Care Quality Commission

Voyage 1 Limited

Summerfield Court

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection carried out on 18 August 2015.

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 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 this inspection the home 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 2008 and associated Regulations about how the service is run.

There were enough staff to keep people safe and staff training was comprehensive, however, the support staff received did not always equip them with the knowledge and skills to support people safely. Robust recruitment

Summary of findings

and selection procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work.

People were happy living at the home and felt well cared for. People enjoyed a range of social activities. There was opportunity for people to be involved in a range of activities within the home or the local community. People's support plans contained sufficient and relevant information to provide consistent, person centred care and support. However, they were a little disorganised and difficult to find information. People had a good experience at mealtimes. People received good support that ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

The support plans we looked at contained appropriate and decision specific mental capacity assessments. The applications for the Deprivation of Liberty Safeguards (DoLS) had been carried out appropriately. Staff members and the registered manager were knowledgeable about the DoLS procedures.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

The service had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place that ensured people received safe quality care; however, some information had not always been reported to the Care Quality Commission but had been reported to the local authority and fully investigated. Complaints were welcomed and were investigated or responded to appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. Individual risks had been assessed and identified as part of the support and care planning process.

There were enough staff to meet people's needs and the recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

We found that medicines were well managed.

Good

Is the service effective?
The service was not consistently effective in meeting people's needs.

Staff training was comprehensive; however, the support staff received did not always equip them with the knowledge and skills to support people safely. Staff completed an induction when they started work.

People were asked to give consent to their care, treatment and support. Support plans we looked at contained appropriate and decision specific mental capacity assessments. The applications for the Deprivation of Liberty Safeguards had been carried out appropriately.

People enjoyed their meals and were supported to have enough to eat and drink. People received appropriate support with their healthcare.

Requires improvement

Is the service caring?
The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good

Is the service responsive?
The service was responsive to people needs.

There was opportunity for people to be involved in a range of activities within the home or the local community.

People's support plans contained sufficient and relevant information to provide consistent, person centred care and support. However, they were a little difficult to navigate and find information.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Good

Summary of findings

Is the service well-led?

The service was not always well led.

The registered manager was supportive and well respected. The provider had systems in place to monitor the quality of the service.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through questionnaires and meetings.

Staff meetings were not held on a regular basis. The provider had reported incidents to the local authority safeguarding team but had failed to report them to the Care Quality Commission.

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 18 August 2015 and was unannounced. The inspection team consisted of one adult social care inspector, an inspection manager, a specialist advisor in acquired brain injury and an expert by experience in older people. 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 16 people living at the home. During our visit we spoke with five people who lived at Summerfield Court, one relative and seven members of staff and the deputy manager and the registered manager. We observed how care and support was provided to people throughout the inspection and we observed lunch in the dining room. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at four people's care plans and six medication records.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

The provider had suitable arrangements in place to ensure people were safe and protected from abuse. We saw staff were constantly supervising and observing people discreetly to ensure they were safe.

Most people we spoke with told us they felt safe in the home and did not have any concerns. One person told us, "Indoubitably. It's heaven here. The staff are not staff, they are friends. It's beautiful." Another person said, "Yes I am safe but I am wary of another resident. They broke a cupboard door; everybody is on egg shells." A third person said, "I'm scared stiff of [name of resident]." They said they were going to speak with the manager about this and that she was a good manager. We asked people if they had seen anything to concern them. On person said, "Not at all." We spoke with the registered manager who told us they were in the process of addressing the situation.

One relative said "No, I have never had any concerns. People are well looked after. I've never seen a breakfast like they get here."

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. They informed us they would report their concerns to their deputy manager or the manager. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw confirmed this.

Staff knew how to care for people with challenging behavioural and gain their co-operation. This included providing people with reassurance, explanations and time to calm down. This meant that potential problems and risks could be minimised or defused.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw the safeguarding contact numbers were on display in the registered managers office and these were accessible to staff. Staff knew the provider's whistleblowing policy and said if needed they would report any concerns to external agencies. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Support plans we looked at showed people had potential risks assessed appropriately and these were updated regularly and where necessary revised. We saw comprehensive risk assessments provided guidance to minimise potential risks and a traffic light system was used to highlight the level of risk to the person who used the service. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. The home had several general environmental risk assessments, which included bathrooms, electrical equipment, food preparation areas, outside safety and window safety.

We saw the service used a risk measurement to establish the person's level of happiness with the risk. For example, if an activity was high risk and made the person unhappy then it would not be done. If it was low risk and made the person happy then it would be done.

