Voyage 1 Limited

St Helens Down

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced comprehensive inspection took place on 7 February 2018. At the last comprehensive inspection carried out in April 2015, we found a breach of Regulation 19 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A focussed inspection was carried out in February 2017 where the provider was found to have fully met their legal requirements.

At this inspection, we found the service remained good in all areas, with an overall rating of good.

St Helens Down registered with the Care Quality Commission (CQC) as a 'care home' for younger adults in March 2014. People living here may have a learning disability or autistic spectrum disorder, a mental health illness, a physical disability or a sensory impairment. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection.

St Helens Down accommodated six people in one building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was registered manager in post. A registered manager is a person who has registered with the CQC 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's care and support was well planned, with comprehensive plans in place to guide staff. Care was personalised and individual to meet people's differing needs. Risks were clearly identified and as least restrictive as possible. All the necessary actions were taken to reduce risks while maintaining people's independence.

People were protected by a safe and effective recruitment process in place. Staff were trained, supervised and supported in their roles. Staff were motivated, enjoyed their jobs and felt valued. There were staff vacancies which were being covered by regular agency staff. Staff had a good understanding of what constituted abuse and what they needed to do to raise concerns.

Positive relationships had developed staff who knew how to meet people's needs fully. Care staff were kind and respected people's choices. People were supported to have their healthcare and wellbeing met. The service had a homely and calm atmosphere, with enough space for people to enjoy time on their own or

with other people.

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. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed and infection control procedures were in place. People were supported to choose what they wanted to eat and drink and were involved in menu planning.

People lived in a home which was kept in good order and had any adaptations, design and decoration of the premises carried out. All the necessary safety checks on the building, systems and equipment were undertaken.

The service regularly sought the views of people who used the service. People knew how to raise any concerns. There were robust quality assurance systems in place which enabled the provider to monitor and improve practice.

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 remained good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

St Helens Down

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 checked 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.

Inspection site activity started on 2 February 2018 and finished on 14 February 2018. The site visit took place on 7 February 2018 and was announced. This was a routine comprehensive inspection. The inspection team consisted on one adult social care inspector and one 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 service).

We gave the service 24 hours' notice of the inspection visit; this was because St Helens Down is a small care service where people are often out during the day. We wanted to make sure we would be able to meet those people who lived at the home, the staff who supported them and the registered manager. This was also because people living at the home required time to process a new person would be visiting their home. We gave an inspection poster to allow people time to understand why an inspector would be visiting. This information included how people, relatives, visitors and care professionals could contact us via telephone or email.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included previous inspection reports, safeguarding alerts, incident reports and statutory notifications. A notification is information about important events which the service is required to send us by law.

We observed people who lived at the home and how they interacted with each other and staff. We looked at the communal areas and bedrooms (with people's consent). We reviewed information about people's care and how the service was managed. This included: two people's care files and medicine records; two staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks;

complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality assurance questionnaire sent out by the service.

We met and spoke with five out of the six people who lived at St Helens Down. One person was not at the home during our visit. We spoke with the registered manager, operations manager, team leader and five care staff (two of whom were from a temporary staffing agency). We requested feedback from four health and social care professionals and received one response. We also contacted one relative to gain their views of the service.

Good

Is the service safe?

Our findings

From observations and discussions, people felt safe at the home. People were relaxed and comfortable and there was positive interaction with the staff who supported them. When three people were asked if they felt safe, they all replied, "Yes".

People were protected from harm or potential abuse. Statutory notifications and the Provider Information Return (PIR) completed by the registered manager showed there had been six safeguarding concerns reported in the last twelve months. These had been appropriately dealt with and the correct processes followed as described in the up to date local safeguarding policy and procedure. Care staff were trained in safeguarding and demonstrated they understood their responsibilities and how to report suspected abuse.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, one person had been assessed as at risk due to their poor mobility. There were clear records in place on how to reduce the risk, the equipment required and what steps care staff needed to take to keep the person safe. One staff member said, "(Risk assessments) helps … I can give choice with risk taking."

