

Voyage 1 Limited

Theoc 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 2 December 2015 and was unannounced. Theoc House provides accommodation and rehabilitation care and support for up to ten who have an acquired brain injury. The service is located near the centre of Tewkesbury close to a range of local amenities. At the time of our inspection there were 9 people using this service.

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 and associated Regulations about how the service is run.

People told us they enjoyed living at the home. People were supported by kind, caring and compassionate care staff, who clearly knew people's needs. Staff supported people to spend their days as they wished.

People were supported with activities, and enjoyed time spent with care staff and other people. People told us there were things for them to do in the home.

People told us they felt safe in the home, staff had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse.

People were protected from the risks associated with their care. Staff had clear guidance to protect people from risks such as smoking. Care workers took action to help maintain people's independence.

There was a positive caring culture, promoted by the registered manager. Care workers were passionate about providing high quality personalised care and support. They spoke confidently and positively about people and their preferences. Care workers felt supported by the registered manager describing them as approachable and supportive both personally and professionally.

Care workers were knowledgeable about the people and carers they supported. They had access to development opportunities to improve their skills and the service people received. Care workers received the training they required to support people with individual needs and had access to effective supervision (one to one meetings with their manager).

People's needs were assessed. Where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks. The care and support people received was personalised to their needs. Care workers did not always record the support they provided people; however the registered manager had identified these concerns and was making appropriate changes.

Where people's needs changed, care workers had taken action and made referrals to healthcare professionals where necessary. Care workers ensured people had care and support which met their needs

and rehabilitation goals. Care workers went beyond their duties to support people with the things that were important to them.

People and their relatives view on the service were continuously sought. Care managers and the registered manager made every effort to ensure people's views mattered. People and their carers felt the management was approachable and felt confident in their ability to complain.

Quality assurance systems were in place to enable the service to identify areas for improvement and ensure people received a good quality service. The registered manager was supported by a provider who carried out their own good governance audits. A recent audit showed the service was performing well. The service ensured people had the information they needed to make decisions and be involved in the day to day running of the home.

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. People were safe using the service. Carers/relatives felt their loved ones were safe with the visiting care support workers. Care support workers had a clear understanding of their responsibilities to report concerns both within and outside the service.

People and care workers told us there were enough staff around to meet their needs and support them with activities and events.

Risks to people were assessed and plans were in place to manage these risks. Care workers knew how to protect people from risks and support them with positive risk taking. Care workers ensured people had their medicines as prescribed. Medicines were stored securely.

Is the service effective?

Good ●

The service was effective. People were cared and supported for by care workers who were supported and had access to training and development opportunities to improve their skills and knowledge.

People told us they were supported to make day to day choices. Care workers had knowledge of the Mental Capacity Act and people's rights were being protected. Where people were being deprived of their liberty, the registered manager had ensured this was done in the least restrictive way.

People were supported with their on-going healthcare needs. Where people assistance with their nutritional needs, they received support from care support workers to meet these needs.

Is the service caring?

Good ●

The service was caring. People spoke positively about care staff. People clearly enjoyed the time they spent with care workers.

There was a caring culture. People had caring relationships with care workers and benefitted from these relationships. Care workers spoke about people in a kind and a caring manner.

People were involved in decisions about their care and were supported by care workers to make informed choices.

Is the service responsive?

The service was not always responsive. People's care records were not always completed consistently. Where on-going goals had been set, care workers had not always documented the support they had provided. However, people's care and support plans were personalised and included information about what was important to people. People were supported with activities and care workers ensured they were mentally stimulated.

Care workers responded when people's needs changed to ensure they received the care they needed, this included making referrals to other healthcare professionals.

People and their relatives knew how to raise concerns and felt confident they would be dealt with in a timely manner.

Requires Improvement ●

Is the service well-led?

The service was well-led. The registered manager had systems to identify and respond to concerns. Issues around record keeping had already been picked up by the registered manager and through the provider's quality assurance systems.

The registered manager promoted a caring culture which respected people's individuality. Care workers were supported to suggest and make changes to the service.

People and care workers were involved in day to day decisions within the home. Care workers were able to suggest ideas and were supported to develop and hold responsibilities.

