Voyage 1 Limited

Byards Keep

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

Summary of findings

Overall summary

The inspection took place on 19 October 2016 and was unannounced.

Byards Keep is registered to provide accommodation with personal care for up to eight people with learning disabilities or autism. The home provides accommodation for six people in the main house with accommodation on the first floor and communal areas on the ground floor. In addition, there are two self-contained flats attached to the home. There were seven people living at the home when we inspected.

There was a registered manager for 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 2008 and associated Regulations about how the service is run.

The registered manager had put people at the centre of the care they received and worked with staff to ensure that people's individual needs were met. Care plans fully reflected the care people needed to ensure their physical and emotional well-being and staff's knowledge of people's care needs was good. People living at the home and their families were fully involved in planning their care needs and people were engaged in planning their day to day activities and outings.

Staff were kind and caring and spent time with people building their confidence and their trust in the staff. This allowed people to access the community and to enjoy planned outings. In addition the added confidence meant that accessing healthcare was less scary for people as they had confidence that staff would ensure they were safe. Risks to people were identified and care was planned to keep people safe and people had access to appropriate healthcare when needed.

There were enough staff to meet people's needs. Staff training and the ongoing support staff received from the registered manager meant that the care provide was calmly delivered, safe and effective. Safe recruitment practices ensure that staff were safe to work with people living at the home.

Staff had received training to keep people safe from abuse and the registered manager investigated any concerns raised. There were clear care plans in place around any need for restraint and staff training in diversion and distraction meant that restraint used was minimal and always to keep people safe from harm. Medicines were administered safely and information was available to support staff to administered medicines consistently and appropriately. People's ability to eat safely and maintain a healthy weight were identified and monitored along with people's emotional needs around access to food.

The registered manager was approachable and took action when any concerns or complaints were raised. They had gathered the views of people living at the home and their families and taken notice of their views to improve the quality of care people received. Systems used to monitor the quality of care provided were effective and the provider and registered manager kept up to date with changes in legislation and best

practice.

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 had received training in keeping safe from abuse. Staff training ensured that any restraint was minimised and only used to keep people safe from harm.

Risks to people were identified and care was planned and provided to keep people safe.

There were enough staff to meet people's needs and the registered manager ensured that flexibility with staffing supported people to access chosen activities.

People's medicines were safely stored and available when needed. Care plans contained the information around medicines which staff needed to provide consistent support to people.

Is the service effective?

Good

The service was effective.

Staff were able to provide safe effective care as they were supported with appropriate training and support from the registered manager.

People were given all the time, support and information they needed to make decisions about their lives. Staff had a good understanding of how the Mental Capacity Act 2005 protected people's rights to make decisions.

People's needs and anxieties around food were fully care planned and staff consistently provided the support needed. People were supported to eat and drink safely and to maintain a healthy weight.

People were able to access advice and support fro healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind, caring staff who understood people's likes and dislikes and tailored their care to people's preferences.

People were fully empowered to make choices about their lives with support and suggestions from staff.

People's private spaces were respected and their independence and confidence was supported and encouraged.

Is the service responsive?

Good

The service was responsive.

Care plans fully identified people's needs and staff provided personalised care which met those needs.

People were supported to live active and fulfilled lives and to engage with the local community.

People living at the home and their relatives knew how to complain.

Is the service well-led?

Good

The service was well led.

The registered manager was approachable and would listen to concerns and take appropriate action.

People living at the home and their relatives had their views of the service gathered and action was taken to improve the care they received.

There was an effective suite of audits to monitor the quality of care people received. The provider and registered manager kept up to date with change in legislation and best practice guidelines.

Byards Keep

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 19 October 2016 and was unannounced. The inspection team consisted of an inspector.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed 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.

During the inspection we spoke with two people who lived at the home, two relatives and spent time observing care. We spoke with a senior care worker, a care worker and the registered manager.

We looked at three care plans and other records which recorded the care people received. In addition, we examined records relating to how the service was run including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

Staff had received training in the different types of abuse and how to recognise abuse and keep people safe. Where safeguarding concerns were raised the registered manager completed thorough investigations and took action to stop incidents reoccurring. If incidents involved staff the registered manager completed supervision with the staff involved to ensure that any learning from the incident was identified and any training needs actioned.

