Voyage Limited

Maeres House

Inspection Report

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Contents

Summary of this inspection — Page
Overall summary 2
The five questions we ask about services and what we found 3
What people who use the service and those that matter to them say 5

Detailed findings from this inspection
Background to this inspection 6
Findings by main service 7

Summary of findings

Overall summary

Maeres House is a purpose built care home which is located in a residential area of Widnes. The service can accommodate up to eight people with an acquired brain injury. The people who live at Maeres House come from local authority areas across the Merseyside and Cheshire area of the North West. There were eight people living at Maeres House at the time of our inspection.

At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We found that Maeres House provided a high level of personalised care to the people who lived there. The staff team was energetic, knowledgeable and enthusiastic about the care they provided. They were supported by a well-led and committed management team. People felt that the staff team treated them with dignity and respect and enjoyed a good relationship with them.

Maeres House provided a good physical environment which was designed to meet the particular needs of the people who lived there.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. People's rights were therefore properly recognised, respected and promoted in this respect.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that the service was safe because when we talked with staff they had a good understanding of what was needed to safeguard adults and had received training in this. The provider practiced safe recruitment procedures. A high ratio of staff to people who lived at Maeres House supported this.

We talked with people who used the service and they told us that they felt safe at Maeres House. There were opportunities for them to report any concerns to authorities or agencies outside Maeres House. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had properly followed relevant application processes and any conditions made by a supervisory body.

Are services effective?

The service was effective because people were involved in planning for their needs and their care plans reflected this. Care planning was focussed around each person and reflected their point of view rather than the requirements of the service. The provider used appropriate ways of communicating such as “easy read” types of graphical images which helped people with communication difficulties.

The accommodation provided for people at Maeres House was of a high standard with specialist facilities to support people’s individual care requirements. The building was well-maintained and was clean and tidy.

The people who lived at Maeres House had access to the specialist health and care services they required both from within and outside the home. In addition to specialist staff required for their individual needs they were also able to use the full range of community services such as opticians and dentists. Staff were well-trained and had the skills required to provide effective care for the people who lived at Maeres House.

Are services caring?

The service was caring because staff treated the people who lived at Maeres House with dignity and respect. The key worker system meant that people were able to work with an individually designated member of staff who knew their preferences, likes and dislikes. Information from the key worker system was used to manage the service so that the right care was provided for people who lived in the home.

Summary of findings

People who lived at Maeres House were encouraged to express their views about the home and the care provided there. These opportunities ranged from informal discussion with staff to formal meetings. People were able to move around Maeres house freely.

Are services responsive to people's needs?

The service was responsive to the choices people made about their lives. Staff were clear that people could make these choices and that people's wishes were to be respected even where a person might decline the offer of care.

The service was responsive because it took steps to find out what people's needs were and planned services around this. Detailed assessments were made before a person came to live at the home to make sure that they would be able to benefit from living at Maeres House and to determine the specific services that would be provided for them. The provider understood that people's day to day lives often might involve an element of risk and sought to manage this positively and with the person. People had the opportunity to contribute to decisions made about how the home was run. Their views were respected and listened to.

Are services well-led?

The service was well-led because there were clear lines of communication throughout the staff team and within the wider management of the company of which Maeres House is part. The manager had systems in place through which they could monitor the quality of service provided and make the necessary adjustments to maintain and improve this. In turn the performance of the staff team and the manager was monitored by systems of quality assurance and that the manager was able to use this information to improve the service provided at the home.

There were arrangements for supervision and appraisal and staff confirmed that they received this. We saw that staff worked together as a team and therefore there were ample other opportunities for more informal supervision. We saw that each level of staff was supported by the level above and that this extended to support from the wider company of which Maeres House is part.

Summary of findings

What people who use the service and those that matter to them say

People told us that they felt safe at Maeres House. One person said "I feel very safe here" and another identified that the security of the building added to this sense of safety. They told us that they felt involved in their care and said "We are always involved with what goes on, we get asked regularly if we are happy about how things are in the service".

People we talked with spoke positively about the staff who worked at Maeres House. They said "The staff are amazing", "The staff have got a lot of time for us", The staff are really good" and "The staff are lovely".

People made a point of praising the staff for the activities they could take part in. One person said "Staff are brilliant, they take me out" and another told us it was their birthday soon and "Staff are making arrangements for me to visit family and friends …. go to a museum and have party when we get back". Another person told us that "Staff are really helpful, they are taking me shopping, and I am really happy". People at Maeres House told us "The staff make me very happy" and "Staff are nice and caring to me".