Good ●

Theoc 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 was 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 the 2 December 2015 and it was unannounced. The inspection team consisted of one inspector.

At the time of the inspection there were nine people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with a range of healthcare professionals, including social workers and commissioners.

We also looked at the Provider Information Return for Theoc House. 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 spoke with eight people who were using the service, however only to four of them in detail. We also spoke with two people's relatives. We spoke with five care workers, the deputy manager and the registered manager. We reviewed three people's care files, four care worker records and records relating to the general management of the service.

Is the service safe?

Our findings

People told us they felt safe in the home. Comments included: "I do feel safe here"; "It's alright". Two people when asked told us they felt safe and looked after. One relative told us, "I think everyone is safe and looked after".

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "Without a doubt I would go straight to the manager". Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or CQC. They said, "If the managers aren't available, or if I'm not happy I would go to the safeguarding board in Gloucestershire". Staff told us they had received safeguarding training and were aware of reporting safeguarding concerns.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured action was taken to protect people from harm. The registered manager also used team meetings to discuss case studies around safeguarding and abuse. Staff told us this supported them to discuss and identify poor practice. One care worker said, "We do case study training, such as discussing Winterbourne View".

People and their relatives told us there were enough staff to meet their needs. One person said, "always someone around. They help me to go out and about". Another person responded positively when we asked if there was enough staff around.

People were protected from financial abuse as their money was kept securely and a record of their finances was maintained by staff. Some people required support with the handling of their money which included the safe keeping and the management of the daily expenses. People's money was kept securely in locked cash tins and checked by staff and people's daily expenses and income were recorded correctly. The registered manager ensured people's financial records were checked to ensure their expenses were recorded correctly and that no financial abuse had occurred.

There was a calm and homely atmosphere in the home on the day of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Staff spent time with people and helped them with day today activities, such as laundry, cooking and tidying the home. Where people were going out of the home, staff were deployed to assist them with travelling and participate in various activities.

Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "I think there is enough staff and we work really well as a team" and "I pick up extra hours, and assist people. I think we're okay (with staffing numbers). We work well together which is great".

The registered manager told us there had been a turnover of staff, which had meant the service were using agency staff to cover some duties within the home. The registered manager had identified the number of staff needed to ensure people were kept safe. On the day of the inspection and other days the safe number of staff had been exceeded. The registered manager was recruiting more staff to work within the home, which they hoped would eliminate the need for agency. In the interim, the registered manager ensured agency staff worked with an experienced member of staff and had clear information on people's needs to ensure the continuity of care was maintained.

Records relating to the recruitment of new care support workers showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure support workers were of good character.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation and nutrition and hydration. Risk assessments enabled people to stay safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, one person had been identified at risk of harm if they had access to chemical substances, such as laundry and cleaning fluids. Staff had clear guidance to ensure all substances were locked away. We observed one care worker assist the person with their laundry, providing them with support to use substances whilst protecting them from harm.

People were supported to take positive risks and move towards independence. This included accessing the community with staff or cooking a meal. For example, during the inspection the registered manager met with one person to discuss their review goals, they talked about the support the person required in the community, and agreed a positive goal with the person which included a degree of planned risk.

Where people required assistance from care staff and equipment, there was clear guidance on how staff should support them. The equipment needed, including wheelchairs, hoists and personalised equipment were clearly detailed. Staff knew how to use equipment to support people. Staff told us if equipment was not safe they would remove it from use. The registered manager arranged for an external company to ensure all equipment was maintained and fit for assisting people with their mobility.

People were cared for in a safe environment. Fire extinguishers and equipment was regularly checked to ensure they were fit for purpose. Fire checks and fire drills were carried out by staff in the home. There was a clear documented record of the checks conducted on the premises to ensure they were safe.

People's medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked daily by care workers. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

Is the service effective?

Our findings

People and their relatives spoke positively about care staff and told us they were skilled to meet their needs. Comments included: "I get on with them, they're good", "It's alright here, the staff are okay" and "I like them". One person when asked responded positively when asked about how they got on with staff. A relative told us they thought their loved one (and other people) was looked after by care staff.

