Voyage 1 Limited

26 St Barnabas Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15 and 21 March 2016. This was an unannounced inspection completed by one inspector.

The home provides a residential service to people with a primary diagnosis of learning disabilities with a secondary health related issue. The service at present has one vacancy, with five males residing at the home, some since the home opened. Registered to provide accommodation for persons who require nursing or personal care, the home aims to support people to maintain their independence and increase their skills.

The home is required to have a registered manager. A registered manager was in place, who was employed over 12 months ago. 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. We were informed during the inspection that the registered manager had resigned from his post and would be leaving the company by the end of March 2016. A recruitment drive had commenced to find a replacement manager. The deputy manager will act up in the interim and be supported by the operational manager.

Staff knew how to keep people safe by reporting concerns promptly through procedures that were made available to them. Training records indicated that staff had undertaken all company mandatory training, and were rebooked on all refresher courses as required. Competency checks were completed to ensure staff were able to understand both theory and practice of the training received. For example, medicine administration.
People were supported with their medicines by suitably trained, qualified and experienced staff. Medicines were managed safely and securely. Where a person required medicine on an as needed basis, guidance was available for staff to ensure this was appropriately administered. This was reflected by staff describing the protocol, and the Medication Administration Record (MAR) sheets showed proportionate usage.

We observed good caring practice by the staff. People who could not make specific decisions for themselves had their legal rights protected. People's care plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in the person's best interests. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty.
People who use the service were not always kept safe. Appropriate measures had not been taken to ensure fit and proper persons were employed to support people. We found that not all staff recruitment files contained references, explained gaps in employment or had evidence of a check in relation to suitability to work with vulnerable people. This was a breach of Regulation 19, Health and Social Care Act (HSCA) 2008, Regulated Activities (RA) 2014.

In one file we found that a person who needed specialist medicines with agreed guidelines by a medically

qualified practitioner, had these written by the registered manager. Whilst there had been consultation with a relevant practitioner initially, this involvement was now out of date.

People were provided support by a staff team who knew them well. However, care plans and related support documents were not accurate or reflective of people's changing health and care needs. There was insufficient evidence to illustrate people were being offered activities. We observed people being left alone for long periods of time, some falling asleep. This was a breach of Regulation 9 (HSCA) 2008, (RA) 2014, as the service was unable to illustrate personalised care was offered to all people using the service.

The quality of the service was monitored regularly by the provider, and the operations manager. A thorough quality assurance audit was completed quarterly with an action plan being generated, and followed up on during identified timescales. Feedback was encouraged from people, visitors and stakeholders. However there was no evidence of how this was used to improve and make changes to the service. The registered manager completed audits of documentation related to the service. These failed to pick up discrepancies in practice. This was a breach of Regulation 17 (HSCA) 2008, (RA) 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Appropriate recruitment processes had not been employed to establish the suitability of staff working at the service.

Documents did not show when health professional advice was sought and what was advised.

All medicines were securely kept.

Risk assessments for activities were appropriate.

There were enough staff to support people safely.

Is the service effective?

Good

People were provided with effective care.

People were given choices about what foods they would like to eat, but this was not always in advance. Some foods were prepared by focusing on likes and dislikes as per paperwork rather than speaking with people about what they would like to eat.

A comprehensive induction process had been developed by the service. This included shadowing staff, completing company mandatory training and competency checks prior to lone working.

Staff received regular training, and were offered refresher courses as training was due to expire. Supervision was offered frequently and perceived as an effective way of discussing the service and roles and responsibilities.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), and where appropriate made best interest decisions on behalf of people following the MCA and the Deprivation of Liberty Safeguards guidelines.

Is the service caring?

Good

The service was caring.

Staff knew the people well and spoke to them maintaining dignity and respect at all times.

Key worker sessions were completed; however written evidence of this was not kept. A document was being introduced to ensure conversations and outcomes could be recorded and referred to.

Records were kept in the office to maintain confidentiality.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Documented care plans were not always accurate or reflective of people's needs. Contradictions in documents were found, that although had been reviewed had not been picked up.

