

Voyage 1 Limited

The Willows

Inspection report

High Pitfold
Hindhead
Surrey
GU26 6BN

Date of inspection visit:
08 September 2016

Date of publication:
10 November 2016

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

The inspection took place on 8 September 2016 and was announced. We gave 72 hours' notice to the provider as the service supports people with complex needs. The Willows provides care and accommodation for up to ten people who have learning disabilities and complex additional needs. The service is provided within a purpose built bungalow and is for gentlemen only. People had complex individual needs and could display behaviour that other's might find challenging. On the day we visited, ten people were living in the service. Voyage 1 Limited is the provider and has other services.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We met the gentlemen who lived at The Willows and spoke with two of these gentlemen during our inspection. Most people who resided at The Willows were not able to verbalise their views and used other methods of communication, for example gestures and sounds. Due to people's complex needs we were unable to spend much time with people so we discussed their care with staff and reviewed family feedback.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals.

People's care records were detailed and personalised to meet their individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their care plans, therefore family members supported staff to complete and review the care plans. People's preferences were sought and respected.

People's risks were well documented, monitored and managed to ensure people remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed to help support maintain a healthy diet. Some people had input in creating the menu and preparing some meals and drinks.

Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager and staff. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff had completed safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm. Staff were confident any incidents or allegations would be fully investigated.

Staff described the registered manager as being very approachable and supportive. Staff talked positively about their roles.

People, who required intensive support, had one to one staffing to meet their needs. Staff confirmed there were sufficient staff to meet these requirements and staffing levels were flexible dependant on people's needs and activities during the week. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff received a comprehensive induction programme when they started work. People were protected by the company's safe recruitment procedures.

All significant events and incidences were document and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, relatives, professionals and staff.

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 ●

This service was safe. People were supported by sufficient numbers of skilled and experienced staff.

People were kept safe by staff that had a good understanding of how to recognise and report signs of abuse.

People's risk had been identified and managed appropriately. Risk assessments had been completed to help protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Is the service effective?

Good ●

The service was effective. People received support from staff that had the knowledge and training to carry out their role.

People's human rights were respected. Staff had received training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet and the service used a range of tools to communicate with people.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect. Staff were caring, kind and we observed good relationships between staff and people.

People and those who mattered to them, were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Is the service responsive?

Good ●

The service was responsive. People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access and in a suitable format.

Is the service well-led?

Good ●

The service was well led. There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's and family members views on the service were sought, and quality assurance systems ensured improvements were identified and addressed.

The Willows

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.

The inspection was undertaken by one inspector on 8 September 2016. The inspection was announced, we gave over 48 hours' notice to help prepare people who lived at the home.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of the inspection. During the inspection we met all the gentlemen at The Willows, spoke with two people who used the service, the registered manager and five members of staff.

Most people who lived at The Willows were not able to fully verbalise their views so used other methods of communication, for example gestures and sounds. People had complex individual needs and could display behaviour that could challenge others. We therefore met people briefly, spoke to two people who were able to communicate with us and spent time observing the interactions between staff and people.

We looked around the premises and we looked at two records which related to people's individual care needs. We examined the records which related to the administration of medicines. We checked the provider's recruitment procedures; the records associated with the management of the service including quality audits and reviewed recently collected family feedback questionnaires.

Is the service safe?

Our findings

We spoke with staff about the gentlemen who lived at The Willows to ascertain if people were safe. Staff said they felt people were safe and knew people well so quickly noted when there were changes.

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in, ensured the environment was free from trip hazards and regular equipment and maintenance checks were undertaken. Vehicle checks were regularly undertaken to ensure safe travel, a first aid kit was kept in the vehicle and seating arrangements were always considered to keep people safe. The provider had safeguarding policies and procedures in place and information displayed provided staff with contact details for reporting any issues of concern.

Staff received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse. Staff were confident that any reported concerns would be taken seriously and investigated. Matters relating to safeguarding were a topic at team meetings to share any learning.

People's finances were kept safe. Money was kept secure and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited regularly. Senior managers approved large expenses.

Care plans detailed the staffing levels required to help keep people safe inside and outside the service. For example, additional staffing arrangements were in place to help ensure each person had the staffing they required when needed. This enabled people to participate in activities in the community safely. There were contingency plans in place to cover staff sickness and any unforeseen circumstances. The service aimed to use staff who knew people well to maintain consistency of care.

The PIR informed us of how people were protected from risks. Risks were identified and steps taken to mitigate their impact on people. For example, the service liaised with the behavioural support specialists to support people who displayed behaviour that could challenge others. Staff told us they managed each person's behaviour differently and this was recorded into individual care plans and included clear guidelines on managing people's behaviour.

People identified as being at risk inside the service or when they went out outside, had clear risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these.

People who required special equipment to keep them safe had this for example; some people wore head protection if they were at risk of seizures.