People's needs were met by care staff that had access to the training they needed. Care workers told us about the training they received. Comments included: "I have the training I need. I feel comfortable with what I'm doing"; "I definitely have the training I need" and "We have the training we need. The manager finds the training for us if we want anything else". Staff told us they had the training they needed when they started working at the home, and were supported to refresh this training. Staff completed training which included safeguarding, acquired brain injuries, Percutaneous Endoscopic Gastrostomy (PEG) care (a means of feeding when oral intake is not appropriate), epilepsy, fire safety and moving & handling.

Staff told us they had been supported by the registered manager and provider to develop professionally. The deputy manager told us they were being supported to do a level 5 diploma in health and social care. One care worker told us, "There is definitely a lot of support and progression. This has never been an issue." All staff spoke positively about their ability to develop within the organisation. Staff told us they were able to request they needed and were able to suggest training. One care worker said, "We can suggest training at meetings. We discuss people's needs. The manager ensures we have the right skills".

People were supported by staff who had access to supervision (one to one meeting) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One care worker told us, "We have supervisions; however we can go the manager anytime and discuss things".

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. They showed a good understanding of this legislation and were able to cite specific points about it. One staff member told us, "A lot is around choice, and supporting people to make a choice. We never assume someone can't make a decision. If they can't then we have best interest meetings to help make a specific decision".

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they left the home without support and were checked regularly in the home. The registered manager made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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).

One person had a best interest decision in place around smoking and their access to cigarettes. The registered manager had identified the person did not have the capacity to make a decision on how much they smoked, and did not understand the health and financial consequences. The registered manager involved healthcare professionals to discuss how they could support the person. A clear decision was agreed that staff would hold the person's tobacco and support them to smoke.

People were supported by care staff who were able to identify the situations or things which could make them anxious or agitated. For example, one person could exhibit behaviours which may challenge staff. Staff knew the situations which could agitate the person and ensured they were supported to be comfortable in the home. If the person became anxious, care staff had clear guidelines of how to support them.

People were able to choose what they wanted to eat and drink. People who were able to contribute towards their food preparation were encouraged to do so by care workers. One person was supported by staff to make minestrone soup, which other people in the home also enjoyed. People were given a choice over the food they wanted, and menus were discussed regularly. People spent time with each other in the dining room. One care worker told us, "this is the hub of the home. Food is important."

People's care plans contained details of people's nutrition and hydration needs and the support they required. One person required staff to assist them with their nutritional and medicinal needs using a PEG system. Staff had received training to meet this person's needs. Clear instructions were detailed in people's care plans on how to assist them. A Speech and Language Therapist (SALT) contracted to the home by the provider, provided advice to staff to ensure people's dietary needs were met. They provided advice on how people's food should be prepared and how much fluid should go through one person's PEG system, now they were taken fluids orally. The SALT told us, "staff follow guidance, and they let us know any changes."

Some people were supported by care workers to eat and drink with thickened fluids because they were at risk of choking. These people had been assessed as at risk and speech and language therapist (SALT) guidance had been sought and followed. We observed staff prepare people's drinks in line with this guidance.

The service worked with other professionals to ensure people's additional or changing needs were supported. For example, people who required support around their mental health needs were supported by community psychiatric teams. Where care support workers had concerns about people's healthcare needs, they could access support from people's GPs. We received positive feedback about the service from healthcare professionals. One healthcare professional stated, "The service meets the day to day needs of the residents well".

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. One person said, "the staff are lovely". Another person responded positively when asked about the staff, they also told us, "It's near perfect here". One relative told us they felt people were all looked after.

People enjoyed positive relationships with care workers and the registered manager. The atmosphere was calm and friendly with care workers engaging with people in a respectful manner. We observed warm and friendly interactions. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes.

People talked with care workers and were comfortable in their presence and enjoyed friendly and humorous discussions about their days. For example, the registered manager and a care worker talked with one person, the person was comfortable in their presence and clearly enjoyed talking with staff. The person told us, "We have fun".

People were at the centre of their care and were supported by staff who went beyond their duties. People were supported to discuss and make goals, things they wanted to achieve such as becoming more independent or developing mobility or social skills. One person had a clear aim to move to independent living. They spoke positively about the home, however told us, "I want my own space". The person had an appointment with their local council to discuss housing options moving forward, and had been supported by staff to attend this appointment. We spoke with the staff member who supported this person with their appointment. They told us, "I often assist people with their appointments, and agree to help them before we get our shifts. I came in early today, and I often work extra hours, it's all about these people, it's not just a job". They also said when they work extra hours, they always get paid.

