and enabled them to spend time with their family member in their bedroom and communal areas. The relative told us they were able to visit their loved one whenever they wanted to.

Using medicines safely

- The provider had systems and processes in place for the safe storage, administration, and use of medicines. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Although the provider had a medicines policy the most recent policy was not printed off and available to staff. This risked staff were not following the most recent policy.

We recommend the provider ensure staff have access to up-to-date policies.

- The provider ensured people were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- Medicines to manage behaviours were only used as a last resort. However incident forms were not always completed after the medicine had been used. The registered manager said this would be addressed.
- For medicines to be administered 'when required' (PRN), person centred protocols were in place. These provided staff enough information to administer these medicines appropriately.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained around safeguarding procedures and knew what to do if they thought someone was at risk. Staff told us they were confident the management team would respond appropriately.
- People and relatives said they felt safe and secure at Three Sisters. One relative told us, "I can tell [my relative] is happy here and [they] like staff, I feel they are safe living here."

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents and looked for trends to ensure there was an opportunity for learning lessons. They provided multiple examples where they had reflected on incidents to identify and implement changes to reduce the risk of repeated incidents.
- Staff were aware how to report any incidents to the management team. We found lessons learnt were regularly discussed during staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care records included assessments of people's capacity to make decisions. Capacity assessments were used to develop personalised care plans which provided staff with detail about how to support people to make decisions for themselves.
- Staff put their knowledge about the principles of the MCA into practice. We saw staff sought consent from people before providing support and encouraged people to make decisions about how they wanted their day to day care to be delivered.
- The registered manager maintained oversight of all DoLS applications. They ensured relevant information was included in care records so staff were aware of how restrictions may impact on the care they provided.
- Where a person lacked capacity for certain decisions we saw staff consulted and applied advice from relevant professionals to ensure decisions were made in the person's best interest. Staff also included other key people in the decision making process such as relatives, key workers and teachers.
- We saw one occasion where a best interest decision had been taken in 2020. Staff had consulted the person's external multi-disciplinary team and family members to ensure the decision was taken in their best interest. However, reviews of this decision had only been completed by the registered manager. This meant there was no external scrutiny to ensure the actions being taken by staff were still appropriate and, in the person's, best interest. Following our site visit we made a referral to the local authority about this person. We met with the registered manager and provider to seek assurance about how this person's care and support

was being delivered. The provider gave us assurances they were acting in the person's best interest and agreed this decision would be reviewed with input from the person's family and multi-disciplinary team as an immediate priority.

We recommend the provider ensures all reviews of best interest decisions evidence involvement of relevant external representatives in line with principles of the MCA.

Staff support: induction, training, skills and experience

- Staff said they received appropriate training and support. Where training updates were needed, this was highlighted on the training log and discussed with staff during supervisions. We saw plans were in place to ensure all relevant training was provided.
- Newly recruited staff followed an induction programme depending on their needs and experience. Records of induction did not evidence the period of shadowing. The registered manager recognised improvements could be made in this regard.
- Records showed staff received regular supervision and appraisal.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services. Care records showed specialist advice was sought and acted upon when required to meet people's health needs.
- People told us they were supported to maintain good health. One relative told us, "I am always involved with the consultant and the manager always feeds back to me." Another relative told us how staff would always call them if their family member was unwell or there was a change in their needs.
- Key worker reviews were completed monthly and used to keep track of where people may need additional healthcare support. For example, one person had not seen their podiatrist for several months due to changes in the appointment schedule. This had been identified at their monthly review and the registered manager was arranging an additional appointment.

Adapting service, design, decoration to meet people's needs

- The environment was developed in line with people's needs. Communal areas contained pictures of people using the service and there was a games room and sensory lounge which people enjoyed using. One person told us their bedroom was being redecorated and they had chosen the colour scheme based on their favourite football club. Another person had been offered an alternative bedroom as staff recognised they were happier when they were able to spend time in a quieter area of the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutritional and hydrational needs. Staff involved people in planning and preparing meals to ensure they met their individual preferences. People said they enjoyed the food and there was always enough to eat and drink.
- Care records contained information about people's dietary needs and preferences.
- We saw positive examples where staff had supported some people to improve their health outcomes by losing weight. Another person had been referred to a dietician due to losing some weight. The dietician's advice had been reflected within the person's care records and staff told us how they followed this advice in practice. The person's relative said, "As far as I am aware [they have] put a bit of weight back on. There are issues around food and drink but [they are] being monitored by staff."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into Three Sisters. Assessments clearly identified

people's needs and preferences and were regularly updated as people's needs changed.

- Care plans contained personalised information about people's preferences and how people could make decisions for themselves including through verbal and non-verbal means.
- Staff offered choices in ways which were appropriate to people's individual needs. One relative told us, "They [staff] know not to give too much choice, they stopped offering too much choice a long time ago...it's one new choice and one old choice." They went on to describe how their relative was now frequently picking new choices because they did not feel as overwhelmed by too much information.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The culture of the service promoted a person-centred approach to care. Staff treated people as individuals and understood and respected people's distinctive characteristics. One relative told us staff, "know [their] little quirks, they know [their] expressions, that's made a lot of difference."
- We saw staff took time to engage with people and showed genuine interest in their wellbeing. Staff were quick to react when people were anxious, providing comfort and reassurance.
- People and relatives said staff were kind and caring. One person told us their relative "feels secure" Another relative told us, "I'm really happy with it. [My relative is] very safe and yes, there is a quality of life."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to make decisions about their care and staff respected peoples' decisions. On the day of our site visit a planned activity had been cancelled. Staff offered the people affected the opportunity to go pumpkin picking at a local farm. Two people chose to do this, whereas another person said they would prefer to stay at home. Staff respected each persons' individual choice and ensured staffing plans were adapted to accommodate this.

