

Voyage 1 Limited

Three Sisters & Bronte View

Inspection report

Brow Top Road
Cross Roads
Keighley
West Yorkshire
BD22 9PH

Tel: 01535643728
Website: www.voyagecare.com

Date of inspection visit:
30 January 2018
02 February 2018

Date of publication:
14 March 2018

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

Three Sisters and Bronte View 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.

Three Sisters and Bronte View accommodates up to 17 people with a learning disability across two separate units, each of which have separate adapted facilities. One of the units specialises in providing more independent care to people living in one bedroomed apartments.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 on-going 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.

It was clear from what people and the relatives we spoke with said that the service met their needs. People who lived at the home were happy with the support they received and told us they felt safe.

Medication was managed safely and people received the medicines they needed to keep them well. People had access to a range of health and social care professionals and people had health passports in place which gave staff clear information about their physical and emotional needs and the support they required.

Staff received appropriate support and training to do their job role and staff spoken with told us the registered managers were supportive and managed the service well. People and the relatives we spoke with agreed with this. Staff were recruited safely and sufficient staff were deployed to meet people's care and support needs.

People's care records were person centred, detailed and gave clear information about people's care and support needs including assessed risks and personal preferences.

It was clear people felt relaxed and comfortable in the company of staff. Staff knew people's care and support needs well and good relationships had developed. The atmosphere at the home was relaxed and inclusive. People and their relatives told us staff and the registered manager were kind, caring and supportive.

We observed and people told us they got enough to eat and drink and that they had a choice of what food

they wanted to eat.

People had access to a diverse range of person centred activities which were social and educational in nature. This enabled people to develop or maintain life skills and independence at the same time as having good fun.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

During our visit, we had no concerns about people's care or the service itself. We found the home to be well-run with a committed and caring staff team.

There were a range of effective mechanisms in place to monitor the quality and safety of the Service. The views of people and staff were regularly sought by the registered managers to check and improve the quality of the service.

Further information is in the detailed findings below.

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 remains Good

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

Three Sisters & Bronte View

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.

The inspection took place on 30 January 2018 and 2 February 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert-by-experience on 30 January 2018 and two adult social care inspectors on 2 February 2018. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience used on this occasion had experience of working with people with learning disabilities.

Prior to our inspection we reviewed the information we held about the service. This included looking at the information we had received about the service and statutory notifications we had received from the service. We contacted the local authority commissioners and safeguarding teams to ascertain their views on the service. The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with nine people who used the service and two relatives, one of whom we spoke with on the telephone, the two registered managers for Three Sisters and Bronte View, 10 care staff members and three health care professionals. We looked at how peoples' medicines were managed, looked at elements of six people's care records, observed a staff meeting at Three Sisters and reviewed other records relating to the management of the service such as quality assurance audits, staff recruitment files and training records.

Is the service safe?

Our findings

At our last inspection in May 2016 we rated the Safe domain as 'good'. At this inspection this domain remained 'good'.

People told us they felt safe living at the service. Comments included, "I am safe; staff have helped me and do help me a lot. I'm happy here", "I talk to staff when I don't understand something, they tell me what things mean, it stops me from worrying", "I like it here, the staff help me and I go out a lot," and, "I do feel safe now." One person's relative commented, "I am very happy with how [relative's] cared for, [relative] is safe, there are always questions, but the staff do their best to include me at every level they can." Another person who had only recently moved in to Three Sisters told us staff had helped them to personalise their room and that they were looking forward to living at the home.

Systems and processes were in place to safeguard people from abuse. Staff had received training in how to keep people safe and understood how to recognise and report signs of abuse.

Assessments were in place to mitigate risk to people. We saw an emphasis was placed on maintaining people's independence, respecting their freedom and encouraging positive risk management. People's risks had been regularly reviewed to ensure the risk management advice staff were following remained effective in reducing risk.

The service supported some people to manage their personal money. We found there were clear procedures in place for staff to follow to reduce the risk of errors or financial abuse. We saw regular checks were carried out by senior staff to ensure these processes were being followed. We checked the records and monies held for six people and found they were correct.

We saw restraint was used with some people as a last resort and highlighted using the least restrictive approach. Detailed risk assessments, care plans and appropriate procedures were in place and staff had received training in individual advanced practice techniques where appropriate and management of actual or potential aggression (MAPA).

Medicines continued to be managed safely. Staff had received training in the safe use of medicines and their practice observed. We checked a sample of people's medicines and found the amount of medication left in the medication cupboard matched what had been administered. We saw that where people received 'as and when required' (PRN) medication, detailed protocols were in place. Robust medicines audits were in place.