We contacted two of the relatives of one of the people living at Maeres House. One relative said "Yes – I do feel that (my relative) is safe at Maeres House and I feel that they have come on a lot and made progress since they have moved there from hospital. They are looking after (my relative)". Another relative said that "The staff are brilliant and they know how to look after people. They are doing a great job with care and I trust them". A partner of one of the people who lived at the home said "My partner has done brilliant up there (Maeres House) – the manager is approachable and all the staff are good. You can't knock the place – I am totally happy".

We spoke with a community health specialist who worked with people who lived at Maeres House. They told us that they found the staff at Maeres House to be "Approachable and welcoming" and that it was like "Visiting someone's home – a nice homely environment".

Maeres House

Detailed findings

Background to this inspection

We visited the home on 9th of May 2014. The inspection team consisted of a lead inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

Maeres House was last inspected in November 2013 when it was found to be meeting the national standards covered during that inspection. Before this visit we looked at information already held by the Commission such as any notifications which the provider was required to make to us. We contacted the local authority in whose area the home is located and the local branch of Health watch but they had no observations to make. We also spoke to an advocacy service which provided services to some of the people living in the home and to another local authority which had placed people there. Both spoke positively about Maeres House.

During the inspection we spent time with people who lived in the home and the staff. We spoke with seven of the eight people who lived there. We looked at three care plans as well as other documents such as policies and procedures. We spent time talking with the registered manager and three members of care staff. We looked around the building including in people's bedrooms (with their permission). We looked at the recruitment files for three staff who worked at Maeres House.

Are services safe?

Our findings

All the people we talked with told us that they felt safe at Mears House. Two of the reasons given for this were that people usually had a member of staff with them and that the doors to the home were kept locked.

We asked staff if they had an understanding of safeguarding as it would apply to the people who lived in Maeres House. They demonstrated an awareness of the ways in which the people who lived at Maeres House could be vulnerable to abuse and the measures that should be taken to protect them from it. One of the ways mentioned to us included the high ratio of staff available to service users meaning that people who used the service were not generally left alone.

Staff told us that they had had safeguarding training within the last year and that they were offered the opportunity to update this every twelve months. We checked the training records and they confirmed these arrangements and that safeguarding training was included in the provider's induction process. We were told that safeguarding features as a standard item on all staff meetings.

We saw that opportunities were available for people who used the service to report any concerns they might have which related to safeguarding. This included postcards with a freephone telephone number, dedicated email address, and postal address which people could use to contact the provider in confidence. This was called the "see something, say something" policy of the parent company which owns Maeres House and is also made available to staff as well as agencies working with the provider. Concerns could be raised anonymously if necessary.

We talked to two staff and the manager all of whom had a good grasp of the requirements of Deprivation of Liberty Safeguards (DoLS). The manager had experience of applying for an urgent authorisation which can be required in an emergency and had subsequently applied for this to become a standard authorisation. At the time of our inspection these measures applied to one person who lived in the home and we checked that appropriate documentation authorising this was retained by the provider. We saw appropriate records were retained on that person's care file so that care staff would know what to do. The Care Quality Commission had been notified of this application.

We looked at the files of three staff who had recently joined the service. On each file we saw that the provider had taken appropriate steps to check that the staff appointed were suitable to work in a care setting. These checks included a completed application form with an account of any gaps in previous employment, references as to employment history and character, proof of identity including a photograph, a health assessment, and DBS checks on any criminal record or offences which could prevent someone from working in care.

We saw that there was a system in place for reporting incidents that might occur as a result of behavioural difficulties. We saw examples of where these incidents had been recorded and submitted to the manager for analysis. We were told that depending on the nature of the incident being reported a referral might automatically be made to any of a behavioural therapist, the health and safety function, or the quality assurance departments of the organisation of which Maeres House was part. They could then advise the manager on the correct course of action to take.

We checked that Maeres House had relevant policies relating to keeping people safe. The policy regarding safeguarding vulnerable people had been updated recently in March 2014 and clearly outlined individual staff responsibilities including for reporting incidents to the CQC. We checked the CQC records and saw that there had been one safeguarding concern in the last twelve months and that his had been dealt with appropriately by the provider together with the local safeguarding authority.

Are services effective?

