

Voyage 1 Limited John Cabot 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

John Cabot House care home accommodates 8 people in one adapted building. John Cabot House is registered to provide accommodation and personal care to eight people. Two people are accommodated in self-contained flats and up to six people can be accommodated in the main house which has six en-suite bedrooms. The service specialises in providing care for people with an acquired brain injury.

The inspection took place on 22 August 2018 and was unannounced. At our last inspection in July 2017 we had found one person's apartment had no working lighting. The provider had not acted to resolve this within a suitable timescale.

We had found there was not always sufficient skilled and experienced staff to provide support to people. Also, there had been a lack of staff training to effectively meet people's needs. Some people had told us they felt some staff were not kind and caring in manner towards them. One person at our last inspection had not been out from the home for nearly three weeks. This conveyed they were not being fully supported with community based activities at that time. Finally, we had found that action had not been taken to address the concerns and shortfalls that had been picked up at our inspection at that time. This had meant that the quality checking systems at that time were not fully effective.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions is the service safe? is it effective? is it caring? is it responsive? is it well led? to at least good.

There was a registered manager for the service. 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

At this inspection we found that actions had been taken to address the shortfalls that we found at our last visit. We saw that rooms were safe because they all had working lighting. The provider had put in place a robust checking system. This was to ensure any environmental health and safety matters were reported and addressed swiftly.

There were now sufficient skilled and experienced staff to provide effective support to people. There was also a full training programme for staff in place to effectively meet people's needs.

People told us that all the staff were kind and caring in manner towards them. We also saw that the team on duty all conveyed a warm, positive and caring approach to the people they supported.

At this inspection there was clear evidence that all people who wanted too, were well supported to go out from the home daily. This showed that people were now well supported with community based activities.

We also found that actions were taken to address any concerns and shortfalls in the service. This showed that the provider's quality checking systems were now up to date and effective.

People said that the staff that supported them were always kind and caring in manner. People at the home engaged with staff in a positive way with the staff who provided them with personal care and other support.

People spoke highly of the food they were supported to prepare and cook. Staff encouraged people to build up independence in their daily living skills.

People's legal rights were being respected. Staff understood the need to seek consent before all care was offered to people. The staff also understood the basic principles of the Mental Capacity Act 2005. Staff knew people had the right to make unwise decisions in their daily life.

The team of staff and the people we met told us they now felt supported by the registered manager, senior staff and senior managers.

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 had improved to good and was now safe

There were enough staff on duty at any time to keep people safe.

There were systems in place to protect people from the risk of harm and abuse.

People's medicines were managed safely.

People were protected from the risks of unsuitable staff being employed by the provider's recruitment procedures.

Is the service effective?

Good 

The service had improved to good and was now effective

Staff were formally supervised and supported. A training programme was in place to ensure staff knew how to meet the needs of people they supported.

People enjoyed the food and drink options. They were supported to make choices and to build up independence with meal preparation and menu planning.

People's legal rights were protected because staff understood the Mental Capacity Act 20015 and how this was used when they did have capacity to make decisions.

Is the service caring?

Good 

The service had improved to good and was now caring

People felt that staff were kind and caring towards them .

People's privacy and dignity was respected and upheld by the staff who supported them.

People were really well supported to build up their independence and to make choices in their daily life.

Is the service responsive?

Good 

The service had improved to good and was now responsive.

Care and support was planned flexibly and was responsive to people's needs.

People took part in social and therapeutic activities of their choosing both in and out of the home.

People were well supported to make their views known about the home and the service they received.

Is the service well-led?

Good 

The service had improved to good and was now well led.

There was a quality monitoring system in place to monitor the service and to drive improvements. This was effective as it identified shortfalls in the service.

Staff and people felt supported by the registered manager, senior staff and senior management.□

John Cabot 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 22 August 2018. It was unannounced and carried out by one Inspector. The team included an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information that we held about the service such as previous inspection reports, safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about.

We spoke with four people who were using the service, the registered manager the deputy manager and three staff.

We reviewed two people's care files and three staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and management records.

Is the service safe?

Our findings

At our last inspection in July 2017 we had found that there was not always sufficient skilled and experienced staff to provide support to people. The staff had felt there were occasions where staffing levels had been lower than those identified as required by the provider and, where staff had felt under pressure to work additional hours.

We had also found that one person's apartment was unsafe due to a light not working and a leak in their kitchenette. At this inspection we found that actions had been taken in both areas. There was suitable lighting and the leak had been addressed that was in the apartment.

We also found at this inspection that there was enough suitable staff on duty at any time to safely meet people's needs. This was evidenced in many ways. Firstly, the staff duty rota showed us how staffing levels were planned. We saw that the needs of people as well as the type of care and support they needed was fully taken into consideration when staffing records were planned. We observed that there was enough staff on duty to be able to meet each person's needs in a calm and unrushed way.