We saw people had personal emergency evacuation plans, which identified individual moving and handling needs should the building need to be evacuated in an emergency, however, staff did not have access to a quick reference sheet. We saw there were several health and safety checks carried out, for example, water temperatures, window restrictors, beds, and wheelchairs.

There was a record of essential maintenance carried out. These included safety inspections of the electrical installation and the lift. The fire alarm was tested weekly and we saw a fire safety audit had been completed monthly. We looked at the audit for in May 2015, which included the bells and sirens were in working order. We saw the fire extinguishers, emergency lighting and exits were also checked regularly.

We asked people if there were sufficient staff to meet their needs. One person said, "Yes, but I'm not too sure about night but I never get left in the lurch." One relative told us, "Oh yes, but they could do with more staff." We asked what made them think that and they replied, "Well sometimes they have to work an extra hour but there are always enough staff to deal with the people here. They are good; they are brilliant." However, one person said, "No. not when the permanent staff go off sick."

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our visit the home's occupancy was 16. The registered manager told us the staffing levels agreed within the home were being

Good

Is the service safe?

complied with, and this included the skill mix of staff. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or agency staff were requested. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We noted on the day of our inspection that in addition to the registered manager, there was a deputy manager on duty and seven support workers. Staff we spoke with told us there were enough staff on each shift. One staff member told us, "There is always enough staff, no problems with staffing." Another staff member said, "On shift, there is always enough staff and we all work as a team."

We saw the staffing level audit which, documented how staffing was reviewed on a daily and weekly basis. Staffing levels were based on people's needs.

The home had an appropriate recruitment policy and procedure which had been followed. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. One staff member we spoke with said, "There asked for references at my interview."

People told us they received their medication as prescribed. One person told us, "My medication is locked up and I know what it is for." One relative told us, "He's on a lot; he has them in his room."

The home had a system for auditing medicines and there was a policy and procedure for the administration of medicines. Training records indicated staff had received training on the administration of medicines.

We spoke with one person who self-medicated. They told us they had an alarm on their mobile phone which alerted them when to take their medication. They also said they sign a chart when they had taken their medication. This ensured they received their medication when they needed to do so.

There were appropriate arrangements in place for the recording, storage, administration and disposal of medicines. Medicines in current use were kept securely and the temperatures of both the fridge and room were recorded daily. We found the fridge was within the recommended range; however, the room temperature had exceeded the recommended range nine times in August 2015. The deputy manager told us an air condition unit was needed and said they would address this.

Adequate stocks of medicines were maintained to allow continuity of treatment. For recording the administration of medicines, medicine administration records (MARs) were used, which included a picture of the person and any allergies they may have. The MAR charts showed staff were signing for the medication they were giving.

Many people living in the home were prescribed medicines to be taken only 'when required' (PRN). For example, painkillers. PRN protocols existed to help staff consistently decide when and under what conditions the medicine should be administered. We found information was in place to guide staff on how to give these medicines correctly and consistently with regard to the individual needs and preferences of each person.

We found there was clear information recorded to guide staff as to where to apply creams or when creams had been applied. We saw topical medication records were used by staff to record the administration of creams. A check of the controlled drugs was satisfactory, with clear recordings which corresponded to drugs held.

We saw the staff used a medication check sheet which was signed by a second staff member and this made sure people's medication had been administered appropriately.

Requires improvement

Is the service effective?

Our findings

People we spoke with told us staff were well trained. One person said, "Oh, you couldn't believe how well trained they are. They are your confidantes; your friends."

Staff we spoke with told us they had completed several training courses in 2014 and 2015, 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. A member of staff was responsible for the monitoring of training. We could see that future training dates had been identified.

During our 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 or appraisals had not been carried out on a regular basis. Staff we spoke with said they had not received regular supervision. One staff member said, "Supervision should be three times a year I think. We have a mechanism that alerts the manager to when these are due." Another staff member told us, "I had supervision five or six weeks ago." The registered manager said supervisions should take place quarterly, and these could be either a face to face supervision, direct observation or appraisal.

We noted that all new staff members had an appraisal at the end of their probationary period but there was currently no system in place to ensure that all staff had an annual appraisal. The provider's appraisal policy stated 'all employees should have a formal appraisal with their line manager when their probationary period is due for review, and thereafter, at least once every year'. The registered manager said staff could choose not to have an appraisal, although they said for the newer members of staff the system was more robust. They told us this had been identified following a recent internal audit. The registered manager said they would review the appraisal process immediately.

The registered manager told us there were no medication competency checks in place at the moment to ensure that staff continued to put their learning into practice. They said they would look at implementing them. We noted checks were carried out to make sure people's medications had been administered.