The registered managers continued to ensure sufficient staff were deployed to support people and maintain their safety. We saw on Bronte View staff supported people in one to one activities, with staff allocated to specific people to ensure their care and support needs were met. Relatives and people we spoke with told us they had no concerns about staff numbers. The service does not employ housekeeping staff as people who use the service are supported to keep their bedrooms and apartments clean and tidy by their key

workers as part of maintaining and improving their daily living skills. One staff member told us, "Staffing is not an issue. If someone needs one to one support to maintain and improve their quality of life that is what they get." Another staff member said, "We work as a team to ensure people receive the support they require and are able to participate in activities both within the home and the wider community."

We looked at the recruitment files of six recently employed staff members and found all relevant checks had been made prior to them starting work. We also spoke with two newer staff members who told us the recruitment process had been robust. They confirmed they had attended a 'face to face' interview where any gaps in their employment had been checked. They told us they had not been able to start work until their Disclosure and Barring Service (DBS) check and satisfactory references had been received.

The home was safe and well maintained with all relevant safety checks on the electrics, equipment and fire safety arrangements. Personal emergency evacuation plans were kept centrally in the office in case of emergency.

We saw accidents and incidents were documented with witness statement where appropriate. A new reporting form had been introduced by the provider which included information about 'lessons learned'. We spoke with the registered manager at Bronte View about the need to ensure the Commission was notified about relevant accidents and incidents. Their responses provided us with confidence these would be reported where required.

Is the service effective?

Our findings

At our last inspection in May 2016 we rated the Effective domain as 'good'. At this inspection this domain remained 'good'.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training in MCA/DoLS and understood what was involved.

We saw a number of DoLS had been reapplied for and were awaiting authorisation. Due to the backlog from the local authority and the late renewal submission from the service there were currently no DoLS in place since these had now expired. We saw the service had improved the DoLS tracking mechanisms to include expiry dates to minimise the risk of this recurring.

We saw mental capacity assessments, best interests processes and decisions were in place at Three Sisters although the process had not been fully completed for one person living at Bronte View on day one of our inspection regarding their behavioural plan. However, the registered manager took immediate steps to rectify this, involving the person's next of kin and we saw this had been completed by day two of our inspection. They told us this had been an oversight and we saw capacity assessments had already been identified as part of the Bronte View's action plan and were being put in place.

Records showed that staff had regularly attended and were up to date with the provider's mandatory courses, such as fire safety, moving and handling, safe administration of medication, safeguarding, infection control, food hygiene and first aid. Staff had also received specialist training in areas such as managing actual or potential aggression (MAPA). Staff new to care were enrolled on the Care Certificate. This is government recognised training designed to equip care staff with the necessary skills to provide safe and effective care and support. Staff we spoke with told us they had received induction training when they started work at the home and spent time working alongside experienced staff members to gain the knowledge they needed to support people effectively. We also saw staff received regular one-to-one support through supervision and appraisal meetings. This showed staff received the support they needed to do their job effectively.

We people were asked for consent regarding their daily lives, care and support. This was also evidenced in people's care records. People's relatives told us staff understood their relative's care and support needs.

People who lived in Three Sisters had access to a sensory room and both units had access to a technology suite where people could use the service's computers.

We saw people's care records included a health plan in easy read format which was reviewed every six months with the person. People's care records showed they had access to a range of healthcare professionals which included GPs, dieticians, speech and language therapists, opticians and behavioural therapists. During the course of the inspection we had the opportunity to speak with three healthcare professionals who told us staff always followed their advice and guidance and were complementary about the standard of care and support people received. We saw people received annual health check-ups and were supported to attend outpatient appointments where required. One person told us, "Staff take me to the doctors when I need to go; they do look after me here, I'm happy."

People we spoke with told us they could discuss their meals, what they would like to eat and be helped in doing so by staff. One person told us, "I get to choose what I eat, the staff do help, but we go out and buy it together."

The registered managers told us no-one was at nutritional risk at the time of our inspection. We spoke with the staff member responsible for cooking and preparing the majority of meals provided at Three Sisters. They told us their role involved encouraging people who used the service to assist in the meal preparation and to develop their daily living skills. For example, people helped staff prepare the weekly shopping list or went with staff to the local shops or supermarket. They confirmed other staff members also prepared meals when they were not on duty but were supernumerary to the staff providing care and support. We saw the menu provided people with a varied diet and records showed people who used the service had input in to menu planning through resident's meetings and one to one discussions. Staff confirmed they encouraged people to eat a healthy diet and were aware of their likes and dislikes. At Bronte View, people worked with staff to devise a weekly menu and staff assisted them make a shopping list, using this as an opportunity to encourage life skills. For example, we heard the registered manager discussing with one person if they'd checked in their cupboards to see if they had sufficient supplies of a certain item before adding it to the shopping list, explaining how this would save them money.

