

Voyage 1 Limited

Elliott House

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

We carried out this inspection on 26 September 2018. The inspection was unannounced.

Elliot House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Elliot House provides accommodation and personal care for up to six people. At the time of the inspection there were six people living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe. Staff knew how to identify and report suspected abuse and had clear systems in place which ensured safety and legal standards were met. We found systems were in place to make sure people received their medicines safely so their health needs were met. Additional safeguards were in place for people who were on psychotropic medicines to reduce the risk of people being medicated unnecessarily. We found people received support from the same staff which promoted good continuity of care. It was evident there were enough staff on duty so people's needs were met in a timely way and by staff who were well-trained and properly recruited. Specialist training was also provided so staff knew how to safely respond to behaviour that can challenge.

People's care records contained detailed information and reflected the care and support being given. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

We observed staff were exceptionally caring and always listened. We saw care records contained details about people's likes and dislikes so their personhood was promoted and respected. Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted.

The service provided a programme of activities to suit people's preferences. We observed people had regular opportunities to access the community and support staff had access to an adapted vehicle to facilitate trips outside of the service.

All staff we spoke to told us the service was well-run and the management team were approachable and friendly. We found the registered provider's systems or processes were well-established and operated effectively to ensure compliance with the requirements of regulations.

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.

People's prescribed medicines were managed safely.

Risks to people were identified, assessed and plans provided staff with clear guidance to mitigate these risks and protect people from harm.

The provider deployed sufficient suitable staff with the right mix of skills to ensure care and support was delivered to people safely.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Elliott House

Detailed findings

Background to this inspection

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

This inspection took place on 26 September 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We asked the provider 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. The PIR was completed and returned as requested. This information was considered as part of our inspection.

We spoke with two people who used the service and spent time observing staff supporting people. We also spoke with the registered manager, a senior support worker and four support workers.

We looked at documentation relating to the people who lived at the service, staff and the management of the service. This included two people's care records, two staff records, and the systems in place for the management of medicines and quality assurance.

Is the service safe?

Our findings

Systems and processes were in place to protect people from abuse. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and said they would always report any concerns to the registered manager. We saw the registered provider kept a log of accidents and incidents, including any safeguarding incidents which had occurred at the service. We saw the service responded to risk, followed procedure and took appropriate action to safeguard people from harm. The registered manager confirmed they looked at monthly trends based on recorded incidents in order to improve practices at the service and keep people safe and had taken appropriate action where necessary.

The service's training matrix showed staff had completed training in how to safeguard vulnerable people from abuse and they had also completed an accredited management of actual or potential aggression (MAPA) training course. These measures provided staff with the knowledge they needed to ensure people were protected from abuse. At the last inspection we identified the standard of recording incidents was inconsistent and lacked detail, particularly when MAPA techniques were utilised. At this inspection we saw the standard of record keeping had improved. In conjunction with incident records staff also completed a MAPA log when techniques were applied to clearly evidence why intervention was necessary. This showed that systems were in place to promote people's safety.

We saw that people were protected from the risks of infection. The home was clean and tidy and staff had access to the appropriate cleaning materials and equipment. Staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

We saw evidence of key safety checks taking place to help keep the building in a safe condition, such as checks of the gas, electric, water and fire systems. We saw safety information displayed in communal areas complied with the Accessible Information Standard (AIS), which was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. This meant people living at the home had access to important information.

Medicines were safely managed and people received their medicines as prescribed. The service had a medicines management policy so staff had clear guidance on their responsibilities in relation to supporting people with medicines. Staff confirmed they had received the appropriate medicines management training, which was refreshed at regular intervals. We saw medication administration records (MAR) were used to record when people had been supported with this task and we checked to ensure there was an accurate record kept. We saw evidence that these records were regularly checked by the management team. At the time of the inspection there were no controlled drugs (CD's) being administered at the service; these are medicines that have strict legal controls to govern how they are prescribed, stored and administered.

The service effectively assessed and managed risks to people's health and safety. Staff and management had a very good understanding of each individual and how to support them safely. We saw a range of risk assessments and care plans, which provided relevant guidance for staff, for example when supporting people in the community. When risks were identified we saw relevant assessments were in place to reduce the risk occurring.

