

Voyage 1 Limited

Summerfield Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 11 January 2017. At the last inspection in August 2015 we rated the home as requires improvement but found the provider met the regulations we looked at.

Summerfield Court provides a rehabilitation service for up to 17 people with an acquired brain injury. The service is situated in Bramley, which is on the outskirts of Leeds, and has on-site parking and a garden area. It is close to local shops and public transport. We saw the home had a gym room, pool table and art and creative writing space.

At the time of our inspection the service had a manager who was going through the registered manager's process. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found some aspects of medicines management were not always followed. Records did not always show when creams and lotions known as 'topical medicines' was applied and how often.

We saw from the staff records we looked at that supervision and appraisals had not been carried out on a regular basis. The manager told us staff supervision should take place at 3 monthly intervals.

We found there were enough staff to make sure people received appropriate care and support. Recruitment checks had been carried out on all staff to ensure they were suitable to work in a care setting with vulnerable people.

Staff knew how to keep people safe from the risk of harm and abuse; they had received relevant safeguarding training and knew how to report issues of concern.

We found people's health care needs were met and relevant referrals to health professionals were made when needed.

People's nutritional needs were met. There were choices available on the menus and alternatives if people didn't like what was on offer. Nutritional risk was assessed and people's weight was consistently monitored.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We saw appropriate DoLS authorisations had been made for people the service had identified were likely to have their liberty deprived.

When people were assessed as lacking capacity, staff acted within the principles of the MCA and ensured

important decisions were made within best interest decision making processes.

Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

People told us they were treated with kindness and compassion. Our observations of care and support confirmed this. People told us they were happy with the care provided.

Staff responded to people's individual needs and delivered personalised care. People's care plans and other records showed their needs had been initially assessed, and care was planned. However, we found care plans reviewed were incomplete and not always updated.

The home looked well maintained, clean and tidy, and checks were carried out to make sure the premises and equipment was safe.

A range of activities were offered for people to participate in and people told us they enjoyed these.

There were systems in place to ensure complaints and concerns were fully investigated. The manager had dealt appropriately with any complaints received.

A range of checks and audits were undertaken to ensure people's care and the environment of the home was safe and effective. These checks had identified the issues we noted around the management of medicines but the service had not responded robustly and these were still occurring.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to staffing. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Systems were in place to help keep people safe which included safeguarding them from abuse.

There was enough staff to keep people safe.

Some aspects of medicines management were not always in line with the provider's policy.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff understood how to support people with decision making and capacity assessments were always completed.

A range of professionals were involved to help ensure people stayed healthy.

Staff supervision and appraisals had not been carried out on a regular basis.

Is the service caring?

Good ●

The service was caring.

People were listened to and enabled to exercise preferences about how they were supported.

People said staff were kind and caring, treated them with dignity and respected their choices.

Staff knew people well and were aware of people's preferences for the way their care should be delivered.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People told us they knew how to make a complaint if they were

unhappy and they were confident their complaint would be investigated by the manager and appropriate action taken.

Care plans were not regularly reviewed and updated. The manager agreed to take action to improve them.

There were activities for people to participate in, which provided them with opportunities to socialise and follow their interests.

Is the service well-led?

The service was not always well-led.

The manager was going through the CQC registration process.

People who used the service and staff members gave positive feedback about the manager.

The provider had systems in place to monitor and improve the quality of the service. However some audit action was not followed through and robustly addressed.

Requires Improvement 

Summerfield Court

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 11 January 2017 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor in acquired brain injury and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 17 people using the service. During our visit we spoke or spent time with six people who used the service. We spoke with four staff and the manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at five people's care plans and four people's medication records.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection, providers are asked to complete a Provider Information Return (PIR). 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 contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, "I do feel safe, I know most of the staff and I feel there is enough staff to look after me." People said although they were allowed independence they were also kept safe. One person said, "I'm happy here and feel safe not like the last place."

Staff we spoke with said there were enough staff to meet people's needs. One staff member told us, "We have enough staff. There are times that we cover for people who are on sick." Another staff member told us, "Yes, the manager ensures adequate staffing at all times."

Our observations and discussions with people who used the service as well as staff showed there were sufficient staff members on duty to meet people's needs and keep them safe. The manager reported the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. This was confirmed by our observations during the inspection.

