Voyage 1 Limited

Hepdene House

Inspection report

Halifax Road
Sandbed
Hebden Bridge
West Yorkshire
HX7 6PT

Tel: 01422846646
Website: www.voyagecare.com

Date of inspection visit:
06 November 2015

Date of publication:
23 December 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

Summary of findings

Overall summary

This inspection took place on 6 November 2015 and was unannounced.

Our last inspection took place on 16 May 2014 and found the service to be compliant in all of the areas inspected.

Hepdene House provides accommodation and personal care for up to 8 people living with physical or learning disabilities. There were 6 people living at the home at the time of our inspection.

At the time of our inspection 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.

People told us they felt safe at the home and keeping people safe was included within all of the support plans we looked at. Staff knew their responsibilities in maintaining people's safety and had undertaken training in this area.

Staffing was organised in line with the needs and activities of the people living at the home and systems were in place to make sure staff were recruited and worked safely.

People's medicines were managed safely and the home was clean and tidy.

People's dignity and rights were promoted and they were treated with respect by staff who understood their individual needs. Staff involved people in their care, supported their independence and promoted person-centred care.

Staff were skilled and knowledgeable about people's needs and training was on-going to support staff in their role.

Staff worked well to maintain the requirements of the Mental Capacity Act in general, and the specific requirements of the Deprivation of Liberty Safeguards.

People were supported to maintain and improve their health and well-being.

There were good relationships between staff and people who lived in the home. Staff were kind and caring with high regard for people's individual needs.

Delivery of care and support was entirely person centred. People were supported to make their own decisions and to lead their lives as they chose. We found the work of staff in this area to be outstanding.

Systems to monitor and review the quality of the provision were in place and the registered manager responded well to advice from other agencies.

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.

There were enough staff with the right skill mix who knew how to make sure people living at the home were safe.

Support planning documentation promoted the safety of the people living at the home.

Systems for managing medicines were safe.

Is the service effective?

Good

The service was effective.

People were given choices in the way they lived their lives and their consent was sought in ways suitable to their understanding. The registered manager had an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff had regular access to relevant training to support them in their role and felt supported by the registered manager

People's dietary needs and choices were catered for.

Adaptations were in pace to support the comfort and independence of people living at the home.

Is the service caring?

Good

The service was caring. Staff demonstrated positive caring and supportive relationships with people and treated them as individuals, with kindness and respect.

People were encouraged and supported to make their own decisions in their day to day care and their choices were respected.

Staff made sure people's privacy and dignity needs were met.

Is the service responsive?

Good

The service was responsive.

Care and support was planned and developed in a wholly person centred manner with the needs, preferences and aspirations of the person entirely prioritised.

People were encouraged and enabled to make choices about their lifestyles and to plan for new experiences.

There had not been any complaints about the service.

Is the service well-led?

Good

The service was well led. Systems were in place to regularly monitor and review the quality and safety of the service.

The registered manager was involved in supporting people who lived at the home and knew their needs well.

The registered manager's office door was open and people who lived at the home, their visitors and staff had open access to discuss any issues .

There was an on-call arrangement in place for staff to access managers as needed.

Hepdene 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 inspection took place on 6 November 2015 and was unannounced.

The inspection team consisted of one inspector.

Our last inspection took place on 16 May 2014 and found the service to be compliant in all of the areas inspected.

Before the inspection we reviewed the information we held about the home. This included information from the provider, the local authority contracts and safeguarding teams. On this occasion we did not ask 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

On the day of our inspection we spoke with two people who lived at Hepdene House, three members of staff, the registered manager and the regional manager. We met other people who lived at Hepdene House during our visit who, due to complex care needs, were not able to express their views to us. We therefore spent time observing care to help us understand the experience of all of the people living at the home. We looked around the home including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included three people's care records, three staff recruitment records and records relating to the management of the service.

Good

Is the service safe?

Our findings

We asked one of the people living at Hepdene House if they felt safe. They said, "Yes, I'm very safe, much safer than where I lived before." We asked what made them feel safe and they said, "The staff, they always come when I need them and there are two night staff as well."

When we spoke with staff about safeguarding they demonstrated a good understanding of their responsibilities in making sure people were safe and reporting any concerns. They told us they would not hesitate to raise issues if they thought someone was being put at risk. We saw from the training matrix that staff were up to date with safeguarding training. Staff also told us that they would not hesitate to whistle blow if they had concerns about any of their colleagues' practice.