Staff told us that there was a whistle blowing policy and a safeguarding policy in place which supported them to be able to raise concerns. They were aware that the whistle blowing policy meant that they could raise anonymous concerns. However, staff told us that they did not need to do this as the registered manager was approachable. A member of staff told us, "The manager and seniors are all approachable if we are concerned about anything."

The provider had policies and procedures in place to protect people from abuse as much as possible. For example, people's ability to understand and manage their monies were identified and recorded. There were clear procedures in place for staff to safely store and access people's monies and all transactions were recorded.

Staff had received training in how to restrain people safely. However, staff told us that they used diversion and distraction techniques to refocus people's attention and emotions. They explained that this kept the use of physical restraint to a minimum. In addition, the use of medicines to help people manage their emotions was also clearly recorded in their care plans. There was clear guidance available to staff about when this medicine should be offered and the different care approaches that they should try before offering the medicine. Records showed that these medicines were used infrequently and the reasons for use were fully documented. People could therefore be assured that any restraint used was necessary to protect them from serious harm.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. For example, risk assessments had been completed around people's likelihood of developing pressure ulcers. Appropriate equipment was in place to reduce the risk of occurrence. In addition, risks to people while using equipment, such as hoists and wheelchairs were also identified. Staff had been provided with clear information on the safest way to use the equipment.

The registered manager had policies and procedures in place to support people in emergencies. People had emergency evacuation plans in place which provided guidance for staff and emergency services about how people would react in an emergency and the support they would need to move to a place of safety. In addition, the provider had plans in place on how care could continue to be provided should the home be unable to be occupied.

Staffing levels were set on the identified needs of people. However, when they set out their weekly activities staffing was reviewed to be flexible to support people in their chosen leisure pursuits. For example, on the

day of our inspection there was an extra member of staff on duty to enable a person to go and meet their relatives.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

Staff knew the support people needed to take their medicine. For example, they knew one person may refuse to take their medicines for some staff and repeatedly asking them did not resolve the situation. They told us that they would leave if for a while before trying again and then getting another member of staff to offer them. Records showed that this approach had been successful and the person had taken their medicines regularly. Staff explained how they monitored people when they started to take new medicines to ensure they suited them. If they had any concerns they would raise them with the appropriate healthcare professional. For example, when one person had started a new medicine staff observed that it had affected their mood. This was raised with the healthcare professional and a change was made which was better for the person.

We saw that where people had been prescribed medicines which only needed to be taken as required, there was information in their care plans which identified when it should be given. For example, where people needed pain medicine their care plan listed if they could tell staff when they were in pain or if staff needed to be aware of non-verbal signals. Where people might need medicine to help them manage their emotions, care plans recorded other care which may help the person along with guidance on when it was acceptable to offer the medicine. In addition, they showed that people may need to be offered the medicine a repeated number of times before they understood that medicine would help them.

There were systems in place to ensure that medicines were ordered and stored safely and available to people when they needed them. Medication administration records were fully completed and daily checks were completed to ensure all medicine was accounted for.

Good

Is the service effective?

Our findings

Staff told us that they had received all the training and support that they needed to provide safe care to people living at the home. New staff completed an induction package which consisted of training and shadowing an experienced member of staff. In addition, new staff were not allowed to work unsupervised until they had completed the training around diversion techniques, restraint and supporting people to move using equipment. As part of the induction new staff were supported to complete the care certificate. This is national training programme which covers all the skills staff need to care for people. New staff were subject to a six month probationary period and the registered manager formally reviewed their performance at this stage before offering a permanent contract.

Staff were also required to complete refresher training. One member of staff told us how they were supported to access this training. They said that it was all recorded on the computer so that it was clear what training they needed to complete. In addition, the registered manager reviewed the training on a monthly basis and would prompt staff if anything was outstanding. Records showed training had been completed in line with the provider's training policy.

