Care Quality Commission

Voyage 1 Limited

Hurstville Drive

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

Hurstville Drive is registered to provide accommodation and support for up to 5 younger people who have learning disabilities. The home is not registered to provide nursing care. On the day of our visit 4 people were living at the home. The home is located in a residential area in Waterlooville Hampshire. The home has a large living room, dining area and kitchen. People's private rooms are on both the ground and first floors. The home has an adapted minibus to enable people to access the community.

The inspection on 13 and 14 July 2015 was unannounced.

There was a registered manager at the home. 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.

Summary of findings

Staff understood the needs of the people and care was provided with kindness and compassion. People, relatives and health and social care professionals told us they were very happy with the care and described the service as excellent.

People were supported to take part in activities they had chosen in the home and in the community.

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities.

The registered manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs. Each person and every relative told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection applications had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The registered manager understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff talked to people in a friendly and respectful manner. Staff had developed good relationships with people and were attentive to their individual needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring and professional manner.

Staff told us they were encouraged to raise any concerns about possible abuse.

People and relatives knew how to make a complaint if they needed to. The complaints procedure was displayed in the home. It included information about how to make a complaint. There was also information about how to contact the Care Quality Commission (CQC).

The home routinely listened and learned from people and visitor experiences through annual resident/ relatives' survey. The surveys gained the views of people living at the home and their relatives and were used to monitor and where necessary improve the service.

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?

Good

The service was safe. Staff knew how to recognise abuse and to report any concerns they had, to ensure people were appropriately protected.

There were enough staff to care for and support people.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff received regular training and support to ensure they could meet people's needs.

Staff supported people, where possible, to make choices and decisions on a day to day basis. When complex decisions had to be made staff involved health and social care professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy.

Is the service caring?

Good

The service was caring. People said staff were kind, caring and respectful.

People were involved in making decisions about their care. Their views were listened to and used to plan their care and support.

Staff respected people's dignity and right to privacy. People were supported by staff to be as independent as they could be.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were in place which set out how these should be met by staff.

Care plans reflected people's individual choices and preferences for how they received care and support.

People were supported to live an active life in the home and community.

Is the service well-led?

Good

The service was well led. People's views about the quality of care and support they experienced, were sought. Staff acted on people's suggestions for improvements.

The registered manager demonstrated good leadership. They ensured staff were clear about their roles and responsibilities to the people they cared for.

Staff said they felt supported by the registered manager.

Hurstville Drive

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 13 and 14 July 2015 and was unannounced.

The inspection was carried out by one inspector, due to the small size of the home and people's complex needs.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection.

As part of our inspection we spoke with the registered manager, three care staff and one person living at Hurstville Drive. Following our inspection we contacted one visiting health and social care professional, one local authority care manager and three relatives to obtain their views on the home and the care people received.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Some people were not able to verbally communicate their views to us or answer our direct questions due to their complex needs.

During the inspection we looked at the provider's records. These included four people's care records, four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

This was the first inspection at Hurstville Drive since it registered in June 2014.

Good

Is the service safe?

Our findings

Relatives told us people were safe at Hurstville Drive. One relative said, "I've no worries. I think the home is a safe haven for my daughter. She is the happiest she has been in a long time." Another relative said, "My daughter comes home regularly and she can't wait to get back there. I take my hat off to them. They are fantastic".

Staff knew how to protect people from abuse, neglect or harm. Staff received training in safeguarding adults at risk. This was updated annually. Staff were able to explain the signs they would look for to indicate someone could be at risk and what actions they would take to protect them. The provider had a policy and procedure in place which set out the steps staff should take to report a concern. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored. One member of staff gave an example of concerns they had raised in the past and how they were addressed. This showed staff understood what constituted abuse and followed the procedures and processes in place to protect people.

During the planning of people's care, staff assessed how their circumstances and needs put them at risk of injury and harm in the home and community. Using the information from these assessments, plans were developed which instructed staff on how to minimise these risks when providing people with care and support. For example, one person required assistance when eating due to swallowing difficulties. Care plans included assessments from the Speech and Language Therapist (SALT) and gave clear instructions on how to assist the person with eating. Speech and language therapists assess and treat speech, language and communication problems in people of all ages to help them better communicate. They also work with people who have eating and swallowing problems.

Staff had a good understanding of the specific risks to each person at the home and what they should do to protect them. Staff used this knowledge to protect people in the home, for example when supporting people to move around the home. Staff kept the home free of unnecessary obstacles so that people could move around safely. Where any new risks had been identified people's records were updated promptly so that staff had access to up to date information, to ensure people were protected. Information was also shared by all staff through meetings and shift handovers so that they were aware of any changes and what they needed to do to support people appropriately.