Activity plans were inaccurate and did not reflect what people wanted to do. People were observed as left seated in the lounge, without being engaged for lengthy periods of time.

People's needs were assessed prior to them moving to the service. Any person wanting to move to the service was assessed and consideration was given how they would get along with other residents.

A complaints procedure was in place, and people felt confident to make a complaint.

Is the service well-led?

Requires Improvement

The service was not well led.

Audits had been completed but had not picked up discrepancies in documentation related to care and support.

Some staff felt that the management style was not transparent. They felt they were unable to approach the registered manager and seek input or make suggestions.

Feedback surveys from staff and people were completed and analysed, however nothing was done with the information gathered.

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Detailed findings

Background to this inspection

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

This inspection took place on 15 and 21 March 2016. The inspection was conducted by one inspector. This was a comprehensive unannounced inspection.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service.

During the inspection we spoke with four members of staff, including the three care support workers on shift and the Registered Manager. We spoke with two people who use the service. Observations were completed during the course of both days of the inspection, focusing on the interaction of people with one another and with the staff team, through verbal and nonverbal communication.

Care plans, health records, medication records and additional documentation relevant to support mechanisms were seen for four people who use the service. In addition, a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for four of the regular staff team were looked at.

Requires Improvement

Is the service safe?

Our findings

People were not being kept safe, by appropriate recruitment procedures. Staff files neither contained references for staff in relation to their character and behaviour in previous employment nor details on whether a Disclosure and Barring Service check (DBS) had been completed. A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. Gaps in employment history were not explained or explored. Staff photos on file and health declarations were not obtained for all staff files seen during the inspection process.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which stipulates that persons employed for the purpose of carrying out a regulated activity must meet specific requirements, which are further outlined in detail in Schedule 3.

Medicines were supplied by a community based pharmacist. They were stored safely in a locked medicines cabinet. Medicines were ordered and managed to prevent over-ordering and wastage using a monitored dosage system (MDS). This meant medicines were prepacked with relevant doses per time of administration. Medication administration record (MAR) sheets were signed and dated correctly, with no medicines errors seen. Audits of the MAR sheets were carried out by the manager monthly, to identify any potential errors. We found the records of 'as required' (PRN) medicines provided sufficient information on when these should be administered. However, in one case for administration of a specialist medicine, which required further training, the guidelines contained on file expired in June 2015. We spoke with the registered manager regarding this and were referred to a new document. This document contained the majority of the information from the original document. However, we could not find evidence of this being agreed as current and up to date by a medical practitioner. We were not shown any evidence that there had been any consultation with a medically qualified person to confirm the suitability for the guidelines remaining the same.

People reported they felt safe. One person said they were "well looked after. I'm safe here." People were kept safe with the use of appropriate risk assessments. These were reviewed in line with the care plan. Incident and accidents were monitored, by the registered manager and by the wider organisation. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents.

Each person had their own personal fire evacuation plan. The staff were able to correctly identify what actions needed to be implemented in the event of a fire. Fire drills were regularly undertaken to ensure that both staff and people were familiar with the procedure. Fire equipment was regularly checked to ensure it was safe to use. A contingency plan had been prepared for staff to follow should an emergency occur resulting in the building needing evacuation. This contained an alternative accommodation address and contact details for staff and professionals to call in case of the emergency. All maintenance safety checks were up to date. For example: fire systems, emergency lighting and moving and handling equipment.

People were provided with support from a regular staff team. Rotas illustrated that sufficient staff worked on

shift to keep people safe. The registered manager was supernumerary, and was able to provide additional support should this be required. We found that staff had a comprehensive understanding of safeguarding and whistleblowing procedures. They were able to describe the different types and signs of potential abuse. Training records showed all staff had undertaken training in safeguarding people against abuse, and this was refreshed on a regular basis. In addition the registered manager had visual aids and a reference in place within the office to reinforce the safeguarding protocol and how this was implemented. Details were given of external agencies that should be contacted in circumstances where the staff thought that either the manager or the organisation were involved in the abuse – this included, the police, local authority, safeguarding team or the Care Quality Commission (CQC). Staff reported that they would whistle blow if they were not satisfied with the outcome of a concern they had raised. One staff said, "Oh yes. Definitely tell someone. I would let CQC know."

