

Voyage 1 Limited

South Highnam

Inspection report

Park avenue
Hartlepool
Cleveland
Tel: 01429 864848
Website: www.voyagecare.com

Date of inspection visit: 8 May 2015
Date of publication: 09/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected South Highnam on 8 May 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

South Highnam is located close to the centre of Hartlepool and provides personal care and support for up to eight people who have a learning disability and / or complex needs. Additionally the service can support people who have autism, epilepsy and challenging needs.

The service has 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.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us that staff treated them well. Staff were

Summary of findings

aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Appropriate checks of the building, equipment and maintenance systems were undertaken to ensure health and safety.

Staff told us that they felt supported. There was a regular programme of staff supervision and appraisal in place. Records of supervision were detailed and showed that the registered manager had worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met.

Staff understood the requirements of the Mental Capacity Act, 2005 and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People's nutritional needs were met, with people being involved in shopping and decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted.

The care records we looked at showed that people who used the service had regular access with other health and social care professionals. Other professionals who had recently been involved in people's care included chiropodists, opticians, nurses, doctors, dieticians and dentists.

Assessments were undertaken to identify people's health and support needs. Person centred plans were developed with people who used the service to identify how they wanted to be supported. We saw that risks identified with care and support had been included within the care and support plans.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

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. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People and relatives told us that staff were caring and treated them well, respecting their privacy and encouraging their independence.

Staff treated people in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities and access the local community.

People and relatives had opportunities to raise concerns or complaints and felt able to do so if needed.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The service had a registered manager and supportive management structure. People who used the service knew who the registered manager was and had various opportunities to give feedback or raise issues.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Good



South Highnam

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 8 May 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all of the information we held about the service.

The provider was not 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.

At the time of our inspection visit there were seven people who used the service. We spoke with three people who used the service. Some people who used the service had

complex needs and were unable to talk with us; however we spent time with them in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms.

After the inspection we contacted the relatives of three people who used the service to seek their views. We also contacted the local authority to seek their views on the service provided. They did not report any concerns.

During the visit we spoke with the registered manager, a senior support worker and three support workers.

We did not use the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We felt that it was not appropriate in such a small service where people could talk with us and such observations would be intrusive. Instead we used general observations of people's care and support throughout our visit.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I like it here and they (staff) are nice. " A relative we spoke with said, "None of us (the family) feel we have to worry about her care."

We looked at the arrangements that were in place to protect people from bullying, harassment, avoidable harm and abuse. The staff we spoke with felt that the people who used the service were safe. One staff member told us, "We have been told about the importance of safeguarding. We work with vulnerable people and it is our responsibility to keep people safe. We all work as a team and ensure that people are safe." Staff were able to describe local safeguarding procedures and demonstrate an awareness of the types and signs of abuse. They told us that safeguarding procedures were in place at the service, were regularly updated and that staff had access to them

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, "X (the registered manager) is a very good listener, she is easy to talk to. If we are worried about anything then we have been told to report it."

Staff told us that they had received safeguarding training within the last 12 months. We saw records to confirm that this was the case.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. The registered manager and staff explained to us that they assessed risks for each person prior to the writing of a support plan and afterwards and on a regular basis thereafter. They told us that each care and support need would look at the risks and that the aim of the care plan was to detail measures to reduce the risk. The service did not have any formal risk assessments. The registered manager told us that all measures to keep people safe

were detailed within individual support plans. Records we looked at confirmed this to be the case. For example the nutrition care plan for one person highlighted safety regimes with their feeding to ensure they didn't choke.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, bath hoist, mobile hoist and ceiling hoist. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken in February 2015. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken. The most recent practice had taken place in April 2015.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that they carried out a monthly check of accident and incident forms to ensure that all accidents and incidents had been reported and that appropriate actions had been taken. Records looked at confirmed that accidents and incidents were not common occurrences.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record

Is the service safe?

and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that generally during the day there were three staff on duty and four staff on duty on an evening. Overnight there were two staff on duty, one of whom went to bed when the needs of people who used the service had been met. The registered manager told us that staffing levels were flexible, and could be altered according to need. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. For example, staff were available to support people on trips out of the home during our visit. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "We have a good reliable staff team, but if needed we will all cover each other."

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the seven people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

We saw that medicines were stored in a locked cupboard in medicine room and the storage area temperature was monitored daily. We looked at three people's medication administration records (MARs) and saw that medicines had been given in accordance with people's prescriptions. People were prescribed medicines on an 'as required' basis (PRN). We saw that PRN guidelines had been written for these medicines, providing staff with information on when they were needed and how they should be given to maintain the person's safety.

Staff told us that all staff had completed training on administering medicines and that this training had recently been updated. The staff we spoke to were able to describe the medicines used by the people living in the home. This showed that staff had the knowledge and skills they needed to help people manage their medicines safely.

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided good quality care and support. They said, “I like it.” Another person said, “They are kind.” A relative we spoke with said, “They are really good at contacting us and keeping us up to date with what is happening.” Another relative said, “Overall as a family we are very much appreciative of the service provided. We consider him (person who used the service) very lucky to have settled and be happy.”

