Voyage 1 Limited

Brook Lodge

Inspection report

Brook Lodge
Latchen
Longhope
Gloucestershire
GL17 0QA

Website: www.voyagecare.com

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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

The inspection took place on 8 September 2016. This was an unannounced inspection. The service was last inspected in May 2014. There were no breaches of regulation.

The service is registered to provide accommodation for up to 8 people and cares for people who predominantly have a learning disability. At the time of this inspection, there were 6 people using the service.

There was a registered manager in post. 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 service was safe. Risk assessments were implemented and reflected the current level of risk to people. Staff had a good understanding of safeguarding processes to minimise the risk of abuse or neglect. There were sufficient staffing levels to ensure safe care and treatment. The administration, recording and storage of medicine was safe. The registered manager took appropriate steps to ensure suitable people were employed to support the people using the service.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS). The accommodation was suitable for the people who were living at Brook Lodge. People had opportunities to personalise their living space.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which promoted this. Plans had been developed to reflect people's wishes in relation to end of life care.

The service was responsive. Care plans were person centred and provided sufficient detail to provide safe, high quality care to people. Care plans were reviewed and people were involved in the planning of their care. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were completed regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage were safe.

Staffing levels were sufficient.

Is the service effective?

Good

The service was effective

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People and relevant professionals were involved in planning their nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

End of life care plans had been developed and these reflected people's preferences.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in the planning of their care and support.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

Each person had their own detailed care plan.

People had a variety of activities to engage in.

Is the service well-led?

Good

The service was well-led

Regular audits of the service were being undertaken.

The registered manager offered good leadership.

The registered manager was approachable and hands on.

Quality and safety monitoring systems were in place.

Brook Lodge

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 was an unannounced inspection which was completed on 8 September 2016. The inspection was completed by one adult social care inspector. The previous inspection had been completed in May 2014. At that time there were no breaches of regulation.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with five members of staff and the registered manager of the service. We spent time observing people and spoke with three people living at the home. We spoke with three relatives to obtain their views about the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person informed us, "This is my home". Another person said "I feel safe here". Relatives told us they felt people were safe and comfortable in the home.

We observed people were relaxed when in the company of staff. This demonstrated people felt secure in their surroundings and with the staff who supported them.

Medicines policies and procedures were available to ensure medicines were managed safely. Medicines were stored securely in locked cabinets in people's rooms. The temperature for each individual cabinet had been taken and recorded to ensure the medicines were stored safely. Where people had controlled drugs, these were additional locked drawer within the main cabinet. Staff who administered medicines had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. Risk assessments identified the frequency of specific risks and also the level of risk whether it was low, medium or high.

For example, one person was at risk of choking. Their risk assessment clearly detailed the level of risk and had specific instructions for staff to monitor this person at all times when they were eating and to only place small amounts of food on their plate. Another person was allergic to a specific type of medicine and this was clearly detailed in their care file. Another person was at risk of removing their seatbelt mid-way through a journey. Their risk assessment contained guidelines on how to manage this and instructed staff to sit next to this person for all car journeys.

There were sufficient numbers of staff supporting people. This was confirmed in conversations with staff and the rotas. Relatives stated they felt there were sufficient staff employed at the home. Professionals we spoke with informed us they felt there were always enough staff on duty whenever they visited Brook Lodge. The registered manager informed us staffing levels were determined through an assessment of people's needs and the funding available. Staff informed us there was also an on call system to respond to any emergencies and the registered manager was always on call.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of five staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any

issues whereby staff may have put people at risk from harm.

The provider had safeguarding procedures. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or deputy manager. All staff had received training in safeguarding. Any issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation drills. There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

The premises were clean and tidy and free from odour. The registered manager informed us cleaning was undertaken by staff throughout the day. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures.

Staff showed a good awareness in respect of food hygiene practices. For example, staff informed us different chopping boards were used for different foods to minimise the risk of cross contamination. Food was clearly dated when put into the fridge. We were shown records of the temperatures for the fridges and freezers which were taken daily.

Good

Is the service effective?

Our findings

Staff had been trained to meet people's care and support needs. Staff informed us they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, first aid, food hygiene and fire safety. The registered manager informed us, all new staff were required to complete the care certificate. The care certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and is the minimum standards that should be covered as part of the induction training of new care workers. The care certificate is based upon 15 standards health and social care workers need to demonstrate competency in.

The registered manager used a training matrix to track staff training and ensure staff training was up to date. The registered manager informed us, the provider had implemented an online corporate training matrix across the organisation which would automatically alert the registered manager two months in advance of when training was due. The registered manager told us, this ensured they were able to book staff on to relevant courses in a timely manner.

Staff had completed an induction when they first started working in the home. The registered manager informed us staff would spend the first week reading policies and people's care files. Following on from this, they would have a week of training to cover core training subjects. All staff were also required to complete two weeks of shadow shifts. These shadow shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager informed us they used an induction checklist to ensure staff had covered each area of their induction and they felt confident working in the home. The registered manager informed us, new staff would initially work for a probationary period where they received extra support from management and their progress was monitored closely to ensure they had the appropriate skills and competence to work at Brook Lodge.

We spoke with one member of staff who had recently completed their induction. They informed us they had found the knowledge and experience of senior staff to be very beneficial during their first few months working at the home. They also said they had received an extensive amount of support from management.

Staff had received regular supervision. These were recorded and kept in staff files. The registered manager informed us supervision occurred every 8 weeks and staff could request extra supervision if they felt they needed this. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager who was always available. The registered manager also informed us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People living at Brook Lodge had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The registered manager and staff demonstrated a clear understanding of the DoLS procedures.