Accidents and incidents were recorded and analysed to identify what had happened and what actions the staff could take in the future, to reduce the risk of reoccurrences. This showed us that learning from such

incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People's medicines were managed safely. There were safe medicines procedures in place and medicines administration records (MARs) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. People had risk assessments and clear protocols in place for the administration of "as required" medicines for example pain killers. Daily and weekly checks ensured medicine management remained safe. Medicine errors were reported and reflected upon to avoid any reoccurrence.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service (DBS) checks had been made to help ensure staff were safe to work with vulnerable adults.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. Staff completed a full induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered manager confirmed new staff completed the care certificate (a nationally recognised training course for staff new to care) as part of their induction. Staff and the PIR confirmed training was ongoing and included courses such as epilepsy, first aid, infection control and food hygiene, in addition to training specific for their role. The registered manager informed us staff received appropriate ongoing training, for example autism awareness to meet people's needs. This helped ensure staff had the right skills and knowledge to effectively meet people's needs.

Staff had competency and observational checks in all areas of their work. For example medicines and providing personal care. Staff received supervision with either the registered manager or deputy manager. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Staff felt they were able to contribute to staff meetings.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff shared with us best interest meeting discussion and outcomes so people received good care, for example when dental treatment might be required. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe. We found the service encouraged people to maintain as much independence as possible; safeguards in place were the least restrictive and regularly reviewed.

Staff sought people's consent where possible before providing care. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. Staff confirmed they gave people time and encouraged them to make simple day to day decisions. For example, what activities they wished to partake in. People we spoke with confirmed staff sought their consent.

Staff confirmed they received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions were held on changes in people's health needs as well as any important information in relation to medical needs or appointments. Staff communicated effectively as a team.

People had access to healthcare services when required for example their doctor. People's well-being in

relation to their health care needs were clearly documented. People had guidelines in place to help ensure their specific health and social care needs were met in a way they wanted and needed. Records held health action plans and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. Hospital passports ensured people received continuity of care and helped hospital staff to understand the person and meet their needs if they required admission.

People's individual nutritional and hydration needs were met. Staff demonstrated they knew how people communicated and said they encouraged food choice when possible. Staff knew who liked particular foods for example spicy foods, toasties and smoothies. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. We observed where required, people had adapted cutlery to help them eat as independently as possible. Staff knew who required a special diet and close monitoring due to the risk of choking and followed guidance in place. People had access to drinks and snacks 24 hours a day. This helped to ensure people remained hydrated and received adequate nutrition.

Is the service caring?

Our findings

People were supported by staff that were both kind and caring and we observed staff treated people with patience and compassion. The interactions between people and staff were very positive, it was clear staff knew people well. We briefly observed staff providing some support to people during our visit. Staff interacted with people in a gentle, patient way. Some people had a humorous relationship with staff and clearly enjoyed their company with teasing and chatter. Staff spoke of people in a caring way when they shared people's histories with us and their needs.

Recent family questionnaires we viewed all rated the care as "Excellent". Family comments included "Individual needs are met in a caring environment" and "Friendly atmosphere, made to feel welcome."

Staff understood how to meet people's individual needs. Staff knew the people they cared for. Strong relationships had been built between people and staff over time. Staff knew people's particular ways of communicating and supported us when meeting and talking with people. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. Their descriptions matched what one person told us and what was recorded in individual's care records. Staff knew who liked to stay in bed later and they supported people to maintain these choices. We observed all staff offering choice, respecting individuality and providing dignity and respect to people.

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. The registered manager told us how they had worked alongside people to understand behaviours and try new ideas to support positive changes.

People, who were able, were supported to express their views and be actively involved in making decisions about their care and support when possible. Some people were provided with one to one support to enable them to receive quality time from staff. Staff knew how to support people to communicate their needs. For example, one person often became excited when talking; they were encouraged to slow down and speak clearly. Staff knew the sounds people made when they were happy, for example staff told us one person blew bubbles, squealed and clicked their tongue when content.

People had specific routines and care was personalised and reflected people's wishes. For example, each person had clear routines in place to help reassure them. This enabled staff to assist people and care for them how they wished to be cared for. Staff were also aware, due to people's changing needs, these routines needed to be reviewed regularly.

People were not all able to express their views verbally. However, staff encouraged people to be as independent as possible. People had access to individual support and advocacy services if required, for example Independent Mental Capacity Assessors (IMCA). This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had their privacy and dignity maintained while staff supported people with their personal care

needs. We observed staff noticing when people's clothing was soiled after breakfast and helping them change. Staff knocked on people's door before entering their rooms and people had locks on their bedrooms if they wished to secure their belongings and have privacy.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People dressed to their liking and the staff told us they always made sure people were smartly dressed if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to. We observed people closing bedroom doors to carry out care tasks. One person was able to say that staff knocked on their door when they wanted to enter.

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. Staffs body language and manner was in tune with people and supported them to remain calm. Staff were patient and gave clear instructions when needed. Simple language was used and key phrases people understood.