(for example, treatment is effective)

Our findings

One person told us that they thought that the work staff did with them was effective. They expressed this as "The staff are really good at helping me to be good". When we looked at the system of care planning at Maeres House we saw that it made use of person-centred planning as a way of involving people in an assessment of their own needs. This meant that care was organised to reflect the needs of people who lived in the home rather than the needs of the service.

In the office we saw that there were one page profiles for both the people who used the service as well as the staff. These profiles provided a quick way of finding out the positive qualities of the people who lived at Maeres House as well as what was important to them and what staff needed to know and do to support them. The completion of these by the staff about themselves reflected the respect that staff showed for people who used the service and a willingness to engage with them as equals.

Staff told us that there were two sorts of care plans. One member of staff explained "There are long-term care plans which are reviewed on a regular basis and then each client has a day to day care plan which helps them with the structure for the day so they know what they are doing".

We looked at three care files. We saw that these were written and presented in such a way as to encourage the participation of people who used the service and present the plans from their point of view. Care plans were written from the point of view of the person using the service using questions which would help to describe what would be a good day, or a good night, or good leisure time for that person as well as what was important to them.

The care plans also included the one page profile outlining the person's strengths and preferences as well as documents showing things that were important to them, a typical day which helped the person to express what they found supportive and what they would like staff to avoid doing. This included the person's preferences in relation to night time care and for leisure and work time. The care files included an explicit account of how the support arranged for the person was to be used so that staff knew what was required. Further sections related to how people might make decisions

We saw that the provider used "easy read" type graphics in places to make the documents accessible and laid them out in clear type so they would be easy to read. We saw evidence that people had the opportunity to be involved in their assessments, care plans, and risk assessments and that where they did so this was recorded. We saw that one person had declined to be involved and that this had been clearly recorded as well.

We were told that the company which owns Maeres House provided certain healthcare services directly and that these included services such as speech and language, neuro-physiotherapy, neuro-occupational therapy and neuro-psychology input. During our inspection we met a speech and language therapist who was contracted to provide services and who was visiting some of the people who lived at Maeres House. They told us that the staff at Maeres House were good at carrying out the programmes of care that they recommended and provided monitoring information on these. This meant that the therapists could identify and if required modify the most effective treatments for people.

We saw that each of the people at Maeres House had a single bed sitting room with en suite facilities. The bed sitting rooms were large enough to include soft furnishings such as armchairs, settees, or other lounge furniture such as tables which meant that people could entertain visitors in private if they wished. We saw that people had personalised their rooms to a high degree including with photographs and posters. As well as having their own televisions we saw that people were able to pursue their own choice of individual hobbies and that key workers took an interest in and helped them to do this.

Maeres House was recently built and some of the bed sitting rooms had been purpose designed to include ceiling hoists to assist with mobility. These allowed a person to be easily transferred between their bed, the rest of the bed sitting room and the en suite facilities. In addition to these en suite facilities there was a communal bathroom/wet room equipped with a specially adapted bath and a hoist.

We saw that arrangements were in place for people to receive other community health services such as dentists, opticians, podiatrists and dieticians. We saw that all of the people living at Maeres House were receiving services from some of these or similar community health services.

Are services effective?

(for example, treatment is effective)

The staff at Maeres House told us that they received good training support in order to do their jobs. They told us that this was achieved through a mixture of e-learning and face-to-face training. During our inspection we saw a member of staff using a laptop computer to do this. Staff told us that they were paid for the time spent undertaking training and said that they thought the e-learning was effective.

We saw that there was an induction programme which covered the common induction standards which are required before a person starts work in a care setting. We saw that the manager enhanced this program so as to maximise the opportunities provided by new staff shadowing other staff and making sure that they engaged with life in the home as soon as possible. We saw that the provider maintained a matrix of training which enabled them to monitor the dates on which refresher training was required to ensure that workers' knowledge is kept up-to-date. The two staff we spoke with confirmed that they had received training in areas such as safeguarding within the last twelve months.

Are services caring?

Our findings

The provider operated a key worker system which meant that every person who used the service was allocated an individual member of staff to whom they could relate. This meant that they could be sure that individual member of staff would take an interest in them. We heard that the keyworker system included regular face-to-face meetings in private between the key worker and the person who used the service. The information gained from these meetings was collected together and could be used by supervisors to identify any issues which might need to be addressed.

During our inspection we saw that the key worker system was effective and that staff treated the people who use the service with kindness, compassion and dignity. The key worker system allowed for a more personalised level of care to be provided to people because the key worker became more familiar with the person as an individual. We saw that key workers supported people in pursuing their hobbies, making visits outside the home, and undertaking foreign holidays with them.