Staff had to attend four supervisions a year and an annual appraisal. Supervision records showed they supported staff to identify what was working well, what was not working and if they had any training needs. Supervisions were completed by the line manager and appraisals by the registered manager. Staff told us that they were able to request further training if they felt they needed further support in any area. A member of staff told us, "If I feel like I need more training all I have to do is ask. I asked in if could have some training on completing supervisions and they booked it for me."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

There were five people living at the home who had a DoLS authorisation. There were no conditions imposed on any of the DoLS authorisations.

Staff were able to speak knowledgeably about the Mental Capacity Act 2005 and how this was reflected in the care they provided. For example, they told us how they never assumed that they knew what choice a person would make. They told us that they always spoke with the person and would present them with

options. They explained how they would do this a number of times as people may swap and change their answers. For example, one person they supported would know what they wanted but would just need time and support to be able to make the decision.

People had a decision making profile in their care plan to support staff to help them make as many decisions as possible. The profile recorded how people liked to be give information, for example, verbally with not too many choices, if they needed to be given the information more than once and if they would change their decision through the process. For example, we saw one person's care plan recorded that their first decision was not always their final decision and if asked to make a decision when anxious they would give an instant response without considering the consequences of the decision.

Staff also knew that where they had concerns that the person did not understand the information they would need to ensure that a capacity test was completed. However, more complex decisions would need a capacity assessment and if the person was unable to make the assessment a best interest decision was made on their behalf. Records showed that best interest decisions were taken with involvement for families, staff and healthcare professionals, and an advocate was also to be included so that they could speak for the person.

Where people needed care which may be considered a deprivation of their liberty this was considered and care planed. For example, one person needed a lap belt while in their wheelchair. However, best interest decisions showed how this did not deprive them of their liberty as it was the least restrictive method of keeping them safe. This was also the case for their bedrails.

The care people needed to eat and drink safely and maintain a healthy weight was recorded. We saw that one person liked to eat but needed support to ensure that they had access to food when needed and that emotions around food were managed. Their care plan recorded when they may need support. For example, the person may be really hungry in the mornings and while they may not be able to verbalise their needs they may show it by hanging around the kitchen. Their care plan recorded that staff needed to approach them directly and offer them food and talk about their anxieties. It also showed that they may become obsessed by certain food and would need support to ensure they received a varied diet. The care plan identified the approach staff should take if none of the desired food was available so that the person received a consistent response from all staff.

People were supported to eat safely. Where people needed a soft diet this was available to them and staff knew which people required to have their fluids thickened so that they could drink safely without choking. Where people needed support to eat safely staff provided as much support needed to keep people safe but also supported people to remain independent wherever possible. Where people needed to manage their weight this was identified and included in their care plan, along with how often they should be weighted and if records should be kept of their food and fluid intake.

People had access to healthcare professionals to support their health. A relative told us, "Staff ensure that [name] has access to healthcare." In addition, we saw that people's care plans contained health action plans and an emergency grab sheet. The grab sheet contained the important information healthcare staff would need if the person was admitted to hospital in an emergency. People told us that staff were responsive if they were ill. One person said, "If I have a bad sickness [member of staff] will telephone the doctor and get the doctor to come out."

Good

Is the service caring?

Our findings

Relatives told us they were happy with the care provided. One relative told us, "This is the best place [name] has ever been. It is a lot to do with the staff and the continuity of staff." Relatives told us that people were supported to visit the family home and to maintain family relationships. We saw that there was a warm and caring relationship between people living at the home and staff. There was lots of laughter and joking going on while at the same time staff provided the constant evidence led care that people needed. One person told us that all the staff were nice. Staff worked to provide people with person centred care which met their needs but also increased their enjoyment. An example of this was a person who had planned to meet their relatives at a local town. Staff planned to catch the train from a local station instead of driving in the car as the person liked train rides.

A relative we spoke with told us how staff had built a supportive relationship with their family member and that the person now relied on the staff to meet their needs instead of looking to the family. They explained how this had improved the person's life and how with staff's professional support they had grown as a person and had more confidence to explore the world. An example of this was a recent holiday the person had taken with staff and how they had spent time enjoying themselves at the beach. In addition, the relatives told us how this confidence in staff had made things like going to health appointments easier for the person. The relative told us, "They have given [name] a life. We couldn't do half the things they do here. [Name] relies on staff more than they do us so we don't have to worry. [Name] is quite happy here and would say if they did not like it."

