

Voyage 1 Limited

Five Penny House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Five Penny House provides residential care services for up to six people with learning or physical disabilities. There were five people using the service during our inspection.

At the last inspection in May 2015 the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager at the service. 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.

Medicines were administered safely and stored securely. Accidents, incidents and safeguarding concerns were recorded and dealt with appropriately. Staffing levels were appropriate for the needs of people who used the service. Risk assessments relating to people's individual care needs and the environment were reviewed regularly.

Staff received appropriate training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

There was a welcoming and homely atmosphere at the service. People were at ease with staff. Staff knew how to communicate with people. Staff treated people with kindness and compassion.

Staff had a clear understanding of people's needs and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Support plans were well written and specific to people's individual needs.

Staff felt the service was well managed. Staff described the manager as approachable. There was an effective quality assurance system in place.

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.

Five Penny House

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 3, 4 and 13 July 2017 and was announced. The provider was given 48 hours' notice because the service is for younger adults who are sometimes out during the day, so we needed to be sure someone would be in. We visited the service on 3 and 4 July 2017. On 13 July 2017 we sought the views of a relevant person's representative (RPR). A RPR's role is to make decisions and act on behalf of a person who lacks capacity. We attempted to obtain feedback from people's relatives but did not receive any.

The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at the information we held about the home. This included notifications of events that happened in the home that the registered provider is required to tell us about. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the Provider Information Return (PIR), which contained information about the service and how the provider planned to develop and improve.

Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service so we spoke with the paid RPR for four people who used the service to gain their views. During the visit we spent time with five people who were using the service. We spoke with the manager, three senior support workers and three support workers.

We viewed a range of care records and records relating to how the service was managed. These included the care records of two people, the medicines records of three people and recruitment files for three staff who had been recruited since the last inspection.

Is the service safe?

Our findings

The arrangements for managing people's medicines were safe. Medicine records we checked had been completed accurately. The administration of topical creams was recorded on topical medicine administration records. Staff who administered medicines had completed up to date training and their competency was checked regularly. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature.

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to and reviewed regularly.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.

Records of regular planned and preventative maintenance checks and repairs were up to date. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and hoists. Other required inspections and services included gas safety and legionella testing.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff, such as minimising the risk to people using the kitchen.

Staff had completed training in how to protect people from abuse. Protecting people from abuse was also routinely discussed at staff meetings and during staff members' one-to-one sessions with management. This meant staff were frequently reminded of their responsibilities to keep people safe and how to report any concerns.

Staff understood the need to report any concerns to the management team without delay. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately. The RPR told us they had never had any concerns about people's safety.

We reviewed recruitment files for three staff who had begun working at the service since the last inspection. A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

There were enough staff on duty to meet people's needs promptly and keep them safe. Staffing levels on the

days of our inspection were the manager, the acting senior support worker and two support workers.

The environment was clean, homely and largely well maintained. However, the dining room floor was worn and marked and some walls needed repainting. The manager told us, and records confirmed, that this had been reported to the provider's maintenance team and was due to be addressed soon.

Is the service effective?

Our findings

People received care from staff who had completed relevant training for their job role. Staff we spoke with were clear about how to meet each person's individual needs. Staff told us, and records confirmed, they also completed training in essential health and safety subjects, such as first aid, food hygiene, fire safety and infection control. Most staff had completed the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Staff with no previous care experience were signed up for this after they had completed a comprehensive induction training programme.

The staff we spoke with felt supported with their professional development. Each staff member attended regular supervision sessions with a senior member of staff to discuss training needs and operational issues. Each staff member had an annual appraisal of their performance and development. In this way staff were trained and supported to understand what was expected of them.

Staff told us how the provider had recently given them an information handbook for 2017/18. This contained key information on topics such as reporting accidents, dealing with complaints and whistleblowing. This was a good prompt for staff to refer to.

People were supported to maintain their health and wellbeing. Health care records showed people were supported to access community health services such as GPs, dentists and opticians whenever this was required.

People were supported to choose what they wanted to eat and drink. Staff discussed menus with people each weekend to plan for the week ahead in a manner appropriate to their communication needs. Menus were designed to be healthy and nutritious whilst also acknowledging people's individual likes and dislikes. People's care records contained information about their eating and drinking preferences and needs. People's weight and nutritional well-being were recorded and kept under review.

We joined people for lunch and saw they enjoyed egg mayonnaise sandwiches and salad followed by strawberry mousse. Staff supported to people to eat in a respectful and sensitive way. The atmosphere at meal times was informal and relaxed.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw DoLS applications had been made appropriately and authorised for all five people who used the service. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests.

Staff we spoke with had an understanding of MCA and DoLS and the importance of consent when providing support. Staff knew who had a DoLS in place and why restrictions such as locked kitchen cupboards were in place. Staff told us how they involved people to make their own decisions where possible, for example when choosing what to wear or what activities to do. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities.