Important events were remembered by staff and people supported to buy flowers for mother's day and other special occasions.

The registered manager told us people were treated as individuals. The way the service was organised was done in a way which put people's needs first. People's wishes for their end of life care had been discussed with them or family members where this was appropriate. This helped ensure those wishes would be respected and acted upon when needed. The registered manager told us this was an area they hoped to develop further.

Relatives were involved as much as possible, the registered manager told us "We have hosted a 'Spanish day' with paella and tapas which was organised by staff. On 4th September we hosted a barbecue for over 60 family and friends, with a band playing for entertainment and karaoke. From this event we have brought families together" and "Many parents visit their sons on a frequent basis or we travel to ensure that the son's visit them; however the barbecue was hosted for uncles, siblings and extended family and friends to encourage their involvement with the residents." These events supported people to maintain family relations.

Is the service responsive?

Our findings

Admissions to the service were planned carefully. We met one person who had recently been admitted. Transitions to the services were at people's pace and thorough assessments undertaken. This ensured the service was able to meet people's complex needs. We observed and they told us they were happy and settled in their new home.

People were not all fully able to be involved with planning and reviewing their own care and making decisions about how they liked their needs met. Family and significant others contributed to developing personalised care to meet people's needs.

Clear individualised guidelines meant people's likes and dislikes were known, for example staff knew those who didn't like certain animals and noises which could make people anxious. Care plans were in place to help staff ensure any behavioural needs were responded to. This information included triggers to behaviour, behaviours displayed and response and specific instructions to aid staff managing these behaviours. This helped staff respond to people's behavioural needs in situations where they may require additional support. Guidance showed staff the approach and response required to assist people. Staff knew when people were upset or becoming anxious and staff followed written guidance to support people. For example, one person stamped their feet when unhappy.

Care was centred on people's needs and the registered manager shared examples of how understanding people's needs and accessing the right support for them had achieved good results for people. For example, input sought from healthcare professionals assisted one person in reducing their medicines and having a better quality of life.

People with limited communication were supported to make choices. Staff knew how people communicated and encouraged choice when possible for example how people liked to spend their time.

People were supported to develop and maintain relationships with people that mattered to them. For example, staff supported one person to write a postcard to their family. The service had recently held a barbeque and family were invited.

People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People led active social lives and participated in activities that were individual to their needs. Three people had been on holiday. People had activities adapted to their needs. One person was encouraged to maintain their love of cars. The service had supported one person, who was not confident, to slowly build up to swimming; others enjoyed the activities at the on-site resource centre. We visited this venue and saw people being supported to make a book case. Another person shared their excitement about a meal out being planned for their birthday. The registered manager informed us how the, recently updated garden was now suitable for access by everyone, and as such was now also a good place to hold such events.

The registered manager shared many examples of the active lives people led and the activities they enjoyed. These included sailing, climbing, horse riding and music sessions. One person enjoyed doing some work in the on-site tuck shop.

During the inspection we observed a music therapy session. Those unable to easily engage in other activities had the guitar played to them and we saw them enjoy this, try to reach for the guitar and appearing relaxed by the session.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example, people visited local pubs and had been to music festivals held locally. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable and encouraged people to live life to the full.

House meetings were held regularly to listen to people's views and opinions. Leisure activities, health and safety, staffing issues and menus were discussed at these forums.

The complaints procedure was displayed in a picture format so people could understand it. The complaints received were documented and had information recorded on the complaint, the action taken and the outcome of the complaint received. The registered manager understood the actions they would need to take to resolve any issues raised. Staff told us that due to people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the manager and were dealt with, and actioned without delay. Family feedback said "Confident the manager and staff would deal with any issues."

Is the service well-led?

Our findings

The Willows was well led and managed effectively. The service and company (Voyage 1 Limited) had clear values including, choice, integrity and respect. Personal development, empowerment and quality of life were central to the providers and staff philosophy. Quality, professional and personalised services were delivered at The Willows. Equal opportunity and diversity was valued. The service had clear values in place on how people's needs should be met and respected. These values were incorporated into staff training and integral to service delivery. One person confirmed that the senior management and the registered manager were all approachable and they could "Talk to them."

People and those who mattered to them, were provided with information and were involved in the running of the home as much as possible. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to tell staff about the service. People had keyworkers to encourage this.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. They told us, "I accept humans make errors". This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. The service was also clearly structured so all staff knew their roles and responsibilities. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff felt supported. Staff said the registered manager was available and was "Approachable." Staff confirmed they were able to raise concerns and agreed any issues raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered manager. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. These provided forums for staff to contribute on how the service was run. Staff were also updated on any new issues and reflected on. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowers policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on medicines and all aspects of the service. Monthly and annual audits and maintenance checks were completed related to health and safety,

the equipment and the home's maintenance such as the fire alarms and electrical tests. The registered manager sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager and company's senior management had an overview. This helped to ensure appropriate action had been taken and learning considered for future practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.