People received their medicines when they were prescribed and administered safely. Care staff were trained to manage medicines and undertook training and competency checks. The team leader showed good practice when giving out prescribed medicines and each person was given their medicine individually. One person refused to take their medicine as they were 'busy'. The senior care worker waited patiently until they agreed to take it. Medication Administration Records (MAR) were completed appropriately, with the exception of one person's MAR. This person had been prescribed a PRN (when needed) medication but full details had not been included as to what this medicine was for and why. We discussed this with the registered manager who completed the MAR immediately. The Provider Information Return (PIR) stated two medicine errors had been made in the last 12 months which we discussed with the manager. Appropriate actions had been taken to prevent a reoccurrence. Medicines which required stricter control were stored according to national guidance and records were correct.

People were protected from the risk of emergencies in the home. In the event of an emergency, such as a fire, each person had a detailed personal emergency evacuation plan in place. Staff were aware of these and knew where to find them quickly. Records included clear instructions on what support people needed to help them to safety.

Safe recruitment practices ensured people were supported by staff with the appropriate experience, character and skills. Staff files held all the necessary pre-information checks required to ensure people were suitable for their roles.

Where agency staff were used, the registered manager ensured these were the same team of care workers. This ensured consistency and prevented any disruption to people. Of the two agency staff on duty during our visit, one was new to the service. They were supernumery to the staff team and their role was to "just get

used to the home" and the people they would be supporting in the future. This ensured people knew the staff who were supporting them and helped to minimise people's anxiety of seeing unfamiliar faces in the home.

People were protected by care staff who had completed infection control training and were aware of how to reduce cross infection. Staff washed their hands regularly and used appropriate personal protective equipment, such as gloves and aprons. Staff reduced risks as much as possible and wore gloves when they prepared food, carried out personal care or gave out medicines.

People involved in accidents or incidents were supported to stay safe. Accidents and incidents were thoroughly investigated to see if there were any trends or patterns involved. Where any action was required, an action plan was drawn up, monitored and shared with senior management until resolved. This helped to prevent any further injury or harm.

The home was generally well maintained. Any small building repairs were carried out by the internal maintenance team or by external contractors when specialised work was required. There were some areas which had been identified by the operations manager and registered manager as requiring improvement and updating. These included the faded lounge carpet and one person's shower in their en-suite bathroom. The registered manager had also completed and submitted a 'wish list' for large scale improvements to the home, for example replacement of windows. These had all been added to the service improvement plan for consideration by head office.

People were able to take advantage of the last decking area accessed from the lounge by patio doors. Where the decking ended and the garden began, gates were in place to a tiered garden. However, these were not fully secured to prevent people from unnecessary risk. The registered manager took immediate action to make this area fully secure and safe for people to use.

Good

Is the service effective?

Our findings

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 so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found they were. Related assessments and decisions had been appropriately undertaken and were held on people's care records. People were under continuous supervision, had variable capacity and had a lack of freedom to leave the home unaccompanied without support. DoLS had been applied for all of the people living at the home; three had been authorised and the remaining three had not yet been authorised by the supervisory body. Staff had received training in MCA and DoLS and were aware of how this applied to their practice. Where necessary, best interest decisions had been made which had involved all the people required and were fully recorded in care records.

People were supported by care staff who were well trained. All newly employed staff undertook an induction based on the Care Certificate (a set of standards that social care and health workers adhere to in their daily working life). If they had no formal care qualifications, they then went on to complete the Care Certificate in full. The registered manager oversaw this training and checked their competency skills. Staff received on-going training on various subjects and the training plan showed people were up to date with this. Staff received regular supervision and appraisals, where they were able to discuss any issues and their personal development plans.

People were supported by enough care staff to meet their needs. The operations manager and registered manager said recruiting staff was a problem due to the large number of care services in a small area. They were both working closely with the central recruitment team to find a way to attract suitable permanent care staff to the service. In the meantime, the service used regular agency staff to cover the shortfall. This ensured there was no impact on the number of staff required to keep people safe.

Care workers supported and encouraged people to have a meal of their choice. Menu meetings were held where people chose their meals for the following week. However, these choices were changed if a person did not want the meal planned. When asked what their favourite meal was, two people said, "Pasta and garlic bread and trifle … staff cook it" and "I like fish and chips the best … rice pudding and jam … I choose porridge, cornflakes or Weetabix (for breakfast)." On our visit, some people had expressed a wish to have a meal from a fast food takeaway restaurant. One person said, "I want (trade name of fast food restaurant) … they (staff) bring it here." People visibly enjoyed the takeaway food when it was brought back and spoke of

their 'Wednesday treat'. People were able to have snacks and drinks of their choice throughout the day and one person said, "We don't have to ask anybody we can help ourselves."

