Voyage 1 Limited

Westleigh 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

Overall summary

This inspection took place on 10 December 2015 and was an unannounced inspection.

Westleigh House specialises in providing care and support to adults who have a learning disability, autism and/or a physical disability. Accommodation is arranged over two levels with stairs providing access to the first floor. The home can accommodate up to 12 people. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

At the time of our inspection there were 11 people living at the home. The people we met with had complex physical and learning disabilities and not all were able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

The manager had submitted an application to be 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

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People appeared happy and content with the staff who supported them. Staff interacted with people in a kind and caring manner. Routines in the home were flexible and were based on the preferences and needs of the people who lived there.

Staffing levels were good. There were enough staff to meet people's physical, emotional and social needs. People were supported by a staff team who knew them well. Staff received the support and training they needed to carry out their role. There were systems in place to make sure staff's skills and knowledge remained up to date.

People received their medicines when they needed them. Medicines were stored securely and were only administered by staff who had been trained and deemed competent to carry out the task.

People's health care needs were monitored and met by staff. People saw their GP and other specialist health and social care professionals when they needed to. People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes.

People were supported to maintain relationships with the people who were important to them, such as friends and relatives.

Staff knew how to recognise and report any signs of abuse. They told us they would not hesitate in reporting concerns and were confident action would be taken to ensure people were safe.

Staff received the training they needed which enabled them to support the people who lived at the home.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them from staff who were competent to do so.

Good

Is the service effective?
The service was effective.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good

Is the service caring?
The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Good

Is the service responsive?
The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Good

Is the service well-led?
The service was well-led.

The manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

Good

Westleigh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 December 2015 and was unannounced. It was carried out by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

At the time of this inspection there were 11 people living at the home**.** During the inspection we met with each person who lived at the home. We spoke with five members of staff and the manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to staff recruitment, the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

There were sufficient numbers of staff to help keep people safe. Staff told us staffing levels were good and they were able to meet people's physical, emotional and social needs. A member of staff told us "Sometimes [name of person] is unsteady on their feet in the morning and requires two staff to help them. There are always enough staff to help."

There was a good staff presence and staff responded quickly to any requests for assistance. For example, one person requested assistance to use the lavatory and staff supported them straight away. People looked relaxed and comfortable with the staff who supported them. People were supported in a relaxed and hurried manner.

People who were able to have a conversation with us told us they felt safe living at the home. One person said "I'm very happy with everything. Yes; I feel very safe here." Another person responded "Yes" when we asked them if they felt safe at the home and with the staff who supported them.

Care plans contained risk assessments which outlined measures to enable people to receive the care and support they needed in a safe way. For example one person was at risk of choking on particular foods. A speech and language therapist had assessed them and provided guidelines confirming which foods were unsuitable and how to prepare other food to reduce the risk of this person choking. Staff were knowledgeable about this and served appropriate food in accordance with these guidelines.

Everyone who lived at the home required staff to manage and administer their medicines. There were appropriate procedures in place for the management of people's medicines and these were understood and followed by staff. Medicines were supplied by the pharmacy in sealed monitored dosage packages which provided details of the prescribed medicine, the name of the person it was prescribed for and the time the medicine should be administered. Each person had a pre-printed medicine administration record (MAR) which detailed their prescribed medicines and when they should be administered. Staff had signed the MAR charts when medicines had been administered or had made an appropriate entry when a medicine had not been administered. There was a clear audit trail of all medicines entering and leaving the home. Medicines were only administered by staff who had received specific training.

Risks of abuse to people were minimised because the provider had a recruitment process which ensured all new staff were thoroughly checked before they began work. Checks included seeking references from previous employers and carrying out checks to make sure new staff were suitable to work with vulnerable adults. Staff told us they were only able to start work once all checks had been received.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been identified, the service had informed relevant authorities and had followed their staff disciplinary procedures to make sure issues were fully investigated and people were protected.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system which meant they were able to obtain extra support to help manage emergencies.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Good

Is the service effective?