We saw that each support plan was linked to a risk assessment for the relevant activity and the risk was scored using a risk matrix. The outcomes of the risk assessments were recorded for staff information as 'Go', 'Think' or 'Stop'. Where a rating of 'Think' or 'Stop' was given, staff were directed within the risk assessment as to what they should do to make sure that the person they were supporting were not put at risk. To further protect people who lived at the home there were additional elements to each risk assessment. For example within the moving and handling risk assessment there was a section entitled 'What not to do in this area of support' with the response being 'Not to do moving and handling until trained.' Each risk area was summarised under the headings 'Always' which told staff what they must do, 'Do not' which identified risks and 'Never' which clearly stated what must not be done as it would put the person at risk. This meant that there were a series of safeguards in place to make sure that people were not put at unnecessary risk.

We saw that accidents and incidents within the home were recorded and sent to the providers' head office for further analysis of any trend or themes that could be identified and addressed to mitigate any further risks.

At the time of our inspection there were six people living at the home. The registered manager told us that staffing was arranged at five staff during the day and two staff at night. In addition to this either the registered manager or the deputy manager were on duty in a supernumerary capacity seven days a week. The registered manager told us that staffing was arranged to meet the needs of the people living at the home. Therefore if more were needed to support people in, for example, their social needs, this would be organised.

We looked at two staff recruitment files and saw that relevant checks had been completed before staff had worked unsupervised. One of the people who lived at the home told us they were involved in interviewing new staff.

We looked at the systems in place for managing medicines in the home. We spoke with a senior care assistant who told us they were responsible for making sure that medicine management was safe, including checking the competence of staff administering medicines. We saw that medicines were stored safely in a locked room and that temperatures, of both the room and medicine fridge, were recorded daily.

We saw that all medicines supplied in boxes rather than in a monitored dose system (MDS) were checked and counted every day. For medicines prescribed on an 'as required' (PRN) basis, staff recorded the reason why the person had been given the medicine and the outcome, for example the effectiveness of the medicine. We checked a sample of boxed medicines against the amounts recorded as received and administered and found them to be correct.

Each person living at the home had a 'Medication profile history' which gave details of the medicines they took, any allergies and their preferred way of taking their medicine. For example one person preferred to swallow their medicine with yoghurt rather than a drink of water. This was not covert administration, but the way the person found it easier to swallow their tablets.

Care staff were responsible for the cleaning of the home and involved and supported people who lived at the home, where possible, in cleaning their own rooms. We found all areas to be clean and tidy with items such as gloves and aprons available to support effective infection control procedures.

Good

Is the service effective?

Our findings

We asked one of the people living at the home if they thought staff knew how to meet their needs. They said, "Oh yes, they do everything I need and help me to do things for myself, they know exactly what I need." Throughout our inspection we saw staff enabling people make decisions about their care and support. When people were not able to verbally communicate effectively we saw staff interpreting people's non-verbal communication as described in their support plans.

We saw people's support plans included sections titled 'What is important to me' and 'How to support me well.' One of the support plans we looked at summarised this section by saying 'So you should spend plenty of time getting to know me and if you invest time getting to know me you're sure to be rewarded.' This demonstrated that the ethos of the service was to make sure that people living at the home received individualised and effective care through staff getting to know and understand the people they were supporting.

Staff we spoke with told us they received lots of training and support and we saw that staff received formal supervision with their immediate senior at least three monthly. The registered manager showed us examples of how supervision and annual appraisals were conducted and we found these to be very detailed. A computer system was in place which showed all staff training undertaken and identified when refresher training was due. The registered manager told us that staff were allowed time for training during working hours but could also do on line training from home if they preferred and were paid for the time they spent doing it. Whilst the majority of training was on- line, areas such as moving and handling, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed up with face to face practical training. When staff had completed moving and handling training they were then assessed by a qualified assessor to ensure they had reached the required level of competency.

The registered manager and the senior in charge of medicine management told us that initial medication training was done on line, but anyone who administered medication had to complete a detailed assessment on a face to face basis. They then had to be observed administering medicine three times and complete a competency test. The registered manager said, "It's really detailed, about 30 pages." Also, management and senior staff completed face to face 'Managers Medication Training'.

The registered manager told us that the provider was looking to improve staff training further by providing training in subject areas such as supporting people with autism.

We saw that systems were in place to support staff back into work after a period of absence. For example a person due to return after maternity leave had up to ten paid 'Keep in touch days' to support their return to work.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who

may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. 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.

The registered manager told us that mental capacity assessments were completed for people living at the home by an independent assessor and that three people living at the home were subject to DoLS. Discussion with the registered manager and review of care documentation demonstrated a good understanding of the legal framework in which the home had to operate.