People told us they felt safe with all the staff. We also saw that people were relaxed and confident to approach all the staff on duty. This showed that people felt safe in their presence.

People's medicines were managed safely. People told us that they were given their medicines when they needed it. Suitable secure storage was available for medicines. Medicines recording sheets were accurate and up to date. They demonstrated people were given the medicines they required at the right times. Each person had a medicines profile. The profiles clearly explained what their medicines were for any side effects, as well as how the person preferred to take them. For example, whether they liked water or juices with their medicines. Medicine supplies were kept securely and regular checks of the stock were carried out.

People were protected from unnecessary risks to people from abuse. The staff said they had received regular training about how to keep people safe from abuse. The staff could tell us how they would respond to allegations or incidents of abuse and knew how to report any concerns. Staff were also able to tell us what whistleblowing at work meant. They explained this meant to report malpractice or illegal activities if they suspected them. There was a procedure so that staff knew how to report any allegations of concern about the service.

We saw that the registered manager and other staff had notified the local authority, and CQC, of safeguarding incidents as required. This showed that staff understood the importance of keeping relevant organisations informed about safeguarding matters at the service.

People were supported to live their lives in the way they wanted to and in ways that helped them stay safe. The staff had a good knowledge of how they ensured people's rights were protected. This was in line with the characteristics of the Equality Act. This included awareness where people had expressed specific needs for safe support in relation to their sexuality.

Learning from incidents and accidents took place. This promoted the safety and wellbeing of all at the home. For example, a regular review was completed by the provider and this showed any trends in the service. Where incidents had occurred between people that could have caused harm a new and person-centred risk assessment and support plan was completed with each person's involvement. People told us the staff helped them to try different strategies if they felt their wellbeing was at risk or they were likely to threaten the wellbeing of others.

Is the service effective?

Our findings

At our last inspection in July 2017 we had found that there had been a lack of staff training to effectively meet people's needs. This in turn put people at risk of receiving unsafe care that was not effective.

At this inspection we found that action had been taken in this area and staff were suitably trained and supported. This was evidenced by the fact that the team had been on training about 'acquired brain injury'. This helped ensure the team understood the impact of acquired brain injury on people.

Staff also told us that they had training about managing and responding to behaviours that may be challenging to others. Staff discussed how this learning was put into practice. Staff also told us the training had helped them to support people whose behaviours may challenge as it had helped them to have more of an insight into their experiences. The staff training records confirmed that staff had completed training to help them have the skills and knowledge to provide effective support.

There was a system of staff supervision that aimed to ensure that the performance and development of staff were properly monitored. Staff told us and records showed that this system of staff support was up to date for all staff. This meant staff were being formally supervised and supported enough to ensure they were providing effective care and support. The staff told us that if required, additional support for example after an incident or occurrence was always provided. Staff were supported to talk through any incidents with people that may have been very challenging. For example, if a person became very angry in mood.

People received care and support that was effective and met their needs. We saw staff on duty supported people with their needs using approaches that showed they understood how to provide effective care and support. The staff conveyed a good understanding of an acquired brain injury and how this impacts on people's lives. Staff used calm, clear and consistent approaches with people. Staff were also very attentive towards each person. The staff spent time with people who needed support due to their needs arising from their acquired brain injury.

People told us they enjoyed the meal choices at the home. Examples of comments people told us included "The food here is good and we get enough to eat. It's alright here ". "The food is good- well prepared, nicely presented. I like a curry. I help to cook the meals I enjoy it" and "The food is decent. I help to prepare my own lunch and breakfast".

People were supported to make drinks and snacks throughout our visit. People made tea, coffee, and other drinks throughout the day. Snacks such as fruit and biscuits were also freely available for people.

People who needed extra support to eat and drink enough had detailed and clear guidance set out in their care records. This information helped staff to deliver effective care and promote physical health and wellbeing. People received personalised care and support that met their nutritional needs. For example, one person had been assessed as needing encouragement to eat a diet suitable for their health needs. Records of the meals they had eaten were maintained and showed an appropriate diet was provided. We saw that the person was supported at lunch time and encouraged to eat. The staff we spoke with were aware of the type of diet they needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any decision 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 DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty.

We found that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the local authority as legally required to make sure any restrictions on people were lawful.

People's care records included detailed references to their mental state and ability to make decisions. Records included evidence which had been signed by people to consent to the care provided as identified in their care plans. Staff told us they had received training about the MCA and were aware of the need to fully consider capacity and what to do when people lacked capacity. Care records showed how that capacity was assessed and considered when needed. When a person lacked capacity, there was clear guidance that set out to how to support the person. For people who were being restricted of their liberty, correct procedures had been applied to ensure it was lawfully undertaken.