We were told that none of the people currently living at Maeres House were able to go out of the house alone. This meant that key workers and other staff accompanied people when they needed to go shopping or to local amenities. During our inspection we saw a trip being organised and the person who used the service and their key worker waiting to be collected by taxi.

We saw that information was presented in a variety of formats so as to allow people who used the service to understand it. Information such as care plans was written in plain English and in clear print so as a person would be able to understand it and the implications of it for their care.

We saw the provider used “easy read” type formats for important documents such as the service user’s manual which included advice to people about what to do if they had safeguarding concerns. We saw the provider was using a colour coded system to help people to understand and distinguish between their own personal space and that of other people who use the service. People’s bedrooms were identified as private whilst communal areas were shown in a different colour to help distinguish them.

We saw that the home was equipped with a gymnasium in which people could exercise as well as a pleasant garden. We spent time talking with people in the kitchen/dining room which resembled the arrangements in an ordinary home. We noticed that people who used the service were confident in engaging and speaking with us and that their key workers supported them in this.

People could move in between the kitchen and dining area easily and there was good access for people who used wheelchairs. During our inspection we saw that some people congregated in the dining area along with their key workers and that there was lively conversation between them. We saw that there were two lounges in which people could relax as well as a separate training kitchen which could be used for rehabilitation or by people who might wish to eat in private if they had visitors.

We saw that the provider sought to give opportunities for people who used the service to express their views about it. We saw that the provider held regular monthly meetings at which people could express their views about the care provided at Maeres House. Topics suggested by people included menu planning, activities, and holiday planning. Most recently people had made a request for the existing small vehicle owned by the home to be swapped for a minibus to offer more opportunities for outings.

We saw that menus were created following discussion with people about their preferences. We saw that an activities chart had been created for the following week after staff had given people the opportunity to say what they would like to do and that these preferences would be incorporated into it. Because of the high staffing ratio and the key worker system we saw that people who used the service spent a lot of their time in the company of staff and that staff used these opportunities to find out people’s preferences.

At the time of our inspection none of the people who lived at Maeres House originated from the local authority in which it is situated. We contacted another local authority which had placed people currently living in the home and they told us that they had no current concerns about the care provided there.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we talked to staff at Maeres House they were very clear that people should be informed about the choices that were available to them. They also told us that if a person did not wish to do something that that wish should be respected. Although they would talk to a person in order to make sure they understood the consequences of their decision they told us that they were clear that people could not be forced to do things against their will.

When we looked at the care files we saw that people were provided with an in-depth assessment of their needs before being offered a placement at Maeres House. We were told that this was usually undertaken by the manager who visited the person in the environment in which they were currently living before admission to Maeres House. We saw notes that showed that these assessments allowed careful consideration of the service that might be offered to a person at Maeres House so that it could be used as the basis for care planning if the person was subsequently placed there.

We saw that the provider obtained detailed reports from other professionals which enabled them to make an offer that was individual tailored to each person. Any additional therapies identified as required were clearly identified in the contract which related to the placement including any additions to the basic fee which the provider was to charge. We were told that the person and any family or other representatives they might have were encouraged to visit Maeres House before moving there. One relative we spoke to told us that they were able to visit very day.

One member of staff told us that admission to the home was preceded by a number of transition visits during which staff learned about a person, their routines and how they liked to spend their time. When we looked at the care plans we saw evidence of this and saw that the plans were regularly reviewed with people who used the service and where appropriate their relatives so that they could be up-to-date and reflect that person's current needs. One relative told us that they wished to take a more active role in in supporting their relative's financial affairs and would appreciate more detailed paperwork around this. They told us that they felt able and were going to approach the manager about this.

Staff told us that promoting and maintaining independence was important. One staff member said "We always ask our clients if they want to try things for themselves – we will help in any way we can".

The care files also included support guidance which included risk assessments appropriate to each person who used the service. These included activities such as mobility, eating and drinking, toileting, finances, behaviour together with any specific risks which related to that's person's circumstances. The documentation also provided the basis for what was described as "positive risk taking guidelines". These showed that the service had sought to involve the person in developing the guidance using the distinction of things "important for" the person and things "important to" them. We saw that each activity was rated individually for risk, that the guidance had been written or reviewed within the last six months, and that staff signed each element of support guidance to show that they had read them.