Support plans included a very detailed decision making profile looking at what could be done to help the person understand the decision. For example, looking at the best and worst times to talk to the person. The support plan went on to describe how people were involved and supported to make decisions. We saw that people's consent was sought in ways appropriate to the individual. For example, we saw staff asking people if they wanted to join in the afternoon activity of watching a film chosen by people who lived at the home. One person indicated their wish to join this activity in the way detailed in their care plan as being happy, whilst another person walked away indicating, as described in their support plan, that they did not wish to join in.

One person told us they were having a day in bed watching television. They told us they chose to do this every now and then and staff made sure they got everything they wanted to enjoy their day.

We saw that one member of care staff was in charge of organising menus for the week, ordering the food and organising the cooking of meals. The menu plan in the dining area showed which of the people living at the home had made what choices. One person told us that they sometimes asked staff to support them to the supermarket to buy something of their own choice, or would order a take-away if they fancied that. People's support plans gave details of their likes and dislikes with regard to food, when and where they liked to eat their meals and what their snack choices were. We saw that people could have snacks and drinks as they chose.

We saw that each person had a health file as well as their support plans. The health file included a health action plan, weight monitoring, exercise requirements and annual medication and health checks. Details of appointments with health care professionals such as GPs dentists and community nurses were also included. The registered manager said that health care professionals would either visit people at the home or people were supported to go to appointments. Person centred action plans gave details of which staff people preferred to support them with healthcare appointments.

We saw an entry in the home's compliments book from a palliative care nurse complimenting staff on their professionalism and compassion throughout the terminal illness of a person who had chosen to stay at the home. The registered manager told us that staff had worked with the nurse to learn new skills in giving care to a person in their last days.

We saw that the home had a number of adaptations to suit the needs of the people living there. All areas

were wheelchair accessible and aids and adaptations such as special bathing equipment and tracking hoists had been fitted. There was a snoozelum room for people to use for relaxation or sensory therapy. Bedrooms were spacious; some people had profiling beds whilst others had double beds. Decoration was done where possible, at the choice of the person living in the room and we saw that staff had considered the needs of people who were not able to verbalise their choices. For example, a person with restricted vision had their room decorated with bright décor and soft furnishings that they would be able to appreciate.

Good

Is the service caring?

Our findings

Two people told us how much the staff cared for and supported them. One person said, "They are always there when I need them." We observed warm interactions between staff and people who lived at the home and staff demonstrated a good knowledge of the people they supported. We heard happy chat and laughter in the home and there was a caring atmosphere.

Care documentation detailed what was important to people to keep them healthy, safe and happy. For example, one person's support plan said that it was important for them to see their family, to watch sports, to go swimming, to be able to have time alone and to be able to get about the house independently. Support plans included detailed information about the person's preferred typical day and daily life. For example, one support plan said what time the person liked to wake, that they liked to have a drink in bed whilst watching television before they got up, how they liked to be supported with their personal hygiene, what they liked for breakfast and what staff should talk about with the person to help them to plan their day. Similar details were in place for different times of day. Care documentation concentrated heavily on enabling people to make decisions by making sure they were given all the information they needed.

Detailed communication support plans were in place for people who were not able to verbalise their care needs. The support gave details under prompts such as 'If the person does this, it means, or we think it means.' The plan then went on to say what staff should do to meet the need the person was trying to communicate.

One person told us that staff always made sure their privacy and dignity was maintained and we saw staff interacting with people in a relaxed but respectful manner. An example of staff respecting people's privacy needs was when we were speaking to a person in their own room. Staff came to the room to tell the person and us that they could hear our conversation through the person's monitor that they chose to have in their room and had come to turn it off to allow us to have a private conversation.

We saw one person had some attractive film put over the lower half of their large bedroom window. We asked the registered manager about this and they said it was because the person sometimes walked around their room undressed whilst the curtains were open. To protect the person's dignity, the film had been applied so that passers-by could not see into the room.

The registered manager said that, because people who lived at the home were relatively young, they had little experience of supporting people with end of life care. However they said that staff had willingly learned new skills to support and care for a person who had recently died at the home. The registered manager said how staff had maintained one to one care for this person when they had become seriously ill.

Good

Is the service responsive?

Our findings

We looked at two people's support plans in detail. We saw the support plans had been developed with a wholly person centred approach. Each support plan started with a map showing the person at the centre and the people who were important to them such as family, friends, healthcare workers and their preferred support workers around them. Support plans went on to detail what was important for the person in all areas of their life, for example family, friends, hobbies, independence, keeping healthy and their right to quiet time alone.