The service had an induction programme that was completed by all new members of staff on commencement of their employment. We were told by staff this included training, policies and procedure for the organisation and shadowing of other staff members.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which provides legal protection for vulnerable people if there are restrictions on their freedom and liberty. The registered manager and staff had a good understanding of the requirements related to the Mental Capacity Act 2005 (MCA) and DoLS.

During our inspection we observed staff gaining permission from people before they performed any personal care or intervention. We saw evidence in the support plans that mental capacity assessments had been completed appropriately. Where DoLs applications had been submitted these also had been completed appropriately.

Staff we spoke with said they had completed MCA 2005 and DoLS training. However, one staff member did not fully understand their responsibilities or the implications for people who lived at the home in regards to the MCA (2005) and DoLS.

People we spoke with told us the food was nice, 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, "Oh, you know, it's like Christmas Day every day" and "You are given a choice; they ask you want you want; it tastes like home cooked." 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 the kitchen was well stocked with a variety of fresh produce for main meals and snacks. There was several bowls of fruit in the dining room. We saw information displayed around the home to help people understand healthy eating and meal choices.

Requires improvement

Is the service effective?

We observed the lunch time meal and saw people either prepared their lunch or were supported to make lunch. People did not stick to a set communal meal time and ate when it suited them. One staff member told us, “Care is aimed at helping residents to become independent.”

People’s health needs were assessed and met. People’s support plans contained good information to show clinicians had directed people’s rehabilitation programme and monitored their health care needs. A range of clinicians were involved in providing care and we saw this was well co-ordinated. One person told us they visited hospital for shoes and had been to the dentist. One relative told us, “They take him to hospital for his boots.”

One staff member said, “People have occupational therapist and physiotherapist involvement in their care.” Another staff member said, “If people need a GP appointment this is done straightaway.”

Good

Is the service caring?

Our findings

People told us staff were caring and supportive towards them. One person said, "I'm as happy as ever." One person told us it was, "Brilliant." Other comments included, "You know when you saw your kid for the first time? That's how it is. When I'm in pain, they help me in ways that I don't realise. They take my cup from me." "Staff are kind, very much so." One person told us they had a key worker and said, "[Name of key worker] is brilliant and they listen to me all the time." We saw the names of key workers were written on boards in people's bedrooms.

One relative told us, "It's like home here, the windows are open and they can cook. [Name of family member] has improved so much here. They have helped him to improve. Day by day his speech has improved. He has speech and language therapy twice a month. It has all been put in place."

We observed staff spoke with people in a caring way, supported their needs and took an interest in their welfare. Staff regularly communicated with people. We saw interactions between staff and people were unhurried, friendly and sensitive. We saw people were well dressed. One staff member we spoke with said people were supported well.

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.

Staff carried out assessments of people's care needs with their help. These assessments contained details of people's background, care preferences, choices and daily routines. Support plans were up to date and had been regularly reviewed with people and professionals involved.

Staff treated people with dignity and respect. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. Staff gave examples of how they maintained people's dignity. We saw staff knocking on bedroom doors and asking permission before entering bedrooms. Throughout the inspection staff demonstrated to us they knew people well, they were aware of their likes and dislikes.

One person told us staff knocked on their bedroom door before entering. Another person said, "If I want clothes, they give me the money. We shop for ourselves; deodorants and toothpaste." However, one person gave an example of where their dignity had been compromised. We discussed this with the registered manager who told us they would address this immediately.

One relative told us, "They treat everyone the same, with respect."

Relatives were able to visit throughout the day without restriction. People we spoke with told us visitors were welcome at any time. One person told us, "I go to [name of relative] at weekends."

People had personalised their bedrooms with photographs and ornaments giving a homely feel.

Good

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 support plan which provided staff with the information to deliver appropriate care.

People informed us that they received care which met their individual needs and staff listened to them and responded well to their concerns.

People were supported with their rehabilitation programme to achieve their desired outcome. One staff member said, "There is everything in the support plan you need to know. The care matches the support plan." Another staff member said, "The support plans are updated regularly and they contain lots of relevant information which includes a one page profile."

People had support plans that contained comprehensive information and were person centred and 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. People regularly attended meetings to discuss their care. We saw a global attainment scale has a measure of achievement were in people's support plans, however, this had yet to be implemented. We did see evidence of people making progress and living more independently and making progress towards this goal. One person we spoke with said, "They offer me has much choice as possible and I discuss everything with them" and "Everyone has goals and they are individual."

One relative we spoke with praised the improvements in their family member's physical condition since they had moved to Summerfield Court.

However, we found the support plans to be disorganised. We found it was difficult to easily find relevant information without searching through the several sections so not user friendly. The registered manager told us they would review the support plans.

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe support and care needs provided for each person.