People were supported by staff to take their prescribed medicines when they needed them. These were stored safely in lockable cupboards in each person's room. Each person had their own medicines administration record (MAR) and staff signed this record each time medicines had been given. There were no recording errors on any of the MAR sheets we looked at. Checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Training records showed staff had received training in safe handling and administration of medicines. This was refreshed and staff competency assessed annually.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. The registered manager had planned the staffing roster in advance. The roster had been planned to take account of the level of care and support each person required each day, in the home and community. For example, on days when most people were undertaking activities in the community or attending health appointments, staff numbers ensured each person's needs could be met safely.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

The environment and the equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. Regular service and

Good

Is the service safe?

maintenance checks of the home and equipment had been undertaken. Records showed regular checks had been made of fire equipment and systems, alarms, emergency lighting, water hygiene, portable appliances, gas and heating systems. Refrigerator and freezer temperatures were checked and recorded twice a day. Food stored in the refrigerator was clearly labelled with the date it was opened and stored appropriately.

Arrangements were in place to protect people if there was an emergency. The registered manager had developed Personal Emergency Evacuation Plans (PEEP) for people and these were kept in an accessible place. The emergency plans included important information about people such as their communication and mobility needs. This gave details of the safest way to support a person to evacuate the building in the event of an emergency, for example fire. These had been recently updated to remain relevant and accurate. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety. In addition, the home had a business continuity plan for emergency procedures like fire, flood or utility failure. The provider had anticipated how to protect people's safety in an emergency situation.

Good

Is the service effective?

Our findings

Staff received regular training to enable them to meet the needs of people using the service. One relative told us, "The staff all know what they are doing and do it well". Another relative said, "I have no worries at all about my daughters health. If she needs to see a doctor or dentist the staff ensure that it happens". Records showed staff attended courses regularly in topics and areas relevant to their work and which the provider considered mandatory. These included, safeguarding adults, nutrition awareness, equality and diversity and management of actual and potential aggression, (MAPA). MAPA training enables staff to safely disengage from situations that present risks to themselves, the person receiving care, or others. Staff confirmed that they received training to help them in their roles. For example, one person living at the home suffered from a specific condition. Staff had received information relating to the management of that condition. It had also been discussed at a recent team meeting. The registered manager confirmed they reviewed staff's training needs with them through one to one meetings and annual appraisal.

Staff received an induction into their role. Records showed each member of staff had undertaken the providers own comprehensive induction based on the Common Induction Standards (CIS). CIS were replaced in April 2015 and the registered manager told us that induction for new staff would now be based on the 15 standards set out in The Care Certificate. Staff also received regular support from the registered manager through individual one to one meetings.

Staff were provided with regular one to one supervision meetings as well as staff meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff develop. Staff told us that in staff, or, supervision meetings they could discuss any concerns they may have regarding people living at the home. One staff member told us they had regular one to one meetings with the registered manager and felt well supported by them.

The registered manager had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered manager had a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Staff were able to tell us the five key principles of the MCA and what they should do if a person did not have the mental capacity to make decisions for themselves. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

People had access to local healthcare services and received on-going healthcare support from staff at the home. The provider made appropriate referrals when required for advice and support. A visiting health care professional told us, "The home is very good at calling us in when we are needed. They generally spot any signs before they reach "crisis" point which means the outcomes are better for people. I have no concerns at all about the care and welfare of people living there".

People living at the home had complex health or social care needs. Some people did not have capacity to make important decisions about their lives. People's capacity to consent and to make specific decisions was assessed and reviewed by staff. One person had been assessed as lacking capacity to make a decision about a medical operation they required to maintain their health and keep them well. Care plans showed that a best interest meeting had been held which included the person, their close relatives, social worker and their GP. A best interest decision had been made for another person, regarding a specific medical intervention, with a team of appropriate professionals. People's records contained information about their level of understanding and ability to consent to the care and support they needed. This gave staff important information about when people were able to make choices and decisions and how staff could support them to do this. For example, when people were helped by staff with getting dressed they were offered a choice of outfits to choose from. One staff member told us when they supported people they offered them choice and respected the decisions they made.

People's records showed there was guidance for staff about the techniques and strategies they should use to positively distract people when they became anxious or upset. Staff

Good

Is the service effective?

demonstrated a good understanding about specific triggers and situations that could cause people to become upset and how they could support people in a positive way to distract and calm them if this should occur.