Support plans demonstrated that people were assessed about their understanding of their rights and their ability to consent to any care and treatment they were offered. Details of any advocates they may have such as a Power of Attorney were also recorded. One person, who was subject to DoLS, had been found to be at risk in the community. We found that a best interest decision, including a capacity assessment, had been recorded.

Is the service caring?

Our findings

At our last inspection in July 2017 we had found some people had felt that certain staff were not kind and caring in their manner and approach.

At this inspection we observed all the staff on duty were caring, warm and positive in their approaches towards people. This showed us that the service was caring. People we spoke with told us that staff were caring and kind to them. One person told us, "This place is a 100% better than where I was before ". Other comments people made included "Staff are outstanding nothing is too much trouble. They are extremely kind and caring. They put up with my endless tears, they are exemplar", " They are never too busy to listen. They are kindness personified. Each one of them is a credit to the manager" and "I am consulted about everything and it is very person centred here."

People were treated respectfully by staff who had a caring and kind approach. We also saw that people were very comfortable, relaxed and at ease with the staff. Throughout our visit staff were consistently caring and positive in manner and approaches when offering support to people.

We heard constant numerous positive interactions between staff and people at the home. We saw members of staff gently engaged in a good humoured respectful interaction with people. People joked and responded to the members of staff back in a good-humoured and very positive way.

Staff took plenty of time to speak with people as they supported them and were patient in manner waiting for people to respond to them. Staff prompted people in a discrete and respectful way when they were not able to remember a topic that they were talking about.

The home had a dignity in care 'champion' who was a member of the staff team. This is a member of staff who takes a lead responsibility for helping to ensure people are treated with dignity. The scheme aims to embed the belief for all staff that care services must be compassionate and person centred, and willing to try to do something to achieve this. We saw a dignity in care code of practice displayed on a wall in the home. This was to inform people at the home how they should expect to be treated by staff. It was also to inform staff of the need to always uphold the dignity of the people they supported.

Staff knew what equality and diversity meant when they supported people. The team knew this value meant respecting that everyone was unique and supporting people to live their life in the way they chose. The staff training records confirmed the team had been on training to help them understand how to apply the principals of equality and diversity with people. There was also a policy in place to guide staff to ensure they always respected people's equality and diversity.

The environment helped give people privacy. There was a garden and seated area where people could walk safely as well as an activities room and quiet room. People sat in the different shared areas in the home. This showed that they could have privacy and 'space' when they needed. The kitchen was open for people to use. People were in the kitchen and made themselves drinks and light meals. This also showed how the environment supported people to be independent.

Each bedroom was a single room and this gave people privacy. We saw rooms were personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room personal and homely for the person concerned. There were open plan kitchenettes for people and their visitors to use on each floor of the home. People used the kitchenettes and made themselves drinks. This showed how the environment supported people to be independent.

Is the service responsive?

Our findings

At our last inspection in July 2017 we had found that one person had not been supported to leave the house for community activities for over 19 days leading up to that. At this inspection we found staff were recording in very clear detail all activities that people had taken part in. There was clear written evidence that people took part in a range of social and therapeutic activities. This was both in and out of the home.

We found that people were supported to take part in daily activities in the home and community. People told us about the range of social and therapeutic activities they enjoyed doing at the home. They take me out they do great", "I want a bit more independence and want to choose my own friends. "and "I've been to Weston-Super Mare and we go out for meals."

People's daily records were extremely detailed about how people spent their day. We saw that every person who lived at the home was offered the chances to take part in different social and therapeutic activities. People also went to community based fellowship groups for support for recovery from addictions. We saw people going out with staff during our visit. People went to the shops, to see family, and to social venues they liked to go to.

Further positive feedback from people included "I sometimes go shopping but I have money issues now. Staff have been very good regarding money, they let me have money on the understanding I pay it back later". "They take me to see my dog in kennels twice a week. I hope eventually to be in a place of my own with my little dog. That is my aim" and "They bend over backwards to ensure that I'm listened to and heard. When they can provide therapeutic care, it is provided."