A support plan was in place for each area of daily living broken down into specific details. For example, the moving and handling care plan considered all moves or transfers the person might need to make both inside and outside the home. Each record gave detail of how the person had been included in the development of the plan through their words, actions or if other people had been included on their behalf such as family. The decision making process was followed for each area of care to make sure the person was supported and enabled to make their own decisions. For each area of need there was a summary section for staff to follow under the headings of 'Always,' 'Do not' and 'Never.' Examples of this were the activity plan which said staff must; 'always - include the person', 'do not - patronise' and 'never - ignore or make decisions for the person'. A plan for supporting the person with their medical condition said staff must; 'always - read the support plans', 'do not - support the person without getting to know them' and 'never - support the person without reading about their medical condition'.

People's daily activities were recorded in detail in each person's monthly recording workbook. The detail included how the person had got ready for the day, what they had done during the morning, afternoon and evening, if they had been involved in making their meals and what they had eaten. This detailed information fed into reviews of support plans.

Support plans included the person's social history and details of their background, life so far and family and friends. Each person had a handbook which included details of the healthcare professionals involved in supporting the person, what their leisure preferences were, which library service they liked to use and where they liked to take their holidays. The handbook also included sections such as 'Your choices,' 'Your Room,' ' Your culture.' The handbook advised that the person would be involved and supported in making decisions and be able to invite others to their person centred reviews. Details about person centred care, confidentiality, being safe and respecting others were also included.

We saw staff supported people to develop their individual activities programme in line with their abilities and preferences. Some of the people living at the home had their own cars which staff drove to enable people to get out and about. On the day of our visit two people had gone to a cookery class in a nearby town, one person was out for a drive whilst another had chosen to have a relaxing day in bed watching television. The registered manager told us that other activities people engaged in included swimming and horse riding with one person attending maths and English classes. For people who did not have their own cars, there was a mini bus. One person told us how they had enjoyed the Halloween party the home had thrown the previous evening. People's families and friends had been invited along with people from other

homes. The manager told us that parties were often organised by the people who lived at the home with the support of staff, the next one being planned was the Christmas party. One person told us how excited they were about going to a bonfire in the local community that evening. Another person told us they particularly enjoyed going out to the pub which they said they could do whenever they wanted with their preferred staff support. During the late afternoon of our inspection, staff and people who lived at the home sat down together to enjoy a film chosen by the people who lived at the home

We saw photographs around the home of trips taken by people living at the home, this included a trip to the television show 'The X Factor' where people had their photographs taken with celebrities from the show. People who lived at the home were supported to choose and plan their annual holidays which they would be supported on by their preferred staff.

The registered manager's office was situated next to the lounge and we saw the door was always open and people who lived at the home often went into the office. The registered manager told us about two people who liked to go in sometimes just to calm down if they had become anxious or just to spend time sitting with staff. They told us that they kept copies of these people's preferred music play lists in the office to help them to relax when they came into the office. We saw this used for one of these people.

One person told us about their pet hamster which lived in a cage near the registered manager's office. They said staff supported them in caring for the hamster.

We saw evidence of regular residents' meetings, which gave people the opportunity to have a say in how things were run. The registered manager told us about how the people who lived at the home would be included in making decisions about new people coming to live at the home. They said it was very important that people were happy with anyone new coming to live with them in their home.

It was clear from speaking to people, observing support and reading documentation that the service provided the care and support to enable people to live their lives in the way that best suited their needs and preferences and being enabled to try new experiences in a way that maintained their health and wellbeing.

The service had a complaints procedure in place but no complaints had been received.

Good

Is the service well-led?

Our findings

We saw the registered manager was visible and fully involved in the service. They were involved with the people who lived there in their care and support and supported care staff in their work. The registered manager's office door was open so people could come in and out as they wished and we saw people did so throughout our inspection. People who lived at the home were familiar with the registered manager and one person told us how much they liked them.

We saw a weekly programme of health and safety checks completed by staff trained to do them. This included vehicle safety checks, call systems, health and safety hazard check list, fire safety, hoists, slings, bedrails, wheelchairs and carbon monoxide monitors. Legionella testing and hot water checks were also made weekly. These checks were all up to date.

We saw up to date service certificates and information to make sure staff knew their responsibilities in making sure infection control and prevention practice was maintained in the home.

Results of audits were sent on a weekly basis to head office for further checking. We met with the area manager who told us that they complete regular quality checks within the home.

We saw that the views of people living at the home, their families, staff and healthcare professionals were sought on an annual basis. These had just been sent out at the time of our inspection but we saw that the previous year's results had been analysed and action plans developed to address any areas requiring improvement. For example changes had been made to the way menus were planned as a result of comments made.

The registered manager told us that either they, or their deputy were always either available in the home or through an on-call arrangement.

We saw compliments and thanks from families of people who lived at the home including a thank you for the birthday barbeque held for one person.

We saw that the registered manager had worked well to make sure that they responded positively to recommendations made by other agencies such as the local authority who had identified some improvements needed. These had all been met at the time of our visit.