People were supported to eat and drink sufficient amounts to meet their needs. People were encouraged to choose what they ate and drank. As most people had complex communication needs, staff did this by using pictures and sign language to determine what people's preferences were so that they could plan meals that people wanted to eat. During lunchtime people communicated what they wished to eat to staff. Most people needed minimal assistance to eat their lunch but staff were available if help was needed. People appeared relaxed and unhurried and they were able to take their time to eat. Staff monitored people's food and drink intake to ensure they were eating and drinking enough. People's weights were monitored regularly to ensure they were maintaining a healthy weight. Where concerns were identified the registered manager acted swiftly to alert external healthcare professional to seek support and guidance in the on-going management of the persons care. For example, one person had a diagnosis of Dysphagia. Dysphagia is the medical term for swallowing difficulties. Referral had been made to a speech and language therapist who had visited the person and given staff advice and guidance on how to manage the condition safely.

People were supported to maintain their physical and mental health. The care and support people needed from staff to do this was documented in their records in health action plans. These contained important information about the support people needed to access healthcare services such as the GP or dentist. People's healthcare and medical appointments were noted in their records and the outcomes from these were documented. People also had a 'My Health Book'. This was important as this contained information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Information about people's general health and wellbeing was recorded in their daily notes. Where there was a concern about an individual prompt action was taken by staff to ensure these were discussed with the registered manager and the appropriate support from healthcare professionals. Outcome's from referrals to professionals was documented. If these resulted in changes to the way care and support was provided this information was communicated promptly by the registered manager to all staff to ensure they were aware of the appropriate support people needed. Relatives told us the home consistently kept them informed if people were unwell and the actions they had taken.

Good

Is the service caring?

Our findings

Relatives and health and social care professionals told us staff were caring. A relative said, “My daughter is comfortable with staff and has a good rapport with them and they’re kind to her.” Another relative told us, “The care workers love her (my daughter) and really do look after her.” A health and social care professional told us,” It is a good home. All the staff are very caring and do a good job. I certainly have no concerns at all”.

Interactions between people and staff were caring and respectful. People were comfortable and relaxed in the presence of staff. Staff spoke to people respectfully and with warmth. We saw they involved people in making decisions about what they wanted. For example, during lunchtime people were offered choices about their meal. Pictorial menu’s helped people to decide other meals for example, breakfast and supper. Throughout the day people could use the pictorial menu to ask for snacks for example, biscuits, crisps, sandwiches and drinks.

Staff gave people time to communicate their needs and wishes and then acted on these. For example, when people were asked after lunch what they would like to do in the afternoon, staff were patient and let people take their time to communicate what they wanted to do. We also observed staff were alert and quick to assist people when this was needed.

Staff spoke with people in a kind and respectful way. Records showed staff sought and acted on people’s views when planning their care and support. People’s records indicated how they expressed themselves through speech, signs, gestures and behaviours which helped staff understand what people wanted or needed in terms of their care and support.

People’s right to privacy and dignity was respected. A relative told us their family member, prior to moving to the home, needed a lot of support with their personal care. Since moving to the home, staff had supported their family member to learn how to do some aspects of this for themselves, which the relative felt helped their family member regain their dignity. We observed staff did not enter people's rooms without their permission. Staff told us they supported people to maintain their privacy and dignity. This included ensuring people’s doors were kept closed when staff were supporting people with their personal care.

The provider ensured confidential information about people was not accessible to unauthorised individuals. People’s records clearly stated that these could not be viewed without people’s permission. Records were kept securely within the home so that personal information about people was protected.

People were encouraged to be independent in the home and community. A relative told us, “Independence is encouraged. My daughter is very independent and goes out most days. She is supported in this but she dictates what she wants to do. The staff allow her to do this but are also very mindful in keeping her safe”.

People were supported by staff to undertake tasks and activities aimed at promoting their independence. For example, staff supported people with their laundry and encouraged people to fold up and put away freshly laundered clothes. Staff promoted people's independence by enabling them to do as much as they could for themselves. For example, people were encouraged to eat their lunch with minimal assistance from staff. One member of staff told us, “Our role is not to de-skill people. We promote and encourage independence as much as we can”. Staff only stepped in when people could not manage tasks safely and without their support.

People had time built into their weekly activities timetable for personal shopping aimed at promoting their independence. The provider also had its own local activity centre where people were supported to undertake activities. For example, people participated in a variety of different activities such as cookery, pottery, and music.

Good

Is the service responsive?

Our findings

People led active social lives that were individual to their needs. People had their individual needs assessed and consistently met. We saw people leaving their home throughout the day to go shopping, to the cinema or going out for lunch. One relative told us, "I have to call the home before I visit because X (my daughter) is always out doing something. She is out most days doing what she wants to do". People were able to take part in individual activities based on their preferences. Staff told us, "We work around people's needs" and "We speak with family, they can tell us what activities they are interested in". In addition to formal activities, people were able to go to visit family and friends or receive visitors.

People were supported to pursue activities and interests that were important to them. In the community, people attended a local day centre during the week. People were encouraged to undertake activities and classes that matched their interests such as cookery. People also undertook personalised activities with the support of staff. These included trips to the shops, theatre, attractions and meals out.