Staff understood people's emotional needs. For example, one member of staff told us when they had become a key worker for a person they gradually spent more time with them before telling them of the change. This meant the person had time to get to know the member of staff and was not presented with an abrupt change of support. It was presented to the person as something nice that had happened and the person and the member of staff went out together to celebrate. We saw the person with the key worker and saw that they had a good relationship.

Staff supported people to build and maintain relationships which were important to them. One person told us how the staff helped them buy their birthday and Christmas presents for family and friends. They told us that they were supported to have their friends come and visit and stay for a meal.

People were fully included in the care they received. One person told us that they had a meeting with their key worker every week. At this meeting they discussed their food choices for the coming week along with any activities they wanted to plan. While speaking to us a person told us how they would like to go out for tea with another person who lived at the home. They discussed this with their keyworker who was present and talked about where they would like to go and when would be a good time. They decided to leave it until nearer Christmas as the place they had indicated they wanted to go to would be decorated for the holidays. They also discussed decorating their bedroom with the key worker and came to the conclusion that they would ask if it could be done when they were next on holiday to minimise the disruption to them. We saw that although the member of staff supported the person and offered suggestions the person made all the

decisions.

People had a communication plan to help staff understand they information they were trying to convey. This was important as while people could make decisions and say how they felt at times they had trouble expressing their feelings to staff. An example of this was one person who would say that they had stomach ache. They would often use this when plans had been made for them to go out and they were anxious and needed more support. If staff provided reassurance and information about the outing the person would relax and enjoy their outing. In addition, another person would often say the opposite of what they meant. For example, they would say they were cold when they were hot.

Information on what was important to people was available in their care plans in a format which they would be able to understand. For example, we saw one person's was available in an easy read format. The use of easy read information and pictures was also used when offering some people choices about their lives. An example of this was using pictures when offering some people menu choices.

Care plans recorded how people's dignity should be respected and reminded staff that all the people living at the home were adults and should be treated as adults. Staff were clear that people's rooms were their private space and that they always knocked and waited for permission before entering. Care plans showed that people where supported to achieve their full potential and that no limits were placed on their abilities. One person's care plan recorded that they could achieve great things if praise was given with lots of reassurance.

People's dignity was considered when personal care was delivered. For example, we saw one care plan recorded that while the person did not express a gender preference for their support staff it was in their best interest to be supported by staff of their own gender while receiving personal care. People's abilities to complete their own personal care were recorded. However, areas where they required prompting and support were also recorded. This promoted people's independence while ensuring appropriate standards of hygiene were maintained. People's preferences for clothing were recorded. For example, one person's plan recorded that they liked to dress smartly and they wanted staff to praise them on their appearance. We saw that staff took the time to comment on how nice the person looked and the fragrance they had chosen to use.

People were supported to be involved in the local community. One person belonged to the local rambling club and another was a member of the local blind society. No one at the home attended any religious or spiritual events on a regular basis. However, on person did occasionally request to go to church and this was supported.

Good

Is the service responsive?

Our findings

People received an annual review and people's care plans were developed with people, their families and health and social care professionals involved with their care. One relative told us, "We are always made aware of the care plan and everything they do is passed by us."

Care plans were developed by the registered manager, people living at the home and their families. Staff also told us that they were included in the development of care plans. One member of staff told us, "The manager pulls the care plans together but we can say if it's not working and we can try something else." They also told us that the registered manager would ask them if they had ideas of how care could be changed to improve people's experience.

Care plans clearly recorded the care people needed to support both their physical and emotional wellbeing. This helped staff to provide consistent care. Staff were knowledgeable about people's needs and when asked to describe the care people needed were able to tell us about people's individual needs. We saw the information given by staff matched the information recorded in people's care plans. Staff were able to tell us how the different conditions people were living with affected them and was reflected in the care they needed.

Where shifts changed there were systems in place to ensure that important information was passed to the staff coming on shift. Staff told us that the senior staff would speak with each other and that other staff would speak with the staff who had supported the person they would be caring for. There was also a work book and a communication book in place where tasks to be completed and important information was recorded.