Our findings

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

The majority of the people who lived at the home were unable to communicate their needs and wishes verbally. People's care plans contained detailed information about how each person communicated. For example, one person's plan explained what signs to look for which would mean the person was happy or unhappy or if they were in pain. People used different methods of communication such as sign language, objects of reference and physically leading staff to show them what they wanted. Staff knew people well and were able to interpret their body language or non-verbal communication. For example; one person started making loud noises. A staff member discreetly asked them if they wanted to use the lavatory. The person immediately calmed and went with the member of staff.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The The 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. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. For example, one person required various tests as there were concerns about their health. The person was unable to give their informed consent for this. We saw that a meeting had taken place between health care professionals and staff who knew the person well to ascertain whether the treatment would be in the person's best interests. This made sure people's legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

The staff team were supported by health and social care professionals. People saw their GP, dentist, optician and chiropodist when they needed to. Each person had an annual health check- up. The service also accessed specialist support such as from an epilepsy specialist nurse, learning disability nurse, speech and language therapist and a dietician. People's care was tailored to their individual needs. For example one person required drinks and nutrition through a Percutaneous Endoscopic Gastrostomy tube (PEG) as they were unable to take anything orally. A detailed care plan was in place which included information about the feeding regime required and the management of the PEG. Staff had received specific training and were knowledgeable about how to meet the person's needs.

People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans included 'hospital passports' which are documents containing important information to help support people with a learning disability when they are admitted to hospital.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. We observed staff supporting people in accordance with their plan of care. For example, one person required a member of staff to sit with them throughout their meal. They needed their food to be cut into small pieces and to be offered small amounts at a time. We saw the person being supported as detailed in their plan of care. Menus were based on the preferences of the people who lived at the home and there were two options for each meal.

Staff were confident and competent in their interactions with people. Staff told us training opportunities were very good. They told us they received training which helped them to understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as autism awareness and caring for people who have epilepsy.

Good

Is the service effective?

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

Good

Is the service caring?

Our findings

It was obvious through our observations and discussions with staff that they were passionate about making sure people received the best possible care and attention they needed. One member of staff said "I have supported most of the people here for over 15 years and I will do anything to make sure they have a really good life." Staff were extremely caring and considerate when they interacted with people. They were available when people needed them and they supported people in a kind and unhurried manner.

In their completed Provider Information Return (PIR) the provider stated "Staff are observed regularly throughout each day performing tasks and supporting those who live within the service. There is a caring and respectful culture within the team and this is promoted by all staff, not just the management team. Any concerns about practice are dealt with swiftly and formally to ensure there are clear expectations and standards set at all times."

Staff had a very good knowledge about what was important to each person who lived at the home. Each person had a one page profile which provided staff with information about the persons needs and what was important to them.

Staff treated people with respect. They consulted with people about the day's routines and activities; no one was made to do anything they did not want to. People were asked throughout the day what they wanted to do and chose how to spend their time.

On the day we visited, three people had chosen to go shopping followed by lunch at a local pub. Another person who had indicated they wanted to go changed their mind at the last minute and this was respected by staff.

Staff respected people's privacy. All rooms at the home were used for single occupancy. People could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering.

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. People were encouraged to visit as often as they wished and staff supported people to visit their friends and relations on a regular basis.

People were supported to be as independent as they could be. Care plans detailed people's abilities as well as the level of support they needed with certain activities. There was an emphasis on enabling people to maintain a level of independence despite their disability. For example assisting with personal care needs and making day to day decisions about where they wanted to spend their time and what they wanted to do.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Good

Is the service responsive?

Our findings

Staff knew about the needs and preferences of the people they supported. Care plans contained information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs.

People contributed to the assessment and planning of their care as far as they were able. People routinely discussed their needs and preferences with staff and this was recorded in people's care plans. People's key workers reviewed records and where necessary updated the person's care plan accordingly. Key workers had particular responsibility for ensuring people's needs and preferences were understood and acted on by all staff. In their PIR, the provider stated "We involve not only the person, but family members and those who are important to the person in annual reviews to ensure the best outcomes are achieved. As a group we look at what best care is for the individual and how we will achieve this, as well as what is important to the person to provide a good quality of life. All findings are documented on the person centred review document and held on file." This was evidenced in the care plans we looked at.

Staff were responsive to any changes in the health or well-being of the people who lived at the home. For example, staff had requested a visit from a person's GP as the person had lost weight and appeared off colour. The person was unable to communicate verbally however; staff knew the person well and were quick to notice they weren't quite themselves. This resulted in the person being admitted to hospital for tests. Their health had improved and their weight had increased.