People received care and support that was flexible and responsive to their needs. Support plans were detailed and informative about how to support people with their needs that related to their acquired brain injury. For example, they included detailed guidance and strategies for staff to implement to be able to support people in activities of daily living. These included personal care, social needs as well as finance management and household activities such as cooking and personal laundry. Support plans included information about people's interests and preferred daily routines. This was to help ensure staff assisted people in a personalised way and took account of their differing needs. There was information about people's religious and cultural needs. For example, people were supported to practise their faiths at local venues. Support plans also showed that people were encouraged to maintain their independence and undertake as much of their own personal care as they could. Where appropriate, staff prompted people to undertake certain tasks rather than doing it for them

Staff explained to us that support plans gave them detailed guidance about the right approaches and effective ways to support people. The staff also told us they followed up to date guidance in relation to how to support people when their mood and behaviours changed. This showed how people were being well supported to be independent in their daily lives and in activities of daily living

To further support people with their complex needs there were two therapy co-ordinators who worked

alongside speech and language therapists, physiotherapists, and occupational therapists who come in weekly. There was a Neuro psychiatrist who comes from Headwise to assess any mental health issues. Headwise is a service that deliver rehabilitation and assessment to individuals with cognitive, physical, emotional and neurobehavioral impairments resulting from a brain injury or other neurological condition.

Staff communicated with people in ways that showed they were responsive to their needs. The staff spoke to people with a calm approach during our visit. In people's care plans we saw that positive actions had been implemented to deal with difficult situations that could arise due to the nature of some of the behaviours that people displayed. For example, we saw one person shouting, two members of staff immediately defused the situation and ensured people were safe and avoided an incident.

People were supported to make their views known and raise concerns. This was to drive up improvement in the service. Everyone we spoke with was aware of the complaints procedure and said that they knew how to raise a concern. No one we spoke with had any complaints. People told us they were encouraged to raise any feedback directly with the staff. Records were kept that confirmed people met with staff regularly and were given plenty of time to make their views known. Everyone knew the registered manager well and they felt they would always resolve any concerns before they developed into a complaint.

There were also suggestion forms and an online feedback system. We saw that all suggestions were analysed with feedback given. This meant the service acted on suggestions and used them as opportunities to improve the service. Social activities and menus had all recently been reviewed based on feedback from people

There were end of life care policies and procedures in place to guide staff. These meant that people could be supported at the end stages of their life at the home. This would help ensure that people were cared for in a culturally sensitive way in the place they knew best. Advance decisions to refuse treatment or elect for an alternative option and provisions of Powers of Attorney were in place for people.

Is the service well-led?

Our findings

At our last inspection in July 2017 we had found that there was a lack of consistency in the quality and management of the service afforded to people. As a result, some people were not fully involved in improving their care. Action had not been taken to address the known problems with the environment and activities provision. The provider had identified the risk to the health, safety and welfare of the person whose apartment did not have any lighting. However, they had not then acted within a realistic timescale to reduce or remove this risk.

At this inspection we found that there were clear and embedded systems in place to check and monitor the quality of the service provided. When we checked the health and safety audits we saw that these had had identified shortfalls in quality and health and safety. The quality checks were recorded onto the provider's electronic system. This meant they could be read by senior staff at the provider office. For example, health and safety concerns and issues were also reviewed by a senior health and safety manager via the online system. This also meant that there was a system in place that gave assurance that people received a safe and suitable service.

Staff we spoke with all spoke highly of the registered manager and the way they ran the home. They told us the registered manager supported them well and they felt able to talk with her about anything. One staff member said "X fights our corner. Recently she fought for us to get a pay rise and she got it for us" Another staff member told us "I feel I could go and talk to her about anything that was concerning me."

A senior manager for the provider visited the home regularly to meet with people and staff and write a report after their visits. Their reports set out actions for the registered manager to take after each visit. These included plans to upgrade part of the decoration in the home.

Incidents and accidents which had involved people at the home were reviewed and evaluated to look for trends and patterns. The records showed staff recorded what actions had been taken after an incident or accident had happened in the home. The provider had an online reporting system for incident and accidents. These occurrences were recorded by the staff onto the provider's intranet reporting system. A senior manager then reviewed this information. This was then discussed with the registered manager and staff if needed.

There were regular team meetings held for the staff. Subjects raised included peoples' needs, safeguarding people, the management of the home and future for the service. The staff felt easily able to make their views known during staff meetings and have a relaxed discussion with management. They also said that they were involved in how the service was run. Staff told us they had good communication with each other, as there was a handover at each shift and a communication book in use to record important information. This meant that staff could swiftly get hold of information when needed.

The provider had a scheme to encourage staff to perform well and develop in their role. There was a financial scheme to recognise good care and service at the home. A financial acknowledgment was to be given to

staff for high quality care and good outcomes for people.

Staff completed a staff survey which asked if they were happy working at home and if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager and deputy manager.

The staff understood what the values of their organisation were. These included being respectful, being inclusive and working with people in a way that was person centred. They could tell us how they took them into account in the way they supported people at the service. One key value staff told us was important was to care for people in a person-centred way as unique individual.