There were enough staff deployed to ensure people's support needs were met. We observed life in the home and saw there were staff available to assist people when they needed it. This was confirmed by the staff we spoke with who told us there were enough staff on every shift to make sure people were kept safe and to meet their personal care needs. They also told us the registered manager increased staffing levels if people's needs changed and additional support was required.

We looked at two staff files and found safe procedures for recruiting staff were followed. This included references from their previous employment and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We saw the service We found there were satisfactory arrangements in place for people who had monies managed by the service.

Is the service effective?

Our findings

People's needs had been assessed prior to coming to stay at the service. They experienced a good quality of life because staff ensured their care and support was delivered in line with current standards and evidence based guidance, such as 'Registering the Right Support'. 'Registering the Right Support' values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen. Care and support was regularly reviewed and appropriate referrals to external health and social care services were made as necessary to ensure people's needs were met effectively

Staff received regular supervision, appraisal and observations of their care and support practice. This helped ensure effective care. Staff told us they felt well supported by the management team. One staff member told us; "Senior (staff) and the manager are brilliant, you can any discuss concerns and whenever you want."

Our checks of the staff training matrix demonstrated staff had received appropriate training to support them to carry out their roles effectively and this was renewed regularly. We saw evidence that training was tailored to the needs of the service. We saw roles such as cooking, cleaning and personal care was shared by the support staff and managed on a daily rota system. We saw staff had completed further relevant training, such as food safety and control of substances hazardous to health (COSHH). This helped ensure staff had the practical skills to meet people's needs.

We found a varied and nutritious diet was provided to support people's health. We saw people were regularly offered drinks and snacks. We looked at menus and found they incorporated fresh fruit and vegetables. We saw that meal options were displayed and people were told their meal options to help them decide. We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs people required. Staff were aware of, and respected, people's food and drink preferences. We saw that referrals to relevant professionals were made, such as dieticians, so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency. We identified body mass index (BMI) scores were sometimes completed incorrectly, which we fed back to the registered manager. After the inspection the service submitted evidence to the CQC showing this concern had been addressed.

We saw evidence that people were consulted about how they wanted to receive their care and where possible consent was obtained for care and treatment as part of the registered provider's admission process. We saw people were asked consent before care and support interventions were provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection the registered manager told us two people living at the home had a standard authorisation in place. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. Where restrictive practices had been identified, such as the use of bed rails or lap belts to keep people safe, the provider had consulted relevant person and made a best interest decision. We saw best interest decisions and relevant capacity assessments were recorded in people's care plans. This demonstrated that the service was working to the principles of the MCA.

The service had adapted the premises to meet people's individual needs. There were suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. We saw people's bedrooms were appropriate to their individual needs.

Is the service caring?

Our findings

People confirmed staff were always caring. Although there were no relatives to speak with at inspection we saw evidence of positive feedback received from families and external professionals in the service's compliments book. Comments include, "Very welcoming team, caring and dedicated" and "Very happy with all staff and level of care for [relative's name], [relative's name] seems happy and contented here at Elliot House". We observed that people were very comfortable in the presence of staff and that there was a positive rapport between them. Staff supported people in a quiet and unobtrusive manner, which showed respect, patience and kindness towards them. There was a homely atmosphere and people appeared to be in control of their home environment and their lives with as much or as little support as they needed. This was reflected in comments from staff, "It feels like a big family" and "It's like being at home. Really homely working with people and staff."

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed that staff had a very good rapport with people and interactions were very kind and encouraging. Staff described to us how they provided care in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions. For example, one staff member told us a person living at the service only wanted their care records to be accessed by health and social care professionals and the manager. The staff member said they respected this person's choice and understood that consent would need to be obtained before looking at this person's care file. Staff also understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

We saw a dignity champion was in place and they looked at ways to improve practices to promote people's dignity. The registered manager confirmed the role of champion is allocated to staff who have an interest or knowledge of their chosen area and can support other staff by giving information or advice.

The staff team, on the day of our inspection, were well established at the home, which meant people experienced consistency of care. We saw that through the inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important to them was captured as part of their person centred plans. This meant the service respected people's right to equality diversity and human rights. Staff told us they had access to adequate information about how to support people and ensure their care was tailored to their needs and preferences. Care files we read contained details about people's likes and dislikes. They also outlined their abilities, so people's independence could be respected and encouraged.

