Voyage 1 Limited

Calvert House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection visit took place on 31 October 2016 and was unannounced.

At the last inspection on 04 July 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Calvert House is registered to provide accommodation for up to eight people who require help with personal care. The service provides care and support for people with an acquired brain injury, physical disability, sensory impairment and mental health conditions. The home is purpose built and accommodation is provided in single en-suite rooms. There is a through floor passenger lift. The home is situated near to Leyland town centre. There were five people living at the home at the time of our inspection.

There was a registered manager in place. 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.

We looked at the recruitment of two staff members. We found appropriate checks had been undertaken before they had commenced their employment, confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed a structured induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with physical disabilities, acquired brain injuries and mental health problems . We found staff were knowledgeable about the support needs of people in their care.

We found the registered manager had systems to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. We spoke with two people who lived at the home who both said they were happy with the standard of hygiene at the home.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. Staffing was also provided to enable people to access the community.

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People told us they enjoyed the activities organised by the service. These were arranged both individually and in groups.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs were met. Records confirmed the service sought guidance and support from healthcare professionals when appropriate.

We observed staff supporting people with their care during the inspection visit. We saw they were kind, caring, patient and attentive.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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.

The service had procedures to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment procedures the service had were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People participated in a range of activities and were enabled to follow individual interests.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Calvert 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 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.

This inspection took place on 31 October 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included two people who lived at the home, two visiting relatives, the registered manager, and two staff members. Prior to our inspection we spoke with the commissioning department at the local authorities who had funded people's care at the home. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of one person, the services training matrix, personnel files of two staff members, records relating to the management of the home and medication records. We reviewed the services recruitment procedures and checked staffing levels. We checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

Two people who lived at the home told us they felt safe when supported with their care. Comments received included, "Yes I feel safe here. [Registered Manager] and the staff are great. It's always clean and tidy." And, "I feel safe here because I can get help from the staff when I need it." Observations made during our inspection visit showed people were comfortable in the company of staff who supported them. A relative we spoke with told us, "I can leave here knowing [Relative] is safe and well cared for. It gives me peace of mind."

The provider had procedures in place to minimise the potential risk of abuse or unsafe care. We looked at records which confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed. Both staff we spoke with told us they would not hesitate to report anything of concern to the manager or to external agencies.

We received notifications from the service as required, in relation to any significant events. Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we would receive information about the service when we should do.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager carefully analysed accidents and incidents to identify any possible trends or themes. This helped the service to respond to try to prevent any future occurances.

We looked around the home and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand washing facilities were available around the building. Staff spoken with and records seen confirmed they had received infection control training. We saw cleaning schedules were completed and audited by the registered manager to ensure hygiene standards at the home were maintained.

We found windows were restricted to ensure the safety of people who lived at the home. Water temperatures were regularly checked to ensure water was delivered at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Legionella checks had been carried out.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. We observed staff had time to sit with people and engage them in conversation. One to one staffing was provided for people to access the community and for therapeutic activities. The atmosphere in the home was calm and relaxed. Staff we spoke with told us they were encouraged by the registered manager to spend time talking with the people in their care .

Care plans we looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering support. Where potential risks had been identified the action taken by the service had been recorded. The registered manager had implemented Personal Emergency Evacuation Plans (PEEPs) for people who lived at the home. These provided guidance for staff and emergency services around people's needs in the event of an emergency evacuation. The registered mnager had recently undertaken work to enhance the detail contained in the plans which we found to be of a good standard.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medicines.

Staff were required to undergo medicines administration competency assessments on a yearly basis or as a result of any errors they made. The assessments were thorough and included three observations of administration, as well as discussions around various topics in relation to medicines. This helped to ensure staff who administered medicines were competent to do so safely.

Good

Is the service effective?

Our findings

One person we spoke with told us, "The staff are brilliant. They know what help I need. They help me if I need a doctor or anything like that." A visiting relative commented, "The staff are very good and there's always someone around. The staff are well trained, knowledgeable and know what they are doing."

People received effective care because they were supported by an established and trained staff team who had a good understanding of the needs of the people in their care. Our observations confirmed the atmosphere was calm and relaxed. We saw people had unrestricted movement around the home and could go to their rooms or go out into the community if that was their choice.

We spoke with two staff members, looked at individual training records and the services training matrix. All staff had completed the Care Certificate before being allowed to work unsupervised. This is a set of standards that social care and health workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Records seen confirmed training provided by the service covered a range subjects including; safeguarding, acquired brain injury, Mental Capacity Act (MCA) 2005, moving and handling, equality and diversity, infection control and first aid. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Staff we spoke with told us the training they were provided with enabled them to deliver effective care to people who lived at the home. They told us they felt training was provided at a good level and had helped to fully prepare them for the roles they carried out.

Discussion with staff and observation of records confirmed they received regular supervision and an annual appraisal of their work. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

The service supported and encouraged people to eat and drink healthily, whilst supporting people to make their own choices with regard to what they ate and drank. The home included a kitchen which people made use of with staff support. People's individual dietary needs and preferences had been assessed and gathered by the service in order to provide people with meals they would enjoy and which would help them maintain their health. People were able to access snacks and drinks throughout the day. The service monitored people's weight and nutritional intake and sought professional medical guidance where appropriate. The service had supported one person by arranging for them to have a snack box. This contained snacks which had been planned out to give the person their required calorie intake. This showed the service supported people's individual nutritional needs.

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).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

We reviewed DoLS and best interests decision documentation during the inspection. We found the service followed the principles of the MCA and involved family, social workers, health professionals and advocates in any best interests decisions. This showed the service followed best practice where people may lack the capacity to take decisions for themselves.