We saw that some people had detailed structure charts which helped them to manage their time. These charts identified the activities in which people would be engaged and helped people as well as staff to make sure that therapeutic and other goals were achieved. We saw that staff spent a significant proportion of their time in direct contact with people who used the service rather than being office-based.

One clinician who visited the home told us that they thought the staff were responsive. They said that whilst it was sometimes difficult to ensure consistency of staffing Maeres House had responded positively when this was needed in respect of one person who required this for the specific care programme recommended by the clinician. The clinician added that staff at the home had also undergone additional training to help them to support this person better.

The provider told is that they had received two complaints in the last year. We checked the complaints register kept by the provider and saw that these had been responded to on a timely basis and the response recorded. The provider told us that four of the people living at Maeres House received support from a local advocacy service. We saw information confirming this on some of the care files and checked this information with staff at the advocacy service. The service told us that they found that Maeres House was proactive, keen to involve them and that staff took the initiative in involving advocacy services where required.

Are services responsive to people's needs?

(for example, to feedback?)

The provider told us that they were making efforts to actively involve people who used the service in the process for recruiting staff. They were trying this in a number of ways and providing support to people to feel confident in doing this. The ways in which people could become involved ranged from suggesting questions for an interviewing panel to being asked to join the panel and being present when an applicant was interviewed.

When we looked at the care files at Maeres House we saw that there were records which demonstrated that the provider had applied the requirements of the Mental Capacity Act when considering the care and support to provide to people who used the service. We saw that in one instance there was a record of the circumstances in which best interest meetings might be required to help make decisions for that person. This showed that the provider applied the appropriate legislation proportionately and in appropriate circumstances.

Are services well-led?

Our findings

Maeres House had a registered manager who told us that they had been in that role since the home had opened. The provider has sent a statement of purpose to the Care Quality Commission and a copy of this was available near the entrance to the home. The website for the home stated that the home "adopts a person centred approach, aiming to support service users to regain their social, cognitive and independence skills and to develop their confidence". During our inspection we saw that the staff and management of Maeres House were working towards that aim.

We saw that the manager operated an "open door" policy meaning that staff and people who used the service were free to approach them. We saw records of staff meetings which took place monthly and at which staff could raise any matters of concern. In addition we saw that there were arrangements for monthly supervision of staff as well as annual appraisal. Both of the relatives we talked with told us that they found the manager to be approachable and were planning to discuss aspects of their relatives care with them.

Staff confirmed that they received regular supervision but also said that if they had a difficulty they would not hesitate to approach the manager directly. The manager told us that the system they operated was designed to assure that a worker would receive regular supervision even if this was not necessarily with the same supervisor. Formal supervision was enhanced by day to day supervision provided by the senior member of staff on each shift.

The manager was able to monitor the service provided in a number of ways. They monitored all the incident forms that were completed in the service, and received all the reports from key workers so that they could identify trends, requirements and progress. They told us that they sent out questionnaires to families which were used as part of people's annual reviews. These forms were also made available at the entrance to the home. The manager also received all the information which was discussed between staff in key worker reviews.

We saw that Maeres House worked within corporate arrangements for quality assurance which were provided by the company of which it is part. The home is required to undertake a self-audit regularly and we saw the results of the most recent of these. Certain areas had been identified as requiring improvement and we saw that the provider was taking action in respect of this.

During our visit we met the area manager who monitored information provided by the home. We saw that there was a hierarchy of quality audits either completed or monitored by the area manager. Information about the home is collected for review on a weekly basis. We saw that the manager of the home also completed a quarterly self-audit. There was a six-monthly audit by the company's Internal Quality and Compliance Team. We looked at the most recent of these and saw that it covered all aspects of the home and included recommendations for spending on the fabric of the property so as to maintain it in good repair.

We were provided with a copy of the latest annual service review for Maeres House. This included the views of five people who used the service at the time the review was completed. People had scored the service on a scale for such items as the quality of catering, level of personal support and care, activities, information provided, the fabric of the home and its management. We saw that the scores awarded were consistently 85% or above with two people awarding 100%.

The annual service review also contained details of workforce monitoring around staffing levels and sickness absence rates so that the manager could identify areas which required attention. A comprehensive assessment of that physical environment of the home was also provided with a clear identification of who had responsibility for the maintenance and upkeep of any items that required renewal, repair or replacement. We saw that the high quality of the physical environment at Maeres House reflected this attention.