The service supported people to maintain and develop their independence. For example, we saw one person living at the service participated in infection prevention control audits at the service, which was recorded and their findings were then fed back to staff to action. This practice supported people to feel more involved in the running of the service.

Staff had a good understanding of people's individual communication needs. During the inspection we saw staff communicating effectively and appropriately with people. Information was presented in an accessible format, for example easy read information about people's care and support was in place to promote understanding. Where appropriate, we saw evidence of people living at the home being involved in care plan reviews and attending regular resident meetings. This showed the service supported people to express their views and be involved in decision making.

We saw there was a range of information and leaflets accessible in communal areas of the service to help people make informed decisions about their care and treatment. For people who wished to have additional support whilst making decisions about their care and treatment, information on how to access an advocate was also available.

Is the service responsive?

Our findings

People's care records contained good information about the person's needs, any risks associated with their care and preferences. Care plans were written in a person centred way that gave staff clear guidance about how to support individual people. In care records we looked at we could see evidence of a collaborative approach when assessing the needs and preferences for care and treatment of people living at the service.

Everyone living at the service had a health action plan in addition to their care plan, which was reviewed monthly. The health action plan contained details of all professionals associated with a person's care, a log of professional visits and their outcomes, vaccination summary, monitoring charts and guidelines for staff when making appointments with external health service's. We also saw hospital passports were in place so that important information about a person's health and care can be quickly communicated to hospital staff. This shows the service worked responsively with external health and social care professionals.

We saw some people who used the service were prescribed psychotropic medication to manage behaviour that can challenge. This is medication which is capable of affecting the mind, emotions and behaviour. We saw the service used a toolkit which monitored people's mood state throughout the day so the efficacy of psychotropic medication could be clearly evidenced over a period of time. The toolkit was developed by the National Health Service (NHS) England and a number of national organisations in 2016, it aimed to stop over medicating people with a learning disability, autism or both (STOMP). STOMP is about improving the use of psychotropic medicines, offering non-drug therapies where appropriate and making sure people, families and staff are fully informed and involved. The registered manager told us the evidence gathered by the toolkit was shared with people's prescribing doctors to ensure care and treatment was always appropriate.

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

We observed at inspection staff regularly supported people to access their local community. For example, we saw one person was supported to go shopping in town. We found the service supported people to participate in person centred activities and provided regular opportunities for social engagement. We saw a large garden area with chairs and tables. The registered manager told us this area was frequently used during good weather. We observed people using the sensory room which contained spaces for relaxation, crafts or activity. We saw evidence activities were discussed and agreed with people a week in advance. Staff confirmed, although activities were agreed with people ahead of time, people still had the choice and freedom to decide how they wanted to spend their time on the day.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. We saw the registered provider had no active complaints when we came to inspect the service. People we spoke with felt listened to and told us they never had any reason to complain.

At the time of our inspection, the service was not supporting anyone who required end of life care. The

registered manager told us they had systems in place to document a person's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process. This is a key means of improving care for people, enabling people to discuss and record their future health and care wishes, thus improving the likelihood of these wishes being known and respected at the end of their life.

Is the service well-led?

Our findings

We found an effective strong leadership framework in place. Staff at all levels were clear on their roles and responsibilities to monitor performance and risk of care delivered. This meant there was clear lines of accountability within the organisation and systems which supported the running of the service were well-embedded.

There was evidence of an open and inclusive culture. Staff told us they felt well-supported, valued and confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively. We saw evidence that regular staff meetings took place which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management team listened to staff and supported them where applicable.

We found that the service supported people and their relatives to express their views and be actively involved in making decisions about their care and support. We saw in the 2017 annual service review the registered provider gathered feedback from people who used the service, family and staff. We saw feedback was all positive. One person fed back an issue of damp in a bedroom. We saw evidence that the management team responded to feedback and the damp issue was quickly addressed. We saw the registered provider also requested feedback from external professionals. This showed the registered provider listened to feedback from relevant persons for the purposes of continually evaluating and improving such services.

We found the service used a comprehensive set of auditing tools, which were sufficient to effectively monitor fundamental aspects of the service delivery. We saw audits were carried out regularly and any issues identified were acted on in a timely manner. We saw the registered provider carried out their own checks of the service and their findings were recorded. Where appropriate, actions plans were put in place to drive improvement at the service. This showed the monitoring systems were effective.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.