Is the service caring?

Our findings

At our last inspection in May 2016 we rated the Caring domain as 'good'. At this inspection this domain remained 'good'.

People told us they were happy living at the service and were comfortable around staff. They told us staff encouraged them to be as independent as possible which they valued. Comments included, "Staff help me to do things that I want to do. They are there for me, and I trust them," and, "They are really good, I am better when I listen to them." Relatives told us staff were caring and attentive to the needs of their relatives. One relative commented, "Staff support [relative] a lot, they try to get [relative] to do as much as [relative] can for [themselves] and get that balance just right," and another told us, "Staff are very caring, they help in every way they can, there have been trying times on occasion, but they've always listened, and made sure that [relative] is safe, happy, and supported 100%."

On the day of the inspection we saw that people were relaxed and calm in the presence of staff. We observed people leaving and returning from various activities and we saw that people were treated with respect and dignity. Support was offered in a calm and patient manner.

We saw the service worked to improve people's life skills and increase their independence. For example, one person had recently moved from Three Sisters to a self-contained flat at Bronte View and was being supported to start to live a more independent life. For example, staff were supporting them to increase their cooking skills, and gain more confidence in looking after their finances. The registered manager at Bronte View told us about a person they had recently supported to increase their independence and life skills. They had now successfully moved to independent accommodation in the community. They also told us about how they had supported a person to purchase a mobility scooter which had increased their independence. They said, "It's given [person] more independence; even if [person] just goes round the car park in it." Some people at Bronte View were being supported with clear goals to eventually move to living in the community. Care plans contained information about people's goals and aspirations with clear steps about how to achieve these.

Staff we spoke with knew people well and were able to tell us about their care and support needs. Staff demonstrated a committed and caring attitude and the staff we spoke with were passionate about making a difference to the lives of the people living at the service. Staff told us, "You see people progress and move on which is great," and, "I enjoy it. Working with people and see them progress; different service users moving into the community, service users moving from next door to the flats and service users moving near their families."

We saw good relationships had developed and staff used various techniques to communicate effectively with people. For example, we saw staff were given a list of common phrases to help to communicate with one person who had communication difficulties. A staff member told us, "We use special phrases if [person] is anxious." Staff provided examples of how individuals communicated their needs and feelings. Information was provided in different formats such as pictures to help people understand such things as activities and

meals.

People were supported to express their views and staff gave them the opportunity to do so on a daily basis. We saw people coming to the office to speak with the registered manager and staff throughout our inspection. They were welcomed and any concerns discussed in a respectful and inclusive manner.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered managers about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

Is the service responsive?

Our findings

At our last inspection in May 2016 we rated the Responsive domain as 'good'. At this inspection this domain remained 'good'.

Staff at Three Sisters and Bronte View encouraged people to develop a range of life skills, participate in work experience and enjoy a selection of creative and outdoor activities of their choice. For example, there were opportunities for people to work on the attached provider's farm and participate in horticulture, attend a local college to gain key skills and work within community projects and charity shops. One person told us, "I work in a charity shop, and go to the gym. We go out a lot. I have lots of hobbies that I do and we go and get things for me to work with. Staff help me with wig making and dressing up of dolls."

Records showed that the activities planned for people were based on their preferences and what they had selected to participate in. People were involved in preparing weekly timetables which showed them what activities they had selected to participate in each day. Staff showed us photos of all service users at various events and parties that the service provider had organised. People were supported to engage in activities outside the service to help ensure they were part of the community. The registered manager at Three Sisters told us activities were an essential part of people's support and helped to avoid people becoming distressed or anxious. Records showed staff were pro-active in supporting and encouraging people to maintain relationships with their family and friends.

The registered managers told us people's needs were assessed prior to admission to the home to make sure staff would be able to meet their needs, taking into consideration the needs of the people already living there. If they considered they could offer a service the individual was invited to visit the home and meet the people already living there and staff.

Care records were detailed and person centre. These held information about people's likes and dislikes, history and how to support them in the way they preferred. People's support plans covered all aspects of their physical and emotional health and were written in a clear way that was easy to understand and reflected people's personalities. We saw emphasis on goal setting and celebration of success within these. People living at the service were younger adults and had chosen not to discuss end of life planning at this time. However, the registered managers told us discussions would take place when appropriate.