The home was well presented and tidy. Personal protective equipment (PPE) such as gloves and aprons were readily available for staff to use as required. Colour coded systems for cleaning products and kitchen equipment was visible throughout the home. The home was rated a 5 in the local authority food hygiene rating scheme. This therefore meant the home had taken all the relevant precautions to reduce the risk of cross contamination.

We recommend that guidance is signed off where necessary by an appropriate health professional, to ensure staff practice remains safe.

Good

Is the service effective?

Our findings

People were involved in making decisions, where possible, related to their lunch at the time it was due to be prepared and eaten. Meetings were not held to decide the main meal menus. Whilst a weekly menu planner was up in the dining room with a pictorial format, this was not accurate or reflective of people's food choice. Rather this showed examples of options available, for example a selection of cereals, with other mealtime options left blank. We observed staff asking people what they wanted for lunch, however, this was reflective of what foods were available in the fridge at the given time. One person wanted food that was not available. Staff accommodated people's request to the best of their ability, making several different lunch options, as per requests. We discussed this with the registered manager, to further understand how main meal decisions were made. We were told that staff knew what people liked to eat, as per their care plan. One main meal was prepared in line with the likes and dislikes of all people, but was not always reflective of actual choice made by the people collectively.

People's health care needs were met. Care records provided evidence of all visits to or from health professionals including GP, optician, dentist and the chiropody team. Information arising from their advice was included in the care plan and health action plans.

People were cared for by a team of staff who underwent a comprehensive induction process, in line with the Care Certificate. This included completion of the provider's mandatory training and additional training that would be supportive to their role. For example, staff had been trained in the administration of specialist medicines by a trained nurse. They were tested and observed prior to being signed off as competent. Before commencing work they shadowed experienced staff until they felt confident to work independently. The training matrix showed that 94% of all required and suggested training had been completed. An IT system was used by the home that alerted the manager one month in advance to when training was due to expire. This was effective in ensuring that staff knowledge and skills were continually updated. We saw evidence of competency checks completed for different training through test records. The registered manager told us that topics were discussed in team meetings. This was an effective way to ensure that staff knowledge remained up to date. Quizzes, discussions in team meetings, supervisions and observational sign off were used where applicable.

People's rights to make their own decisions, were protected. Staff had received training in the Mental Capacity Act 2005, and were able to describe the principles of the act. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the metal capacity to so for themselves. The Act requires that as far as possible people who can make their own decisions are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The requirements of the DoLS were being met. Staff were able to describe why people had a DoLS authorisation and the implications for caring for them.

The care files seen illustrated that best interest decisions had been made appropriately. For example, people had best interest decisions made in relation to the front door being secured. This was discussed and recorded appropriately evidencing those people involved in making the best interest decision.

Staff received regular supervision. This was an effective way to ensure that staff and the registered manager had the opportunity to discuss job role in relation to areas needing support or improvement, as well as areas where staff excelled. This was then used positively to improve both personal and service practice.

Good

Is the service caring?

Our findings

The service was caring towards the people that were being supported. Staff spoke respectfully and were approachable. People appeared comfortable asking staff for assistance or speaking to staff for general interaction.

People were able to be involved in decisions related to their care, according to care documents. A key worker system had been implemented within the service. This meant that one member of staff held primary responsibility to ensure that all documentation related to the care the individual received was in line with their needs and how they wished to have a service delivered. The care plans were reflective of this, for example we found that where appropriate these were written in the first person, with "I would like staff to help me with…" The care plans were reviewed by the registered manager, as opposed to the key worker. This meant that the registered manager would ask the key worker to provide feedback and then review documents, signing off these as reviewed, or updated.