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make ‘best interest’ decisions. We saw that the registered manager had displayed the principles of the act in the office area for staff to see. We saw that appropriate documentation was in place for people who lacked capacity. In the two care records we looked at we saw that a multidisciplinary team and relatives had been involved in such decision making. Best interest decisions were clearly recorded in relation to care and support, finance and valuables and using the hoist amongst others.

At the time of the inspection some people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training which included: safeguarding adults, epilepsy, fire safety, first aid, equality and diversity, food safety, infection control,

manual handling, medication administration nutrition awareness and MAPA which is Management of actual or Potential Aggression . MAPA training enables staff to disengage from situations that present risks to themselves, the person who uses the service and others.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We saw records to confirm that staff had received an annual appraisal. Induction processes were available to support newly recruited staff. This included reviewing the service’s policies and procedures and shadowing more experienced staff. The registered manager told us that induction packages had been reviewed to link to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff told us that menus and food choices were discussed with people who used the service on a Friday for the week ahead. We saw that people were provided with a varied selection of meals. People who used the service, who were able, helped with the preparing and cooking of meals. The registered manager told us that on occasion’s staff and people who used the service go shopping for food and that at other times they shopped for food online.

Prior to lunch we saw and heard staff offering different choices of food to people. For those people unable to communicate verbally, we saw that staff understood what they wanted to eat by their body language. For example staff gave numerous choices one by one to one person who used the service. When the person opened their eyes wide this meant that was what they wanted for lunch. This meant that staff understood and knew the people they cared for very well.

We observed the lunchtime of people who used the service. We saw that people had made different choices with what they wanted to eat. We saw that staff and people sat down and had their lunch together. Lunch time was relaxed; people who used the service and staff chatted and laughed as they ate their lunch. Some people who used the service had difficulty with swallowing as such they required their food to be liquidised. We saw that different foods had been liquidised together and then served on a plate and as such looked unappetising. We spoke to the registered manager about food moulds that were available to make

Is the service effective?

liquidised food more presentable and like the original product. During the inspection the registered manager looked on line for food moulds and told us that they would be purchasing some with immediate effect.

Those people who needed help were supported well. One person had a plate guard to prevent food from slipping off the plate. We saw that staff turned around the plate so the person could eat all of the food that was on their plate. People were offered both hot and cold drinks. One person helped themselves to three glasses of juice during lunch.

We saw records to confirm that people had visited or had received visits from the doctor, district nurse, dentist, optician, chiropodist, dietician and speech and language therapist. The registered manager told us that one person had their blood taken when they were at the day centre as

the person seemed more content. We saw that for one person who had a feeding tube into their stomach to maintain nutrition they were regularly reviewed by the dietician. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. Hospital passports contained information that would help to ensure that care and treatment was provided in a way that the person would want it to be.

Is the service caring?

Our findings

People who used the service told us that they were very happy with the care, service and support provided. One person said, “They are nice.” A relative we spoke with said, “They are friendly and they seem like they care. They bond with the residents and describe themselves as a family.” Another relative said, “With it being small this is very much home from home it is not one bit institutionalised.” They went on to say, “We are always made to feel welcome. I take my dog and they are made to feel welcome. We always get asked if we want a cup of tea and if you went at meal time you would even get a bite to eat.”

During the inspection we sat in the lounge / dining room so that we could see both staff and people who used the service. During our visit we observed the interactions between staff and the people using the service. Staff were respectful, pleasant and caring in their approach, spending time in friendly chatter and explaining things to people where needed. Staff interacted well with people and provided them with encouragement. Staff treated people with dignity and respect. Staff were attentive and showed compassion. We saw that staff took time to sit down and communicate with people in a way that people could understand. For example using a process of elimination to find out what the person wanted. This showed that staff were caring.

We looked at the care and support plans of two people which described their body language when they were happy or unhappy. The care plan for one person said how when they were unhappy they may become restless and vocal. We saw this person shout out during the inspection and when this happened staff were quick to respond and divert their attention. This person was taken to the kitchen environment and when we saw them again they were much more content. This showed that staff were caring.

There was a relaxed atmosphere in the service and staff we spoke with told us they liked working at the service and caring for the people who lived there.

We saw that when two people returned to the service after their annual holiday, one of the people went up to staff to give them a hug. We saw that staff responded to this whilst ensuring boundaries were maintained. Staff who had accompanied people on holiday returned and greeted all people who used the service with affection and asked them

how they had been. When staff who had been on holiday left to go home they thanked the people who used the service for a lovely holiday. One staff member said, “Thank you for taking me on a lovely holiday.” This showed that staff were respectful and caring.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information, explanations and advocacy to enable their involvement. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, such as their personal care choices.

During our visit we observed people being involved in decisions about their day to day lives. For example, decisions about where they spent time, what they ate and drank and where they wanted to go during the day. When one person who used the service was going out we saw that staff asked them if they wanted to wear their red or black shoes. We saw that the person chose their red shoes and wore a beautiful poncho to match. We also saw that people were regularly asked for their opinions and involved in wider decisions about the service during regular meetings for people who used the service.