People were cared for by care workers who were attentive to their needs and wishes. For example, care workers knew what was important to people and supported them with their day to day needs and goals. One person wanted assistance from staff to get a Christmas present for a loved one. One care worker told us, "All staff are looking for the things she wants. We'll go shopping with her". The person spoke happily about going shopping, "I want to get them a bow tie."

Care workers were supported to spend time with people and they spoke positively about this. Comments included: "I think we're supported to build brilliant relationships"; "We have time to support people. It's really is a nice environment, we're like a family" and "We have a good time, it feels more like a home to people than a clinical environment".

Care workers clearly knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. For example, one care worker was able to tell us about things which were important to one person. They said, "they're into sport, particularly Leicester city football club". They also told us how they support the person to plan for trips to watch a game, which included travel and budgeting. Care workers also told us about people who had been supported to watch

rugby world cup matches in Twickenham. We spoke to one person who told us they enjoyed watching a game.

People were supported to develop their social skills. People were supported to have nights out and social time away from the service. This included going for meals or going to the cinema. One care worker told us how they supported people with their nights out, to promote their social skills. They said, "We talk about what they would like to do, and encourage them. It's important they enjoy themselves and have a change of scenery".

People were able to personalise their rooms. One person told us about the equipment they had in their own room. They said, "I have sky television, broadband and a mobile phone". We saw people's rooms contained items which were important to them including items they enjoyed to use such as keyboards or posters and items that had been collected from sports matches. One person gave us a brief tour of their accommodation. They were proud of their room and told us, "I have a sofa and tv. It's mine".

People were treated with dignity and respect. We observed care workers assisting people throughout the day. Care staff told us how they ensured people's dignity was respected. One care worker was assisting a person with personal care. To support the person's independence, the care worker waited outside of the room, until the person was ready for support.

Is the service responsive?

Our findings

People's on-going goal review records had not always been completed consistently by care workers. Where goals had been set there was not always records of the support given to people with these goals. For example, for two people there was no record of the support they had received to meet their goals in October or November 2015. This meant people maybe at risk of not receiving the support to reach their goals as a record of this support had not been maintained. Whilst people's support and health action plans were detailed, they were not always current; one person's assessments had not been reviewed for over a year. Care workers knew how to assist people and told us about the support they provided people and what was important to them. We discussed these concerns with the registered manager who informed us these concerns had been identified and an action plan was in place to ensure records were completed.

People were supported by care support workers who were able to identify concerns around their welfare and take action. For example, a care worker had identified one person's mobility and ability to assist themselves with dressing had significantly reduced. Care staff had previously raised concerns and GP appointments had been arranged to identify additional support which needed to be provided. The registered manager took time to discuss the care workers concerns and decide on support they needed, such as training and information around dementia care. We spoke with the care worker who told us about the person and their medical history, they said, "they're struggling and we're looking how to support them effectively".

People were at the centre of the service and care workers were flexible and accommodating in meeting their needs. The support people received was centred on their personal preferences and choices. People told us they enjoyed living in the home and staff would respond to their requests. The home was close to the town centre which allowed people to have the opportunity to regularly attend activities in the community or shop in the town centre. On the day of our inspection, people visited a college and local activity groups.

People were involved in all decisions about their care. Thorough assessments of people's needs were carried out when they started to receive a service. Assessments were specific to people's needs and the risks associated to their care. For example, one person's assessment provided guidance on how they should be supported with their communication, things they often say and what they mean. People were involved in reviewing and implementing their care plans. One person told us their goal was to be independent and have their own space. They said, "I want my own place, my independence. [Care worker] helped me with attending an appointment".

People's assessments were used to develop detailed support and health action plans that identified people's needs and the support required to ensure their needs were met. Additionally people were supported with clear goals. For example, one person's goals were about them accessing the community and engaging with other people to improve their social skills and to improve movement in a restricted part of their body. These goals contained clear targets the person could aim for and were linked into their rehabilitation goals.