We saw evidence that people who used the service were involved in the assessment, planning and implementation of their care, support and treatment. We saw evidence of weekly key worker meetings, monthly team meetings and annual all agency reviews where the person's needs were reconsidered in the light of any improvement or deterioration. One person told us, "Yes, I am involved with my care review." A relative we spoke with said, "My family member is involved in discussions about their care."

We saw people's activity schedules were based on their individual preferences and promoted their independence. People had the opportunity to shop for food and cook their own meal with staff support when needed. During our visit people cooked their own lunch. This showed that people were supported to be as independent as possible. One person said they liked needlework and they had a computer. Another person told us, "I do the weekly groceries and I would like it be a regular job" and "I've been to the Gambia and to America twice." They also said, "We all cook once or twice a week. We'll go to the pictures or go bowling. We go to the park on the bus. We've been to a few different zoos. We may have a picnic. There is a gym here and I'm in it six times a week."

One person showed us a telescope and said they fed the pigeons every day. They said they went out occasionally and were going to Yarmouth and to Hadrian's Wall and were going to see a medieval village.

People were supported in promoting their independence and community involvement. Programmes were structured and agreed through the care planning process. We saw most people had a daily planner and activity programme; however, not everyone had a planner. We saw activities included cycling, meals out and swimming. One staff member told us they had been on holiday with one person last year. Another staff member said they were going to a motorbike show with one person this year. We saw evidence of individual needs for hobbies or activities being met.

One person told us, "We have a weekly meeting. All the residents sit in this room. We all raise matters. We asked if it

Good

Is the service responsive?

was ok for us all to go to the zoo. We all sit as a group." They said sometimes staff looked in on the meetings. We asked if staff acted on the wishes of people living at the home and they said, "Yes, because we went to the zoo."

We saw there was a suggestion box in the hallway of the home. The registered 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.

People we spoke with told us they had no complaints. They said they would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident that the staff would listen and act on their concern.

The complaints policy did not state the timeframe for complaints to be responded to; however, this was recorded elsewhere in the audit handbook. Actions of complaints were recorded in the complaints log.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed.

Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere, which was inclusive. People told us they could talk to staff and management if they had any concerns.

One person we spoke with said, "The manager is absolutely wonderful." Another person said, "The manager is very helpful, she does letters for me." One relative we spoke with said, "The manager is a brilliant lady, she has helped me so much."

We asked people if they would change anything about the home. One person said, "It's alright, I'm happy here. I've been living here for seven years; it's dragging on a bit." Another person said, "It's very nice here."

Staff we spoke with told us the registered manager was good and they had confidence in them. One staff member said, "The home is well run at the moment and we see the area manager. I am happy or I would not still be here." Another staff member said, "The service is well led, I love working here." A third staff member said, "The manager is approachable and supportive." A fourth staff member said, "The manager is doing a good job, she always has an open door and both the manager and the deputy manager are approachable. I love my job and I look forward to coming to work."

At the time of our inspection, we saw the home had records of accidents and incidents, including safeguarding incidents. The registered manager told us they had reported incident to the local authority safeguarding team but had failed to report them to the Care Quality Commission. They said they were not aware they needed to do this. They said they would rectify this immediately.

We saw accidents and incidents were recorded and investigated. Themes and patterns were identified. For example, the registered manager had noted an increased aggression for one person and as a result of this had made a referral for the person to see a behavioural therapist and a referral had been made for the person to be allocated a social worker.

We saw a record of quarterly audits that were undertaken which included MCA, DoLS, support plans, complaints, medication, infection control and the environment. The area manager told us they did 'spot checks' looking at section of the registered managers audit that had been completed to make sure appropriate information had been identified and actioned.

We saw staff meeting minutes showed the quality of care had been discussed. We saw the last staff meeting took place in December 2014. However, the registered manager told us that a staff meeting was held in March 2015 but was unable to locate the minutes on the day of our inspection. We did see a senior staff meeting had taken place in July 2015. The provider's statement of purpose stated staff meetings should take monthly. The registered manager told us they would address this.

We looked at the resident meeting minutes from March 2015 and saw topics such as support needs, activities and holidays were discussed. We noted the provider was using different methods of feedback from relatives which included questionnaires. We saw two questionnaires had been completed in February 2015. Feedback commented on communication issues. This was addressed and now some people who used the service did a monthly personalised newsletter for their families. The newsletter included general updates, lists activities people had completed and important dates. For example, appointments attended.

We saw feedback from the resident questionnaire for February 2015 was mainly positive. Comments included, very good staff and they support me well, my room is good and the therapists that come are excellent. On a less positive note it was commented that people would like more outings.