Is the service caring?

Our findings

People living at the service had good relationships with staff. We saw that staff were kind, caring, polite and supportive. They also shared jokes with people throughout the day. They spoke with people in a fond and familiar way and there was a pleasant atmosphere of warmth and trust. People were supported to make choices and staff listened to and acted on what people said.

People's privacy and dignity were respected. Staff knocked on bedroom doors and called people by their preferred names. Staff responded appropriately and discreetly to people's personal care needs.

People were supported to be as independent as they wanted. They were supported to access the local community and took part in shopping, cooking and household tasks where appropriate. Staff were sensitive to the fact that some people found it difficult to cope with too many choices. Staff used their knowledge of people's preferences to offer them a small number of options at a time. This meant staff understood people's individual communication preferences.

The relevant person's representative told us, "Staff are so caring. They treat people with respect and dignity and also have a laugh with people. People are clean and well cared for. Staff are attentive to people's needs."

We checked to see if the service supported people with advocacy. At the time of this inspection all of the people who lived at this service either had relatives or a RPR to support them to make any major decisions.

Each person who used the service was given a 'service user guide' (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint and was available in picture format.

Is the service responsive?

Our findings

Care records showed people's needs were assessed and determined before the service was provided. A 'pre-admission assessment' was carried out to ensure staff could meet the needs of the individual concerned. Introductions to the service were planned and people usually visited the service at tea time so they could meet other people who used the service and staff informally.

One person who used the service had lived there for just a few months. Staff told us how they supported this person to manage their anxieties through gradual introductions, which helped the person manage when the time came for them to move in. This person's representative (RPR) told us, "[Person] is very settled here now and responds well to staff. Everything was in place in terms of best interest meetings and a transition plan before they moved in."

People received personalised care and support which met their individual needs. People were not involved in planning their care service because of their limited communication and the complexity of their needs, and this was outlined in each person's care records.

Care records about each person were very descriptive and showed how each person needed to be supported as an individual. Support plans which provided guidance for staff on areas such as people's learning disabilities and associated needs, decision-making skills, health and communication. Each person who used the service had a 'one page profile' which contained information under the headings 'what do people like about me?' 'what's important to me?' and 'how best to support me.' This meant all staff had access to information about each person's well-being and how to support them in the right way.

Records showed care plans were reviewed by staff monthly or when a person's needs changed. The RPR told us they were invited to attend regular care review meetings and they felt fully involved in the care of people they represented. The RPR said, "Staff are very responsive to people's needs as they know people so well. I'm invited to care reviews and all the social occasions they have here. It's always welcoming and there's a lovely atmosphere."

People took part in activities at the service and were supported to access the local community. Individual activities timetables were in place but staff said these were flexible due to changes in people's needs. Activities included shopping, arts and crafts, watching DVDs, relaxing in the garden, going to the ice cream parlour, bowling and having a takeaway night.

Staff told us they would like to take people out more as this was sometimes difficult due to a lack of wheelchair accessible transport in the area. Staff and the RPR felt it would be beneficial for the home to have its own minibus so several people who used the service could go out together occasionally.

The provider had information for people and relatives about how to make a complaint. The information for people was in pictorial format but due to the complex needs of the people using the service most would still not understand the concept of a complaints process. Staff were familiar with people's demeanour and

would recognise if people were unhappy or dissatisfied with something. No complaints had been received since the last inspection.

Is the service well-led?

Our findings

There was a registered manager at the service. 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. The manager had been in post since October 2010.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Staff spoke positively about the manager. One staff member said, "We get a lot of support from [manager]. She's a really good manager and you can go to her about anything. We give each other support too. It's a really good staff team." Another staff member told us, "[Manager] is lovely. You can go to her about anything. She does regular care shifts so is brilliant with the people we support."

The RPR told us, "The management team at Five Penny House are effective. [Manager] is always visible and the seniors are very efficient."

Staff meetings were held monthly. Topics covered included staff training, activities and care records. Staff told us they felt able to voice their opinions and raise any concerns at these meetings or at any time as there was an open culture in the home. Minutes of staff meetings were taken so staff not on duty could read them later. Staff views were also sought via an annual survey which had been conducted in October 2016. Five questionnaires were returned with positive feedback.

The provider sought feedback about the quality of the service through annual family and friends questionnaires. This was last carried out in October 2016. Three questionnaires were returned with positive feedback.

There was an effective quality assurance system in place to monitor key areas of the service such as accidents, incidents, safeguarding concerns and staffing issues. The manager and provider conducted regular audits which led to action plans with completion dates. Action plans were reviewed to monitor progress towards identified improvements. For example, a recent audit identified the need for better external lighting to the front of the property which had been completed promptly. This meant regular monitoring of the quality of the service led to improvements for the people living there.