Where needed behavioural management plans were in place. We saw that these had been developed with appropriate support from the provider's behavioural consultant and NHS staff. Visiting NHS staff who supported to home to develop care around people's distressed reaction said that they were able to develop management plans with the help of staff. They told us that staff took notice of any training they provided and ensured that they reflected it in the care they provided to people. They said that the staff completed appropriate monitoring to allow them to assess people's needs.

We saw that people's responses to situations and different stimulations were noted along with the action needed to help them manage their behaviours. For example, one person's care plans showed that did not like noisy areas and would need support to remove them from the situation. Another person's plan indicated they would become ill when they were too hot. People's ability to understand time was taken into account when they were given information. For example, if someone would get excited about an event that was two weeks away and would wake up each day thinking that was the day the event would happen they were not told about it until near to the time. This approach helped people to manage their anxieties better and stopped them becoming distressed.

People were supported to take part in leisure activities of their choice and completed a weekly activity

planner of things they wanted to do each week. Staff supported people to access the activities they had chosen. An example of this was one person who liked to fish and had the appropriate equipment and a licence. People were also supported to access community groups to increase their activities. Examples of this were people going to a snooker club, rambling and being part of the local blind society.

People were also supported to plan and go on holidays. One person told us they had been on holiday with their key worker and had fun telling us about all they had experienced. A relative said, "They keep a book to show us where they have been and what they have been doing. We saw they had been on holiday and went to the beach. [Name] had stopped doing that with us, but with support has started going again."

People told us they knew what action to take if they were not happy about the care they received. They told us, "I would go to [member of staff] and if they were not here I would go to the manager." Relatives were also aware of the actions they needed to take if they had any complaints. A relative told us, "Any concerns you can talk to [the registered manager]. Over the years you get a few blips but it all gets sorted out. [The registered manager] says any concerns just ring and we do." Staff told us that if anyone complained to them they would raise the issue with the registered manager and document it in the person's care plan. The registered manager told us that no formal complaints had been received since our last inspection.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us that the home was well run and all the staff and the registered manager were approachable and would listen to any concerns they raised. One relative told us, "Good care starts from having good management. The long standing staff help as they set the standard for new staff." When we looked around the home we saw that it was clean and well presented. Despite people being busy there was a calm feeling in the home and staff responded to people in a timely fashion.

People living at the home, their families and healthcare professionals had completed surveys in July 2016 to give the provider their views on the care provided. Issues were identified and an action taken to resolve the issues. For example, one family felt they would like more information and were now receiving a weekly update via email. People had individual meetings with key workers to discuss the care they were receiving and any changes they would like. These meetings were documented and any requests were recorded. In addition, quarterly house meetings were held where people got together as a group to discuss the care they received and if they would like any changes. The provider has a forum for people who use their services and this gives people the opportunity to raise concerns at a higher level. All the people living at the home were asked if they wanted to attend the forum and one person had chosen to go.

Staff told us that the registered manager was good at their job. One member of staff said, "You can't fault them. They always have time for staff and are happy to discuss if the care planned for a person is not fully supporting them." They also said that the registered manager was good at suggesting where staff could find further support and guidance. Staff told us that they would be happy to raise concerns if they saw a member of staff did not care for a person as planned. However, they added that they had never had to do this as staff worked as a team and supported each other.

There were monthly staff meetings. Staff told us that they were required to attend a certain number of meetings each year. They told us that if the missed a meeting the minutes were always available and that colleagues would pass over important information.

The provider had effective systems to monitor the quality of care people received. The registered manager completed a number of audits to review the care provided. Where issues were identified action was taken to ensure that standards remained high. The operations manager reviewed the audits completed so that they could assure the provider that appropriate action was being taken when necessary and that people were receiving safe care which met their needs.

In addition, the provider's registered managers met monthly to discuss any changes in care needed to keep up with legislation and to share areas of good practice which they had implemented in their homes. The registered manager also liaised with external experts to ensure they were complying with good practice. The provider had systems in place to ensure that they responded to any changes in legislation and good practice and updated their policies and procedures accordingly. Changes to the provider's policies were brought to the attention of the staff so they could keep themselves up to date with the provider's preferred ways of working.