People's care plans contained information relating to specific conditions and support needed as a result of their condition. This included people's Percutaneous Endoscopic Gastrostomy (PEG) care (a means of feeding when oral intake is not appropriate) and mental health needs. Care plans were personalised and included details of people's needs and what was important to them. For example, one person's care plan contained clear information about things the person did not want to talk about, and clear information to care support workers about their health needs.

People knew how to make complaints to the provider. People confirmed they knew who to speak to if they were not happy. One person told us, "I know I can speak up if I need to". The registered manager kept a log of compliments, concerns and complaints. The service had received three complaints in 2015 as well as a range of compliments from people and their carers who had been supported by the service. The complaints were clearly recorded and the service had carried out a full investigation. The registered manager identified changes which could be taken to provide a positive outcome to the complaint.

The registered manager used a range of systems to seek people and their relative's views on the service they received. This included a quality assurance survey and reviews of people's care. People and their relatives provided positive comments about the service, which included: "They seem to genuinely care"; "Given them more control in his life" and "Great staff who are enthusiastic about their work".

Is the service well-led?

Our findings

The registered manager promoted a culture that put people at the centre of everything. Staff were committed to the service and were positive about the management. Comments included: "We're supported to provide positive person centred care"; "It's people's home and we support them" and "It's a great place to work. I get good job satisfaction and we get recognised for providing good care". Care workers were aware of the provider and registered manager's goal to provide support to people to regain their social, cognitive and independence skills. Care workers spoke positively about this goal and providing people with support. One care worker told us, "We try and run a family environment."

Care workers told us the registered manager was supportive and approachable. Comments included: "The manager is very supportive", "They are always available and approachable", and "As a team everyone pulls together. The management is brilliant and supportive, they are always approachable" and "The support I get from my boss is brilliant". The registered manager had assisted the service to be part of the Headway Approved Providers Scheme (an accreditation scheme for services who provide a service to people with an acquired brain injury). Care workers spoke positively about the knowledge the registered manager had around acquired brain injuries. One care worker told us, "She's very knowledgeable and always happy to help".

People and their relative's views were regularly sought and acted upon. The registered manager carried out surveys of people and their relative's views as well as "home" meetings. People and their relatives had recently been asked for their views on the service. Feedback was wholly positive and included positive comments. Comments included: "Commend staff in efficiency" and "They encourage people to be as independent as possible". When surveys had been completed, any feedback and actions were shared with people and their relatives and informed the services action plan.

Peoples were involved in the service and were asked for their views. Regular "home" meetings were carried out. These enabled people to discuss day to day items like food and shopping with staff. People were supported to make decisions within the service through these meetings.

The registered manager had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as care plan audits, medicine audits, and scheduled checks within the home. Where audits or observations identified concerns, clear actions were implemented. For example, in October the registered manager had identified issues around care worker knowledge around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They discussed these issues in a staff meeting and provided care workers with information. Care workers had good knowledge around both the Mental Capacity Act 2005 and deprivation of Liberty Safeguards.

An operations manager employed by the provider provided support to the registered manager and reviewed audits and quality checks carried out by the registered manager. This ensured concerns had been identified and action had been taken to ensure people were receiving a good quality service.

The provider arranged for internal compliance visit of the service every year. A recent visit had been carried out in November 2015. This visit showed the service was providing a good quality service to people. Where concerns or shortfalls had been identified, these informed the services action plans. Actions had been identified around people's records and actions from "home" meetings. On the day of our inspection the registered manager cascaded feedback of the visit to care workers, informing them of the positive result and the actions which were being taken forward. Clear targets had been set to ensure all actions were completed.

The registered manager ensured people and care workers had the information they needed about each other and the day to day running of the home. At the entrance, there were short profiles on people and staff, which contained information on their likes and what was important to them. People, staff and visitors could access this information, alongside information around safeguarding, complaints and quality visits of the service.

Care workers spoke positively about their involvement in the home, and told us they were able to suggest improvements. One care worker told us, "We are able to suggest changes and ideas in team meetings." They told us they had suggested changes around shopping and menus in the home. They said, "We suggested stopping the weekly shop and taking people shopping, so they can see what's on offer and what produce is seasonal".