People were encouraged to gain independence and strive towards achieving this. One person enjoyed going out for lunch with staff, who supported them with transportation, and being there for general support, if required. They were often accompanied by another resident from the home. They were encouraged to make their own choices about where and what to eat.

It was evident that all staff had read the care files for all people within the service. Staff knew the needs of each person in detail and how they wished to be supported, as well as what their likes and dislikes were. One person stated, "they [staff] help me with my personal care, and support me. They know me…"

The service did not hold house meetings. People were encouraged to sit in on staff team meetings as an alternative. The registered manager stated that these were used as an opportunity for people to air issues, and were predominantly about people, as opposed to staff. However minutes of the meetings clearly illustrated that operational issues were discussed within these, and that issues specific to people were not discussed. We spoke with the registered manager regarding this, as also we had not been able to find written evidence of key worker sessions taking place. We raised the importance of having written documentation to help reflective practice, and we were told that this would be introduced.

The home encouraged people to have advocates. Advocates help people to access services, be involved in decisions about care, explore choices and most importantly defend and promote rights and responsibilities. Some people within the home had advocates. They aimed to focus on the needs of the individual and ensure their best interests were at the heart of everything related to their care. The home further emphasised the importance of respecting people's dignity. A dignity charter was on display identifying how staff should work to ensure this was maintained. One member of staff was identified as the dignity champion, who would discuss this area at team meetings, and offer reflective practice to others upon observation.

People's privacy and dignity was respected and maintained. A number of examples of people being asked

discreetly if they wanted to use the bathroom / assistance were seen during the inspection. Staff told us they maintained dignity for people by asking them before assisting them, knocking on doors before entering, and covering up during personal care.

Health records, care folders, medication records, were all kept within the office. However the daily records were not kept in a confidential manner. These were located in a lounge accessible to visitors and other residents within the home. We spoke with staff on day one of the inspection regarding this. We were told these would be moved to the office, where they could be maintained more securely.

Requires Improvement

Is the service responsive?

Our findings

People's care plans and the activity planner located in the dining room were neither reflective of activities that people partook in nor illustrated choice of activities. Observations completed during the two day inspection found that those people who had not gone out to complete a community based activity, were not engaged within the home. People's need to engage in activities that were meaningful to them were not being met. We observed people were asleep on the sofa, sitting in a quiet room without doing anything, and sitting with staff who were completing paperwork. Activities had not been assessed and designed to meet the needs of the person and be reflective of things that they liked to engage in. We discussed this area with both staff and the registered manager. Staff felt that people were not engaged enough, and acknowledged the need to be creative in arranging activities and how these were recorded. We were told that people did engage in some activities within the home; however these were not recorded in their timetable, detailed instead in daily records. This included tasks such as cleaning their bedroom. We were told that the activity plans would be recreated to be reflective of people's needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care. The activities available to people within the home were not reflective of people's preferences or of their needs.

People had a one page pen portrait that had been completed as quick reference .This was located at the front of the care file, and offered concise details of importance. However, another copy of this document was located on the entrance wall in the communal hallway. We checked to see whether people or their representatives had been asked for permission prior to this information being available to everyone visiting the home. The registered manager reported this was company policy. However, upon further investigation it was found that the registered manager had misunderstood the policy which actually referred to pen portraits being displayed for staff working at the service. The confidential information related to people living at the service was subsequently removed from the walls.

People had their needs assessed prior to them moving into the service. The home had one vacancy at the time of the inspection. A person had been to visit the home. They spent time with the other residents and staff to see what it would be like to live at the service. It was however unknown if the person would be moving. The registered manager told us that the assessment completed found that the person was compatible with people who already lived at the service. We were told that any new person moving to the service was assessed for suitability to ensure that it would not cause disruption to people's lives.

We found that each bedroom had been decorated differently, with a number of personal items on display. People were consulted prior to decorating and chose colour schemes and items that complimented their individual taste, and individuality. A wet room had been created for one person on the ground floor. This enabled them to independently use the bathroom.