Routines in the home were based around the needs and preferences of the people who lived there. For example, people chose what time they got up in the morning and when they went to bed. We observed people arriving for breakfast at different times during the morning and staff were available to respond to people's needs and requests.

People had opportunities to take part in a range of activities and social events. Staff told us some people had enjoyed watching a pantomime in Bristol and some had gone to the local cinema. In their PIR the provider stated "The activity rota ensures that there is enough freedom for people to access ad hoc activities and rotas will reflect the correct number of staff to enable people to take part in stimulating and varied experiences. Staff are encouraged to advocate for the people that we support and activities are not limited to traditional working hours to increase the opportunities on offer." Staff told us some people liked to attend a disco at a local daycentre. They told us people also enjoyed visits from a masseur, who was employed by the provider, and a person who offered creative craft sessions.

The manager operated an open door policy and was accessible and visible around the home. There had been no formal complaints in the last year however; staff told us they felt confident any concerns would be taken seriously and appropriate action would be taken to address their concerns.

Good

Is the service well-led?

Our findings

The home was managed by a person who was not yet registered with the Care Quality Commission. The manager told us they had submitted an application to us to be registered manager for the service. The manager told us their philosophy was to "Empower people and enable them to live a happy and fulfilling life." The manager also told us they were involving the staff team and were asking them to "Come up with innovative ideas for improving the quality of life for people. This was confirmed by the staff we spoke with. One member of staff told us "I feel much more involved now and feel I can have a say on how we can make things better for people."

The Provider Information Return (PIR) was completed prior to the manager taking up post in the home. This states "The values of the home are clear to all staff and discussed regularly in

supervisions and team meetings. Staff are encouraged to be open and honest with their ideas on how to improve the service or if they feel something is not working well. Within the person centred review document there is a section dedicated to what people feel is working well and not well and from this an action plan is developed to improve the service in the areas found not to be working and continue to build on the things that are working well." We observed this document in the care plans we looked at and there was evidence that care plans had been updated based on the outcomes for people.

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. One member of staff told us "There is always a senior on duty and we all know what we are doing each day. We know who we are supporting and things like who is responsible for doing the medicines if there are two seniors on duty."

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. One staff member said "I get regular supervisions but I can go to the manager any time if I want to talk about something. Another member of staff told us "You are encouraged to say if you feel you need or want training in something. The training here is very good. You get what you need." Supervision records showed a range of topics were discussed and the staff member's views were encouraged. These ranged from the level of support they received to discussions about people who lived at the home and what the staff member thought could be improved.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. An operations manager from the company carried out regular visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive and well-led? We looked at the findings of a recent audit which had been carried out on 2 December 2015. The result of the audit had been positive and only minor actions had been identified. Dates for compliance had been set but were not yet passed. A property maintenance audit had also been carried out at the beginning of December 2015. This looked at the environment and the home's compliance relating to fire safety and emergency evacuation protocols. Outcomes had been positive.

The provider reviewed their policies and procedures to make sure they remained in line with current legislation and practices. The manager told us they were always informed of any changes and that these were cascaded to staff and implemented without delay. The PIR stated "We access the Skills for Care website, and follow NICE guidelines, and there is communications shared by the internal quality and compliance teams. We have a quality department within Voyage who provides updates and communications whenever there is a change to current legislation or best practice. These are shared with the team through a read and sign file and in staff meetings. In addition to this policies and procedures are reviewed regularly to ensure that they are complying with current guidance and legislation. In addition to this as a service we subscribe to emails from Skills for Care and CQC."

There were regular meeting for staff which were an opportunity to share information and address any issues arising. Minutes of meetings showed that when an action was needed, a member of staff was nominated to take the action and information stated when it had been completed. This ensured that issues that needed addressing were dealt with in a timely manner. The manager told us they were introducing additional meetings

Good

Is the service well-led?

for staff where senior staff from another of the provider's homes next door would meet with staff who worked at Westleigh House to "share ideas and areas of good practice."

Significant incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. The manager reviewed incidents to see if there was any learning to help improve the service. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. There had been few reportable incidents however; the manager was clear about their legal responsibilities.

The PIR told us Voyage Care are members of Investors in People, Skills for Care, BILD, LDa England, Care England. Voyage Care were finalists in Laing Buisson's specialist care awards in 2014.