People were supported to attend routine healthcare appointments to maintain their health and well-being such as dentist, GP, community nurse, optician and chiropodist. When asked if people went to see these professionals, two said, "They come here" and "They call the nurse … I'm healthy."

The home was large enough for people to enjoy time on their own or together in communal areas. People's bedrooms were sited on the ground floor, along with the communal lounge, dining room and kitchen. The home did not require any specialist building adaptations to be carried out. People were able to move freely from one area to another and access the garden from the lounge.

Good

Is the service caring?

Our findings

There was a pleasant, calm and homely atmosphere in the home, with people doing what they wanted when they wanted. At one point people were undertaking several activities at the same time; one person enjoyed a snooze as it was their day off from day centre and they liked to relax; another person was watching a film on television; two people were engaged in activities with staff members; one person chatted and joked with the registered manager and another person showed us their bedroom and sentimental possessions. When asked what they liked to do, one person said, "Craft … watch (soap programme) and (another soap programme)" and added "Shopping for clothes." Another person said, "Go out to the stables because I ride horses … go to the shop to buy clothes … I like to watch (actor on TV)." When asked if staff listened to them, one person said, "They sit and talk, yes."

Care staff demonstrated a good knowledge of the people they cared for. Staff interacted with people in a natural and spontaneous way and showed patience and respect. For example, when asked about the care and support of one person, a care worker described their likes, dislikes, personal care, medicines, family, hobbies and interests. They knew the person very well and knew how to read their differing mood state. When another staff member was asked why they were supporting a person to eat they said, "She's at risk of choking because she's had a few teeth removed and need to make sure she swallows." A care professional said, "I found that the staff were all familiar with (person), his needs, communication, routine and how he liked to be supported."

People were treated with kindness and respect. When one person fell asleep in the lounge area, a care worker put blankets on their knee to keep them warm. We saw one person's mood state changed and they displayed behaviour that might be challenging to others. The team leader took charge of the situation and asked staff to move away as the person may have been overwhelmed with too many people. The resident calmed down, their favourite music CD was played and they were given a book to read. The team leader managed the situation very well in a compassionate and patient way. They de-escalated the situation by speaking to the person in a calm and soothing tone and following the guidance in their support plan. This ensured both the person, and the other people who were close by, were reassured and kept safe.

When not being directly assisted by care staff, there was eye contact and smiles with people and regular verbal checks were made to make sure people did not need anything. Staff understood people's different levels of communication and cognitive abilities and adapted this to speak with individual people. For example, staff knew they had to repeat the same sentence several times for one person before they understood what they were saying.

Dignity and privacy were upheld for people to ensure their rights were respected. If people needed personal assistance, this was carried out in a private area. Staff were also vigilant to people's appearances and ensured they supported them to change their clothes if necessary. Staff encouraged people to take a pride in their appearance by asking if they wanted support to get dressed, have their hair combed or washed. However, they respected people's choices, for example when one person wanted to stay in their pyjamas for the day and another did not want their hair combing.

People were supported to develop and maintain relationships. Some people had close family contact and staff told us how this was supported. This included some people going for regular visits out of the home or other people's relatives visiting their family member at the home.

Where necessary, care records showed the registered manager had involved the use of independent advocates or representatives to assist people in expressing their views and making decisions.

Good

Is the service responsive?

Our findings

People received personalised care and support which was specific and responsive to their individual needs. This was initially achieved by completing a comprehensive pre-admission assessment, which helped inform the registered manager whether they could the person's needs fully before they came to live at St Helens Down.

Following the initial assessment, a care plan was then developed which identified people's health and social care needs and any risks to the individual person. Care records showed all the relevant people had been involved in planning each person's support where appropriate, such as family and care professionals. Care plans contained all the information required to inform staff how to support the person properly at all times. Plans were personalised and reflected the service's values that people should be at the heart of the planning of their support. For example, supporting people to identify specific hobbies and interests to aid their wellbeing and sense of value. When asked how staff supported people's choices, one staff member said, "By speaking to family and friends so you get a history so you can offer them individuality."