People's healthcare needs were carefully monitored and discussed with the person and other relevant arties as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Good

Is the service caring?

Our findings

Although a number of people had limited verbal communication, because of their injury or mental health, we were able to speak with two people who lived at the home. We also spoke with two relatives who visited the home. Comments received from one person who lived at the home included, "I'm happy and comfortable. It's nice and relaxed. The staff are lovely, very kind to me." A visiting relative told us, "The manager and the staff are really passionate about what they do and are kind to everyone. We visit a lot so we see what goes on. Staff are helpful and supportive."

The staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of support people required .

We observed routines within the home were relaxed and arranged around people's individual needs. We saw they were provided with the choice of spending time on their own or in the communal areas at the home. We observed the registered manager and staff members enquired about people's comfort and welfare throughout the inspection visit. Staff interacted with people in a kind and caring manner. It was evident the staff team genuinely cared about the people they supported.

The people we spoke with and the visiting relatives told us they were involved in reviews of care and support needs. They told us they felt they were listened to and their wishes respected. Each person who lived at the home was treated as an individual, with individual goals and aspirations. Care records we looked at contained lots of detail about the person, their individual needs, preferences, likes and dislikes. The information was used to help draw up plans of care that were centred around the individual person.

Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. Staff were observed to knock on people's bedroom doors before entering and ensured any discussion about people took place in private, in order to maintain confidentiality.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. Records we looked at confirmed the manager had supported people and their families to access advocacy services as part of best interests processes. This ensured people's

interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included local authorities who had commissioned care with the service. They gave us positive feedback about how caring the service was. The information provided helped us gain a balanced overview of what people experienced accessing the service .

The registered manager had implemented an 'employee of the month' scheme. The scheme was designed to involve people who used the service in recognising staff who carried out their role well. People who used the service were asked to nominate a staff member each month who they felt deserved to win the award. This helped to show how the service involved people and sought their feedback on how the staff team performed.

Good

Is the service responsive?

Our findings

People who lived at the home received a personalised service which was responsive to their needs. The care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the registered manager and staff members undertaking their duties. We saw they could spend time with people making sure their care and support needs were met.

We looked in detail at care records of one person to see if their needs had been assessed and consistently met. The care plans had been developed, where possible, with the person. The service identified people's care and support needs by using a comprehensive assessment and used information from other professionals and people's families. Input from the person concerned was sought throughout the process. This helped to ensure not only were people's needs accurately assessed, but that the way care and support was planned, met people's needs in line with their preferences . People who had been unable to participate in the care planning process had been represented by a family member or advocate.

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where any concerns about a person's health had been identified, medical guidance had been sought .

People set goals in relation to re-learning life skills, such as walking and domestic tasks. We saw from the records of one person that they were working well toward their goals with support from the staff team and they told us they were happy with the progress they had made.

The service supported people with activities on an individual and group basis. This was led by each person who lived at the home on a daily basis. People were able to access the community and were supported by staff to do so if they needed such support. On the day of our inspection, the manager had organised an 8-ball pool tournament which took place in the games room/lounge at the home . People from the provider's other services in the area had been invited to attend. One person at Calvert House told us he was really looking to the competition. The lounge had been decorated in a Halloween theme.

The dining room at the home was also used for some table based activities. The walls of the room had notice boards which contained lots of pictures of people who used the service being involved in recent activities. The boards also contained information for people and their families in relation to advocacy services, the complaints procedure, the Deprivation of Liberty Safeguards and a social events calendar.

The service supported people to take holidays and to be involved in activities of their choosing outside of the home. For example, one person had recently been on a golfing holiday. Another person was supported to attend football matches and another had planned a trip to a recording of a popular day time television

show . This helped to show the service enabled people to access activities and maintain interests of their choosing.

The service had a complaints procedure which was made available to people and their famillies on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

The people we spoke with told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. One visiting relative told us the registered manager was supportive and listened to any concerns they had. They explained they had raised concerns in the past about staffing issues and the manager had dealt with them appropriately.

Good

Is the service well-led?

Our findings

Comments received from staff, people who lived at the home and visiting relatives were positive about the registered manager's leadership. Staff members we spoke with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. A relative told us, "The manager is fabulous. They run the home very well and communication is always good. They keep us up to date with how [Relative] is doing." One member of staff said, "I love coming to work. We have a great staff team and a very good manager. I've learnt a lot from her."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other.

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, reviewing care plan records and medication procedures. In addition, the provider undertook regular monitoring visits, which followed the CQC key lines of enquiry. We saw the results of recent audits and a monitoring visit. The results showed the service was performing well in all areas and achieved a maximum score for how 'caring' the service was. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward. The registered manager kept a central action plan in response to any shortfalls identified on audits. This was regularly reviewed to ensure progress and improvements to the service were made as a result.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

The provider had implemented a wide range of policies and procedures which supported staff in the day to day running of the service. These included policies to support staff in managing areas such as sickness absence, grievances, disciplinary procedures and equality.

We found the registered manager had sought views of people about the service provided using variety of methods. These included surveys. We saw the results of surveys recently returned which had been positive about the service.

Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas. One staff member gave us an example of when they had questioned the practice of another member of the staff team. They explained they raised their concerns with the manager and the issues were dealt with appropriately. Following this, they felt the staff team had gained

more confidence in challenging each other's practice.

The provider had implemented a comprehensive business continuity plan in case of emergencies, such as fire, flood or utility loss. Each person who used the service had a personal evacuation plan in place and staff were familiar with emergency procedures . These measures helped to ensure that people would be protected in the event of an emergency situation, because plans were in place to deal with foreseeable emergencies.