We looked at the arrangements in place to protect and uphold people’s confidentiality, privacy and dignity. People who used the service told us that they could spend time in their rooms and that staff respected their privacy and treated them well. Staff were able to describe to us how they worked in a way that protected people’s privacy and dignity. For example, they described knocking on people’s bedroom doors and asking if they could come in before entering; asking permission before doing things; and explained how they tried to offer reassurance and reduce or manage embarrassment where necessary. One staff member said “It’s really important to respect privacy and dignity. I always make sure that I ask the person’s permission and tell them everything I am going to do before I do it.” During our visit we observed the interactions between staff and people who used the service and saw that people’s privacy and dignity was maintained in the ways staff had described.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. Staff told us the importance of people maintaining contact with family and friends. They told us

Is the service caring?

that relatives and friends were welcome to visit at any time. A relative we spoke with said, “We visit at all different times

and are always made to feel very welcome.” The registered manager and staff said that people who used the service had not expressed an interest to go to church, however if they did they would support people to do this.

Is the service responsive?

Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, “I’m always out.” They told us how they like to go for walks in the park and for a coffee in the local café. On the day of the inspection this person was supported by staff to go to the local park. When they returned they told staff they had enjoyed the outing and gave them feathers and fir cones that they had collected. A relative we spoke with said, “He gets holidays goes to the Hour Glass, into town and all over. They do seasonal activities. When we went at Easter we saw activities taking place.”

Staff and people told us they liked to go shopping, to the cinema and to the pub. On the day of the inspection people were given a choice of activities and three people chose to go to the pub together with staff. We saw that staff anticipated people’s needs and were well prepared when they went out. We saw that staff prepared a bag of items they may need like wipes, specialist cups that people drank out of and continence aids. This meant that staff were responsive to people’s needs.

People told us that they went on an annual holiday. One person said, “I’m going to Blackpool.” They told us how they were looking forward to dancing in the tower. Other people were going to Haggerston Castle and Northumberland. During the inspection two people who used the service people returned from their holiday. They told us that they had enjoyed the holiday. One person told us they had drank lager when out at the pub. The other person proudly showed their temporary tattoo which would last for about seven days. People had bought lots of memorabilia from their holiday.

During our visit we reviewed the care records of two people who used the service. People had an assessment, which

highlighted their needs. Following assessment, person centred plans had been developed with people who used the service. Person centred plans provide a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect them. Care records reviewed contained information about the person’s likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People and relatives told us they had been involved in making decisions about care and support and developing the person centred plans.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn’t like. Staff spoke of person centred planning.

People who used the service and relatives told us if they were unhappy they would complain to staff. People and relatives told us that staff were approachable and listened to them.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service had an easy read complaints procedure, but we were told that many people who used the service would not be able to understand this document. The registered manager said that they spoke to people regularly to make sure they were happy. A relative we spoke with said, “I wouldn’t hesitate to speaking with staff. You don’t feel that you dare not say anything. They encourage you to talk.”

Discussion with the registered manager during the inspection confirmed that any concerns or complaints were taken seriously. We looked at the service’s record of complaints, there had not been any complaints made in the last 12 months.

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. The registered manager was also responsible for the management of another small service nearby. They told us how they spent two and a half days at each service during the week.

People and relatives who used the service told us they thought the registered manager was approachable and that the service was well led. One person said, “She’s very nice.” A relative we spoke with said, “I think it is well run. She (the registered manager) welcomes our input.” A staff member we spoke with said, “She (the registered manager) is great. I have learnt a lot from her. She gives you time and is very supportive.” Another staff member we spoke with said, “I like her (the registered manager) I get on with her. She is always happy. When she is happy you bounce off her.”

Staff and people who used the service told us that they felt supported. Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “If I said anything I know that action would be taken.”

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. We saw that they worked with staff and provided both support and encouragement in their daily work. During the inspection when the registered manager went into the kitchen we heard staff jokingly say, “Are you going to start the dinner?” The registered manager told us how they were helping to make the lasagne for people for tea. This showed that the registered manager worked with staff and was approachable.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous audits and checks which were carried out on a weekly and monthly basis to ensure that the service was run in the best interest of people. These included weekly health and safety audits which contained checks of the environment, kitchen and medicines. There were also monthly checks on records and staff training. We also saw that quarterly audits were carried out based on CQC standards to make sure the service was safe, effective, caring, responsive and well led. Where areas for improvement were identified action plans had been developed.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and they were encouraged to share their views. We saw records of meetings that had taken place in January and March 2015 in which there had been discussion about infection control, safeguarding, dignity, record keeping, fire safety and health and safety.

We saw records to confirm that meetings for people who used the service took place. We looked at the notes of the last meeting which took place in April 2015. Records confirmed that people were encouraged to share their views and opinions. We saw that discussion had taken place about food, holidays, health and safety and the possibility of having a themed food and activities night.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.