We observed staff supporting people during the day. This involved support moving people around the home and support to and from wheelchairs. During these observations it was noted that all support was undertaken in a safe and appropriate manner, and clear explanations were given to the people.

We looked at the recruitment records for four staff members. We found recruitment practices were safe. Relevant checks had been completed before staff started employment. These included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

In the PIR the provider said, 'Enhanced DBS checks are carried out prior to any involvement within the service and recent employment references are obtained.'

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the manager. Staff said they were confident the manager would respond appropriately.

We checked the systems in place regarding the management of medicines within the home for people. Four random medication administration records (MAR) sheets were checked, and administration was found to be accurate in terms of stock held.

Staff applied cream and lotions to people when this was required. These are known as 'topical medicines'. Records did not always show where on the body this should be applied, when it was done and how often. We spoke with the manager about this during the inspection. We were shown audits by the manager indicating they had identified these issues of poor record keeping and the manager stated these were being addressed with staff.

We looked at medication storage and saw the medication room had records of temperature which were checked and recorded daily. As and when required (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

Unused medicines were returned to the pharmacy. This medication was recorded in a specific book for this purpose. Any remaining medication and clinical waste was collected and signed for by a specialist contractor.

We looked at staff medication competencies which were in place and up to date. This showed staff who were giving out medicines were competent to do so.

People told us they were kept comfortable and free from pain and were given paracetamol if needed or the doctor was called if they felt ill. Some comments were: - "If you're in pain they will give you something." "I get my medicines twice a day, never any problem it's always on time."

Care plans we looked at contained risk assessments related to people's care and support needs. We looked in people's care records and saw where risks had been identified, there were assessments in place to ensure these risks were appropriately managed. For example, care records showed assessments were carried out in relation to food, nutrition and medication.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. Peeps provide staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

We saw there were systems in place to make sure equipment was maintained and serviced as required. We saw up to date maintenance certificates were in place.

Is the service effective?

Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. People's comments included; "They ask me before they do anything." and "The staff are very helpful, they care for us very well here."

We found the care plans to be relevant however the folders we looked at needed a substantial amount of work as the information was not easily accessible. For example, medical reviews were randomly placed in folders and some treatment plans were undated. We spoke to the manager about this. The manager told us they had only been in post for about 6 weeks and had not had the chance to review all the care plans and was working towards doing this.

The service provides a long-term facility for people with complex problems after brain injury. Research, (Semlyen JK, Summers SJ, Barnes MP. Traumatic brain injury: efficacy of multidisciplinary rehabilitation) suggests that people who have sustained a brain injury do best when they receive treatment in facilities which are highly structured and everyone has a clear idea what their care plan is for the day and week ahead. We found most of the people had a daily planner and activity programme which is good practice.

When we inspected this service in August 2015 we reported, 'Most brain injury services use the Global Attainment Scale (GAS) as a measure of outcome'. There was a section in the notes for a GAS score but it is yet to be implemented. Using such a scale would improve the quality of the service and help users and their families understand treatment goals.' At this inspection, the GAS has still not been fully implemented. We recommend that the manager put a plan in place to do so.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw appropriate DoLS authorisations had been made for people the service had identified were likely to have their liberty deprived and advice had been sought from the appropriate authorities when there was any doubt regarding the issue of fluctuating capacity. This ensured people's rights were respected.

We saw care plans contained information about making decisions. People's capacity around consenting to live at Summerfield Court had been checked by external assessors as part of the DoLS authorisation process, and capacity assessments identified which decision was being considered. For example, it was

stated on one person's DoLS assessment that the person lacked capacity in relation to specific decisions and we saw this was referred to throughout their care plan. This meant people were supported to make decisions in the appropriate way.

Six people had an approved DoLS in place. The provider had recognised when an application was required and made applications in a timely way. Records we looked at showed some DoLS had additional conditions and the provider had put measures in place to ensure these were met.

Care plans contained records which showed how consent for areas of people's support such as administration of medicines and sharing of information had been obtained. People who had capacity had signed documents in their care plans and records of best interests decisions had been made for people who lacked capacity.

Staff we spoke with said they had received training about the MCA and the training record we reviewed confirmed this. Staff had good knowledge around when they should support people with decision making and when people had the right to make decisions even though these might be unwise.