People and/or their relatives were involved both in devising and the review of their care plans. We saw quarterly review meetings were organised between people and their key workers. These were documented in an easy read format and reflected key areas, what was working, what was not working and action plans as a result. A person commented, "I go to the planning meetings, we talk about what's best for me, and it's good." A relative told us, "We are kept informed constantly; care plans are available for me to read and talk to staff if I don't understand. I'm invited and listened to at every care planning meeting." We saw each person at Three Sisters had a named key worker and some people with complex needs had a core team of staff who took a special interest in their care and support.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The provider had a 'Communication and Accessibility' policy and procedure in place which was clear and easy to use. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. During the inspection we saw staff used different communication techniques to ensure information was appropriately communicated to people to ensure they understood what was being asked of them. For example, we saw staff observing people's body language or 'triggers' as a way of determining if they consented to care and treatment and information was provided in pictorial and easy read formats.

People told us they knew what to do if they had any concerns and they would be listened to. One person commented, "When I need to tell someone something, I tell my keyworker, they have always listened to what I've said every time, and we fix things that way." Relatives also told us they felt their views and concerns were listened to and acted upon. One relative told us, "If I suggest things, staff do listen, and ask how they can improve, really happy with this and feel that [relative] gets better care (as a result)." We saw an easy read complaints policy and procedure was displayed which also reflected outside bodies people could refer to such as the local government ombudsman and the Care Quality Commission. During our inspection we saw people talked with the registered manager and staff about concerns and these were taken seriously, with options and possible solutions discussed. No formal complaints had been raised since the last inspection.

Is the service well-led?

Our findings

At our last inspection in May 2016 we rated the Well Led domain as 'good'. At this inspection this domain remained 'good'.

A registered manager was deployed at both Three Sisters and Bronte View. 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.

Since our last inspection the service had split into two separate units. Three Sisters operated as a care home and Bronte View consisted of self-contained apartments to give people greater independence. The registered manager at Bronte View told us the provider was working with the local authority to make Bronte View a 'step down' service and was looking at ways of registering the two types of service separately. 'Step down' services are used to enable people to make a safe and carefully managed transition to the community and/or more independent living.

Both registered managers reflected a clear vision for their services and were passionate about delivering high-quality care and support, with the person at the centre of the service. We saw the promotion of goals and independence with positive reinforcement and celebration of achievements was paramount. The culture within the service was open and inclusive and people and staff told us the registered managers were approachable and had no concerns about the running of the service. We saw the registered managers were supported by the provider and the operations manager frequently visited to monitor the quality of the service. Throughout the course of the inspection we observed staff and people approached the registered managers in a relaxed manner and they were responded to positively and with respect.

People living at the service told us they knew who the registered managers were and spoke of them by name. All the people we spoke with were positive about the approachability of the registered managers and told us they liked them. One person said, "They know me, and know how to help me," and another commented, "I talk to them all the time, it's great, they know how to help me. I go to meetings about my care and they help me."

People and their relatives told us they had filled in questionnaires about the quality of the service and relatives told us the registered managers also conducted telephone quality surveys. One relative commented, "We get regular calls, very supportive and honest." This showed the service sought the opinions of people and their relatives about the quality of the service and any required improvements.

Regular service user meetings were held to discuss the service and also to encourage people to socialise. For example, one of these meetings had incorporated a person presenting about their birthday trip and another had included food from a different country that a person had cooked with the help of their support worker. Quarterly newsletters were circulated and we saw people had contributed to these.

Quality assurance checks were in place to monitor the quality and safety of the service and were also completed by other service managers to look at best practice across the provider group. These checks included audits of people's care records, people's finances and expenditure, medicine administration, the environment and premises in which people lived, health and safety and staff records. Any actions required were documented and monitored to make sure improvements were made although the registered manager at Bronte View agreed further analysis would be of benefit to help them mitigate risks to people's health, safety and welfare.

Staff meetings took place to discuss the running of the service and people's care. We saw from the minutes of these meetings that staff were able to express their views openly. Staff told us the teams worked well together and morale within the service was good. We saw each month staff and people were asked to nominate a staff member for the 'employee of the month award.' The provider also holds an annual award ceremony for all staff working in the organisation.

We observed good communication and between staff and with the registered manager at both units. Staff at both services were complimentary about the registered managers and described them as very approachable, motivating and very supportive. There was an honest and open culture in the service. Staff were aware of their responsibilities and understood how they related to the wider team.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. They had strong links and worked in close partnership with the specialist community learning disability healthcare professionals.