There was a complaints procedure and information on how to make a complaint was displayed. People and staff told us they were aware of how to make a complaint. We reviewed the complaints log and asked the

registered manager to explain what he would do should a complaint arise. He told us that he would make sure the management of the concern was entirely transparent. A full investigation would be carried out, with the complainant being told of the outcome. People we spoke with said they would tell the staff or the registered manager if they had a complaint.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection the registered manager had been in post for over one year. He advised that he had resigned from this position several months earlier and was leaving the service at the end of the month. The deputy manager would be acting up whilst a new manager was recruited, with support being provided by the operational manager. Within the time the registered manager had been in post changes had been implemented in the home. One member of staff reported, "We have had some changes in the service, some that we understand and were discussed, and others that we are just told about." Whilst the registered manager had an open door policy, some staff felt that he would not share information or enable collective decisions to be made. Another member of staff reported, "We are just told this is the way. He is the manager, but he doesn't always tell us why…" In contrast another member of staff stated that they would challenge the ideas of the registered manager, and would seek reasoning as to why certain decisions are being made. The registered manager was aware of their management style and had an understanding on their strengths and areas for development.

Care plans focussed on the individual person's needs. Information such as, their past life history, how they liked things done and how they communicated their everyday care needs were included in the document. However, we found that whilst different sections of the care plan appeared to be reviewed, old copies of the same section were kept in the file, rather than being archived. This created confusion when working through the file. Further, some sections of the care plan had been reviewed over a period of three years with allegedly no changes being noted. We found conflicting information in different sections of one person's care plan. For example the communication section of the care plan stated that staff should use objects of reference, pictures of symbols and gestures as means of communication. However, another section contradicted this. We raised this with the registered manager, who was unable to advise which section of the care plan was accurate, and reflective of the actual care the person should receive. Both care plans had been reviewed, and signed off by him as being up to date.

The registered manager completed weekly and monthly audits of paperwork. These were signed to show they had been carried out as well as identifying what files had been audited. As many of the reviews were completed by the manager, and then subsequently audited by him; the registered manager had not identified discrepancies that an audit would highlight. Quality assurance audits were completed quarterly by the operations manager. These generated an action plan, where issues were noted. We found the quality assurance format used by the operations manager reflected the CQC key lines of enquiry, to ensure services were safe, effective, caring, responsive and well led. However, these did not pick up that the registered manager's audits were not working.
The registered manager completed staff, people and family surveys. The data collected from this was not always used to formulate a report or an action plan. We discussed the purpose of this and were told another survey would be completed soon. By not using this information to inform an action plan, the registered manager was not clear on areas that needed improvement, or able to evidence how the feedback was used to make positive changes.

There was a need to improve the management and leadership of the home. The registered manager was not

appropriately delegating responsibility amongst staff. For example, by taking on the responsibility of updating all care plans, rather than reviewing alterations, the registered manager had not noted conflicting information contained within the files. Further by taking the responsibility of contacting health professionals for medically related advice, and then failing to document this, the registered manager did not ensure all staff were made aware of who was contacted and the advice given. The registered manager stated that he was supported by an operations manager who offered ongoing guidance and support. The registered manager had been receiving additional support to help manage the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The registered manager referred to the new Duty of Candour (Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014), stating he worked to the guidelines. He would investigate the complaint being transparent in relation to the findings. He further advised that he would inform the complainant of the outcome, and allow feedback to be obtained.

Staff completed handovers between shift changes. These were verbally completed with reference being made to appointments, and concerns from the earlier shift. A communication book was in place which allowed supplementary information to be passed onto staff. These processes were successful in enabling good communication.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure the care and treatment of service users was appropriate, met their needs or was reflective of their preferences. Regulation 9(1)(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective systems in place to assess, monitor and improve the quality of the service. Care documentation was not reflective of people's needs. Regulation 17(1)(2)(a)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not have effective recruitment and selection procedures that ensured that persons employed for the purpose of carrying on the regulated activity were of good character. Not all information specified in Schedule 3 was available. Regulation 19(1)(a), (2)(a) and 3(a).