During the inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. We saw from the staff records we looked at, that supervision, appraisals and probation reviews had not been carried out on a regular basis. For example there were at least two staff members whose reviews had not taken place in line with the provider review document. The documentation seen included a review taking place after the first week; then 8 weeks; followed by 16 weeks and lastly at 24 weeks. One person's last supervision was 15 August 2016 which the manager told should be every three months. Staff confirmed they now received supervision where they could discuss any issues on a one to one basis and felt supported, however there was a backlog. This is now being addressed and the manager showed us evidence of supervision booked in the diary. Staff said they felt comfortable to talk with the manager about anything and felt supported.

This was a breach of Regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The manager told us they had a training system which recorded when staff had completed training. We saw following induction training all new staff completed a programme of mandatory training which included moving and handling, first aid, infection control and medication. We saw staff also completed specific training which helped support people living at the home. These included, specialist brain injury training and diabetes. Staff spoken with told us training was discussed during their one to one supervision meetings. The training matrix showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. Staff told us they felt they received the training they needed to meet people's needs and do their job well.

In the PIR the provider said, 'Successful applicants are encouraged to complete not only their care certificate but also service and service user specific training. During this time of training staff are placed on 'shadowing' shifts with an experienced support staff to gain 'hands-on' experience of working within the service and support the development of relationships with those who live at Summerfield Court and the staff team.'

People we spoke with told us the food was good, they enjoyed the meals and always had plenty to eat and drink. One person said, "Food is brilliant and I have choice." Another person said, "You are given a choice; they ask you what you want." One person said, "I plan my own menu and plan my shopping. I have a budget

and I cook my own meals." Staff told us people planned menus and were responsible for preparing and cooking meals. People received appropriate assistance from staff when required and were able to shop for the provisions needed. We saw bowls of fruit in the dining room for people to help themselves.

We observed the lunch time meal and saw people either prepared their lunch or were supported to make lunch. The interaction between staff and people was good at lunchtime, with a homely atmosphere. One person said they did not enjoy the food and they would like more curries and "fancy food", when we asked for specific examples of what food they would like they said, "More spicy food."

In the PIR the provider told us 'Once the individual moves into the service they are registered with GP, Dentist, Opticians, and any other specialist agencies such as dietician, continence nurse.'

People's wellbeing was supported through regular contact with health professionals. Records we looked at showed arrangements were in place that made sure people's health needs were met. Visits by health and social care professionals were recorded in people's care records, together with notes relating to advice or instructions given.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. One person said, "I am happy with the service I get. I think it is very good and I am well looked after. The staff are very good and if I don't feel well they notice any changes and put it right. The home is nice, clean and friendly, with the staff doing a good job of looking after me and I am happy to be here." Another person said, "Staff are good, just like ordinary people and treat me as a normal person, not just a case number." We saw there were a number of humorous exchanges between staff and the people who lived in the home that demonstrated a level of confidence in being able to express themselves and a positive relationship had been established between them. The manager told us the staff worked well as a team and always went 'the extra mile' in supporting people. One staff member said, "I treat people here the way my family are treated."

In the PIR the provider told us 'At point of interview candidates are asked specific questions which allow them to evidence core values and empathetic feelings. Successful candidates then receive an induction into the service and have the opportunity to 'shadow' experienced staff members that can pass on lessons in best practice.'

We saw people were very comfortable in the home and decided where to spend their time. During the inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff knew people by name, and knew people's likes and dislikes. People's care was tailored to meet their individual preferences and needs.

People looked well cared for. They were tidy and clean in their appearance. People we spoke with told us they were involved in developing their care plan. One person said, "I had input in my care plan and if there is nothing I don't agree with it was discussed beforehand, so I am aware of what is going on."

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were spacious and allowed people to spend time on their own if they wished. One person said, "I am kept informed and asked what I think or want to do if I can manage it." People we spoke with said their privacy and dignity was respected. One person said, "Everyone is treated the same in a nice caring way with respect. There is always someone to talk to and I feel I have a voice" and "The staff treat us well, as equals and help us do things sometimes we don't think we can do." Another person said, "It is a good place to be, yes dignity is respected at all times." We observed staff knock on people's bedroom doors and ask permission to enter.