Respecting and promoting people's privacy, dignity and independence

- We observed caring interactions between staff and people living at the service. Staff knew people well and mostly spoke with them in a caring and respectful manner. However, we observed two occasions where staff used language which was not respectful. We raised this with the registered manager. They agreed this was not appropriate and would be addressed through a staff workshop.
- We saw multiple occasions where staff took action to help preserve people's privacy and dignity. For example, we saw one person's trousers were falling down. Staff promptly and discreetly encouraged the person to go to the bathroom to adjust their trousers in private.
- Staff spent time supporting people to maintain their appearance and individuality such as through ensuring people's clothes were clean and reflected their individual preferences.
- Staff supported people to maintain their independence and enhance their life skills. We saw multiple examples where staff encouraged people to do things for themselves such as making snacks and drinks and tidying their bedroom and communal areas. Two people told us they liked to encourage staff and other people in the home to save energy because it was good for the environment. They told us staff supported them to do this and it was a project which was important to them because it was the "right thing to do".
- The registered manager told us they were always seeking opportunities to develop people's living skills with the view to ensure people could transition into independent living if this was something the person wanted. This was confirmed by what people told us. For example, one relative told us staff were, "working

on improving life skills, and for [them] to be more independent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care and support which met their needs and provided positive outcomes for their health and wellbeing. One relative told us, "I have seen such an improvement. Prior to moving into Three Sisters [they] were not engaging, they wouldn't eat or speak to anyone, their sleep was poor. [They] are so much more settled here, I really have seen a massive improvement."
- People were involved care reviews. Where changes occurred staff adapted care plans and practices to ensure the support provided met people's current needs.
- People told us they felt very involved in the care planning process. One relative said, "It's a person-centred review." They said had listened to their feedback and "taken it all on board". Another relative told us, "Staff keep me informed as much as they can do, they will call me if [my relative] is poorly or if there is an issue. I have had meetings about [their] care plan so I do feel involved."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Individualised communication plans were in place to provide staff with guidance on how to support people. Personalised communication methods were used to meet peoples' needs. Policies and procedures were available to people in accessible formats. Staff had training in alternative communication methods so they could provide people with effective support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social care needs were met. Staff supported people to participate in a range of activities. Many of these were in the local community and were specific to each person's needs and interests. One relative told us staff, "try to get [my relative] interested in activities, they took [them] to the Lake District and the beach, but it varies from day to day."
- An activities organiser worked at the service for 20 hours each week. These hours were arranged in relation to people's needs.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and monitor complaints. The provider had a complaints policy which was provided to people in accessible formats as required. The registered manager told us there had been no formal complaints about the service in the last 12 months. They were able to detail the actions they would take should a complaint be made in the future. This assured us complaints would be investigated and responded to appropriately and lessons would be learned to improve the quality of care provided.

End of life care and support

- No one was receiving end of life care at the time of our inspection. The registered manager recognised this was an area which could be further developed to ensure people's individual future wishes were captured through more detailed and comprehensive care planning.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems were in place to ensure the quality of care was regularly assessed. This included monitoring key risks to people's health and wellbeing such as checks of people's weights, accidents and incidents.
- There was a programme of checks to monitor service safety and quality such as audits of infection control, the environment and medication system. On the whole these audits were well completed and we saw examples where action had been taken to address shortfalls in the quality of care provided. However, some areas for improvement identified during this inspection had not been identified and addressed through the provider's own audit processes. We also saw the provider did not always respond in a timely manner when areas for improvement were identified especially in relation to maintenance issues.

We recommend the provider reviews their audit systems to ensure areas for improvement are consistently and promptly identified and addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives confirmed they felt involved and informed.
- People's feedback was regularly sought and used to make positive changes and improve the quality of care provided.
- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.
- The registered manager encouraged staff engagement through team meetings and staff surveys. We saw they acted on this feedback. For example, some staff had commented that while the registered manager had an 'open door' policy they were often too busy to speak with them. The registered manager now ensured they protected time each week so staff could 'drop in' to openly discuss any issues with them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive and transparent culture which supported the delivery of person-centred care. All the feedback we received about the new registered manager was positive. Our discussions with the registered manager demonstrated they were passionate about championing the rights and freedoms of people who lived at the service.
- The provider encouraged people to be involved in identifying and driving improvements. For example,

people were appointed as quality checkers. This meant the provider was able to capture the service user experience as part of their monitoring processes. We saw quality checkers had recently visited Three Sisters and their feedback had been used to drive improvements. We spoke with one person at the service who had just applied to become a quality checker and they were enthusiastic about this process.

- Regular staff meetings were in place. We saw these were an opportunity to discuss quality issues and drive improvement as well as obtaining the views of staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their legal responsibilities to be open and honest with people when things went wrong.

- Where we raised areas of improvement as part of this inspection both the registered manager and provider gave strong assurance that appropriate actions would be taken to make the required improvements.

- The provider ensured the appropriate notifications were sent to CQC in a timely manner and in line with their regulatory responsibilities.