Care plans were up to date, comprehensive and clearly laid out with information easy to find. They were broken down into sections making it easier for care staff to find what was required. For example, personal care, family history, social activities and daily life. Other useful information included: a one person page profile; 'All about me'; 'What is important to me'; 'A typical day'; 'How to help understand me – what is the best time to help me'; a health action plan, and a hospital passport.

We looked at whether the provider complied with the Accessible Information Standard (AIS) and found they were. The AIS is a framework put into place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can understand information they are given. All those currently receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care plans contained clear communication plans explaining how each person communicated and information about how they expressed themselves. For example, one person's care plan included how they communicated with staff by gestures, expressions and responses. Care staff showed an understanding of each person's individual communication needs, verbal and non-verbal, and how best to communicate with them. The service had involved other professionals to improve communication and promote people's independence. An occupational therapist had worked with the service to develop menu picture cards so people were able to choose what food they wanted to eat.

People were encouraged to undertake hobbies and interests both inside and outside of the home. People engaged in a variety of activities and spent time in the local community, which included attending the local day centre. Support plans showed the importance of maintaining relationships with family and friends. Three of the people had lived together for many years and were very supportive of one another. One of these people had initially considered moving to another service, but they refused as they did not want to leave their friends.

There were opportunities for people to raise issues, concerns and compliments. This was through on-going discussions on a regular basis either informally or through structured meetings. There was a complaints policy and procedure in place. This included an easy read format so everyone could understand and know how to make a complaint. The service had not received any complaints in the last 12 months.

Good

Is the service well-led?

Our findings

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.' Since the last comprehensive inspection in 2015, a new registered manager had been recruited. Staff and professionals spoke positively about the management of the service.

Staff confirmed there was an open door culture at the service. The registered manager regularly worked as one of the team delivering hands-on care and support, particularly in the short term, due to reduced staffing levels. There had been no impact on the management of the service apart from the registered manager working excessive hours each week. This had been discussed with the operations manager and was being monitored. The registered manager said they would reduce the number of care hours as soon as they had recruited and trained suitable staff into post.

There were a number of robust quality assurance systems in place to monitor and improve the quality of the service delivered. For example: audits of people's care records; finances; medicines; the environment; fire, and health and safety. Systems were monitored daily, weekly, quarterly or annually for compliance. Any actions required were documented and monitored in an action plan to make sure improvements were made. These were undertaken by the registered manager, the operations manager and the quality team. Any new information, or changes in legislation and policy, were introduced into the next quarterly audit to monitor. For example, the provider had recently implemented an 'autism strategy' which included a specialist autism learning and development pathway. The quarterly audit book completed by the registered manager looked at the compliance of the service under the Care Quality Commission's five key areas and the key lines of enquiry. This ensured the quality of the whole service was monitored.

Management safety checks were completed on a regular basis as part of the monitoring of the service. These included: fire safety, equipment, legionella, asbestos, hot water, emergency lighting and the environment. A food standards agency had visited in October 2017 and the service had been awarded the highest rating of five stars.

Feedback from people, relatives and staff was sought through regular meetings and annual surveys. Staff meetings took place each month; the last one took place in December 2017. Minutes showed the meeting talked about attendance, accidents, complaints, medicines and staffing. The organisation produced a quarterly newsletter for both staff and people

People's equality, diversity and human rights were respected. The vision and values centred around the people they supported and was included in the organisation's statement of purpose which stated "The overarching aim of our service provision is to provide high quality responsive and flexible support, care and/or treatment programmes that are designed to meet the assessed needs and personal aspirations of individuals', regardless of the environment this is delivered in … to achieve positive outcomes by applying the least restrictive approach whilst maintaining and/or improving the individuals' current abilities, and

protecting their rights as ordinary citizens." The inspection found the organisation's philosophy was embedded in staff practice and promoted at St Helens Down.

Staff felt motivated, valued and supported in their work. Three staff members said, "I love my job … it makes my day worthwhile … there are days when it is tough but I wouldn't change it", "I love it here … it's lovely" and "I would get another job if I didn't enjoy it." The organisation appreciated its staff and had incentives in place to recognise and reward good work. This included an annual awards ceremony. For example, staff were presented with learner of the year, outstanding achievement, care home team of the year and care home support worker of the year.