People contributed to the planning and delivery of their care. Records showed people had attended meetings with their family members and/or with other healthcare professionals to discuss and plan how care and support should be provided. Information from these discussions was used to develop a care plan which set out how people's needs were to be met by staff. Care plans reflected people's specific likes and dislikes for how this should be provided as well as what was important to them, individually.

There was detailed information for staff on how to provide care and support which enabled people to retain as much independence as possible. For example, people's preferences for how and when they received personal care were noted such as when they needed help or prompting when washing. Each care plan included a 'one page profile' which included how the person wanted to be supported, what was important to them and their general likes and dislikes. The care and support people received from staff was tailored to meet their specific needs and wishes. Staff had discussed with people how their specific lifestyle choices and beliefs could be met by the service.

In our discussions with staff it was clear they had a good understanding of the specific needs of people and how these should be met.

People's needs were reviewed monthly to identify any changes that may be needed to the care and support they received. Each person had a designated keyworker. Records showed keyworkers met with people regularly to discuss their needs and any changes that were needed to the support they received. An annual review was also carried out of each person's care and support needs. These had been attended by people, their family members, social workers, staff and other relevant healthcare professionals involved in people's care.

People said they felt confident raising any concerns or issues they had with the registered manager and staff. A relative said, "I would feel comfortable raising any issues. They are quite approachable." Another relative said, "On one occasion I made a comment about something I wasn't too happy with and it was followed up quickly and dealt with." The service had arrangements in place to respond appropriately to people's concerns and complaints. The service had a complaints procedure which detailed how people's complaints would be dealt with. A pictorial and easy to read version of this was displayed in the home which told people what to do if they wish to make a complaint or were unhappy about the service. People were told what help they could expect to get from staff to assist them in making a complaint and how their complaint would be dealt with.

The home had received four complaints in the past seven months and eight complaints in 2014. The majority of these complaints did not relate to people living at the home or the delivery of care but to on-going issues raised by local residents in relation to staff parking which had reduced access to their respective properties. These had been responded to in a timely way by the registered manager or provider.

Good

Is the service well-led?

Our findings

Relatives told us they were happy with the care and support people received at Hurstville Drive. The registered manager had been in post since July 2014 and in our discussions with them it was clear that they were familiar with the people and staff. One relative told us the manager was "very good" and had brought "stability" to the home. They added, "The staff work extremely hard in a very challenging environment and the current manager has been a breath of fresh air". Another relative told us they had no concerns at all over the care being provided and added, "I have seen an improvement in the home in general since the current manager has been here". Other comments included, "The home gives a good quality of life and my daughter and I are very happy she is there" and "It's obvious that they care for and look after X (my daughter).There's no doubt about that." A member of staff said, "The manager has helped us to embrace the culture of the service. More activity, more experiences".

The registered manager ensured there was an open and transparent culture within the service. People were encouraged to share their views and ideas about how the care and support they received could be improved. Records showed they were supported to do this through regular meetings with their keyworker.

People's annual reviews showed their views were taken into account when reviewing and planning their on-going and future care and support needs. Staff ensured people were able to take part in meetings by using communication methods that enabled people to participate. For example signs and symbols and pictures were used to help people who were non-verbal to express their views.

Staff told us they were supported by the registered manager to express their views. Minutes from staff meetings showed their views about the care and support people experienced were sought. Suggestions and ideas for how people's experiences could be improved were discussed resulting in actions for staff to undertake to achieve this. For example, opportunities for new activities and social outings were sought to meet people's wishes. A member of staff told us they were encouraged to contribute their ideas at these meetings.

The registered manager demonstrated good leadership in the home. Records of meetings held with staff showed regular discussions took place between them and staff on how the service was achieving its objectives in meeting the needs of people using the service. Through the keyworker system staff were accountable for ensuring that people's individual needs were being met. The registered manager reviewed the outcomes of these meetings to ensure staff took appropriate action where this was needed. It was clear from speaking with staff they were aware of their roles and responsibilities to the people they supported.

The home used a resident/ relatives' survey of four people and four relatives to gain the views of family members and people. In the most recent survey in October 2014 people and relatives had scored the care as 'very good'. Their written comments included, "Friendly helpful staff that listen to residents and relatives and give individual care" and "My daughter is so much happier now she is here". Staff also felt encouraged to make suggestions for improvement at the home. Staff meetings were held regularly. We saw from the meeting minutes that staff were kept informed of developments to the service.

The provider carried out checks of the home to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, health and safety, and staffing arrangements including current levels in the home, recruitment procedures and staff training and support. The registered manager told us they also carried out checks of the home environment and observed the care and support provided by staff on a daily basis. They used daily records maintained by staff to monitor that staff were undertaking their roles and duties as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.