Staff spoke about the importance of ensuring privacy and dignity was respected, and the need to respect individuals personal space. We saw care plans were stored appropriately in a cupboard which was locked.

We saw no evidence to suggest that anyone who used the service was discriminated against and no one told

us anything to contradict this.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care.

People's care plans reflected the needs and support people required. They included information about their personal preferences and were focused on how staff should support individual people to meet their needs. We saw good information in the care plans in relation to communicating; substance misuse; psychosis; anxiety; potential for physical/psychological abuse to self and others. We noted goals had been set for one person's rehabilitation and had been effective so far. These goals were set in conjunction with the person and reviewed regularly which ensured they were effective and achievable.

Relevant documentation for people at this home was not placed and/or recorded within the specific format of the folders and was haphazardly put in the folders and as such information was not readily found. The manager told us they would review the care plans.

We saw people's activity schedules were based on their individual preferences and promoted their independence. We saw activities included shopping, music sessions, trips out, gardening, swimming and aromatherapy. One area had a snooker table and television. One person we spoke with told us, "We have choice in activities we want to do. Some days we just talk to each other or we do activities together but I like time by myself" and "I sometimes do a little bit of cooking or go for a walk which is a nice change if the weather is ok."

In the PIR the provider told us 'All staff are aware of how to report concerns or complaints in a timely manner to ensure that all issues can be investigated and addressed accordingly.

People we spoke with told us they had no complaints and would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident the staff would listen and act on their concern. One person said, "If I have anything on my mind I speak to the staff and they sort it out. They always ask me if I'm ok and do I need anything." Another person said, "If I have a problem it is addressed and resolved quickly." A third person said, "If I am worried I can ask for help anytime especially at night" and "I can speak to staff about anything and I have never had to complain."

The manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. This showed people's concerns were listened to, taken seriously and responded

to promptly.

People told us the home enabled them to maintain relationships with family and friends without restrictions. One person said, "It is easy for people to visit and there are always other people's family and friends calling in."

Is the service well-led?

Our findings

The service had a manager who was going through the registration process with the CQC. The previous manager left two months ago. We received positive feedback about the new manager. Comments included, "[Name of the manager] is brilliant, always welcoming and always takes time to speak to us." "A member of staff said, "The manager is very approachable." Throughout the inspection the manager was receptive when areas for improvement were identified; they said they were keen to develop the service and wanted to make continual improvement.

The provider conducted a series of audits to monitor, measure and improve quality in the service. These covered areas such as infection control, medicines, catering, premises as well as dignity and respect. We saw these were completed regularly and where issues had been found actions had been identified to show how improvements should be made. These were used to create an action plan for the manager to work from. However there were identified issues which related to three areas; namely care documentation not being placed in the designed format and structure of the folders; staff supervisions not in line with that reported by the manager and lastly gaps in the recording of medication. We found a breach in regulations.

The manager understood the requirements of their role and notified the Care Quality Commission of incidents as required. We saw records of accidents and incidents were analysed monthly, to show when and where incidents had occurred. We did not see any analysis of this data to show whether it had been used to identify any trends which may indicate further action was required.

In the PIR the provider said, 'A communications book is used to ensure that key information is shared with the team and all staff are kept up to date with changes either at a person we support level or business level.'

Staff we spoke with said communication and support within the service was good. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff said the manager maintained a visible presence in the home and often spent time with them and people who used the service. One staff member said, "[Name of manager] is out and about all the time, chats to everyone and finds out what's going on around the home."

Staff also told us they enjoyed their role and felt well supported. One staff member said, "I feel we are listened to." Other comments from staff included; "I love working here, love the people, the staff team, it's a happy place to be."

We saw there were regular 'residents' meetings where people were encouraged to contribute and discuss matters. Topics discussed included support needs, activities, holidays and menus. Dates of future meetings were displayed.

The home used survey questionnaires to seek people's views and opinions of the care and support they received. Information provided was collated and an action plan formulated to address any concerns or suggestions made. We looked at a number of completed questionnaires from people who lived in the home

and their relatives. The comments received were positive and people were pleased with the standard of care and facilities provided. Comments included "Completely satisfied with the care and condition of the home, and helpfulness of friendly staff" and "Good personal care."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff supervision and appraisals had not been carried out on a regular basis.