It was evident from talking with staff, our observations and from care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. Staff respected the wishes of people using the service. For example, when showing us around the home, the registered manager sought permission from people before entering their room. Staff provided us with detailed accounts of peoples' daily routines as well as their likes and dislikes.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. In addition to this, the service used evidence from health and social care professionals involved in people's care to plan care effectively. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service.

Meals were flexible and if people wanted something different to what was on the menu they could choose this. This was confirmed to us by the staff and the registered manager. People we spoke with stated the food was good. One relative told us, "The food is good". Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were shared with relevant health professionals where required.

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. People informed us they were asked what they would like to eat and menus were planned according to their preferences. People who had special dietary requirements had their specific needs clearly detailed in their care plans.

People had access to a GP, dentist and other health professionals. The outcomes following appointments were recorded and were also reflected within care files.

The property was suitable for the people who were accommodated and where adaptations were required these were made. Needs of people had been taken into account when decorating the hallways and communal areas. Each bedroom was decorated to individual preferences and the registered manager informed us people had choice as to how they wanted to decorate their room. For example, one person liked fish and was supported by staff to maintain a fish tank in their bedroom. Another person was fond of a famous musician and their room was decorated with quotes from this person. There was a secure garden at the back of the property which people were able to access if they wanted to.

Good

Is the service caring?

Our findings

We observed positive staff interactions and people were engaged. We saw examples of this throughout the inspection, where staff were present in communal areas and engaging with people. For example, we observed one member of staff talking to one person and supporting them with the puzzle they were completing. We observed another member of staff sat with one person and inflating balloons with them in preparation for the barbecue which was being held at the home later that day.

There was a genuine sense of fondness and respect between the staff and people. People appeared happy and relaxed in staff company. People told us they felt staff were caring. One person said, "The staff are very good. They are caring". Another person said, "The staff are very caring and friendly". Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. Professionals we contacted informed us they felt staff had a caring attitude to the people living at Brook Lodge. Staff were positive about the people they supported. One member of staff stated, "I love working here (Brook Lodge) and the people here are fantastic".

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. Family members we spoke with felt the staff knew their relative's needs well and were able to respond accordingly. Relatives told us they were able to visit when they wanted to.

Staff treated people with understanding, kindness, respect and dignity. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff were observed knocking and waiting for permission before entering a person's bedroom. For example, when the registered manager was showing us around the premises they sought permission from people before entering their rooms.

We saw in the support plans how the service had worked with people and their families to identify and record their choices and preferences. It was clear from the information available that people were consulted and that care and support was planned according to the needs and abilities of each person. Relatives informed us they were involved in care planning and reviews.

At mealtimes we saw that people who required assistance to eat their lunch were supported appropriately. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people.

People looked well cared for and their preferences in relation to support with personal care were clearly recorded. Relatives provided positive feedback about the staff team and their ability to care and support people using words such as "Very good" and "Caring" to describe the staff.

End of life care plans had been developed and these were person centred. People and their relatives were

given support when making decisions about their preferences for end of life care. Care records clearly detailed end of life wishes and evidenced people and their families had been consulted regarding this.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people.

Professionals we spoke with informed us they felt staff had received relevant training and had the appropriate skills to manage any behaviour which may be challenging. Where an incident occurred, staff received a debriefing with the registered manager following the incident enabling them to reflect on the incident. One professional commented how they were 'impressed' with the behavioural management charts at brook Lodge and complimented the registered manager for the provision of a 'structured' debrief after an incident.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as people's emotional state, what activities people had engaged in, their nutritional intake and any appointments they may have attended so that the staff working the next shift were well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff informed us they used monthly staff meeting to discuss the needs of people to ensure any changes to people's needs were known to the whole staff team.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people we spoke with indicated that they were happy living in the home and with the staff who supported them. . Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. Each person had their own

activities timetable detailing what they were doing during the week. Activities included arts and crafts, cooking, pub trips, visiting various landmarks such as cathedrals and castles, going out for walks and swimming. The registered manager informed us how they focussed on community mapping and involving the people living at Brook Lodge in community events such as fetes, carnivals and other social events that took place in the local area. Staff would record how the activity went and how successful it was. People we spoke with informed us they enjoyed the activities and felt they had a variety of activities to engage in.

Each person at Brook Lodge was also supported to have an annual holiday. Staff would meet with people to discuss their preferences for their holiday and support them to plan holidays. People we spoke with confirmed they had regular holidays and that they had found these to be enjoyable.

Relatives said activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do the things they enjoyed. One relative told us how they felt their loved one had 'lots to do'.

The registered manager informed us they also had 'befriending days' with a sister home. The registered manager informed us this had led to positive relationships being formed between people living at the two homes. For example, two people had developed a friendship and were going out for social outings together on a regular basis.

Complaints and compliments were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. Where complaints had been made there was evidence these had been addressed with an appropriate outcome. For example, we were shown evidence of one complaint by two people living at the home regarding the behaviour of another person. The registered manager informed us how they had involved relevant professionals to address the concerns raised and this was clearly documented.

Formal feedback was provided to the registered manager, which was complimentary of the service provided to people at Brook Lodge. For example, one professional stated "Brook Lodge has such a nice atmosphere, very warm and welcoming". Another person wrote to the staff complimenting them about the care they provided to their family member. The person wrote "He looks really good. Well done to you lovely lot".

Good

Is the service well-led?

Our findings

There was a registered manager working at the home. Staff spoke positively about the management. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used words such as "Approachable" and "Easy to work with", to describe the registered manager. One person living at Brook Lodge said "X (registered manager) is very good". Another person referred to the registered manager as being a 'fantastic person'.

The staff described the registered manager as being "Hands on" and someone who led by example. We observed this during the inspection when the registered manager attended to matters of care throughout the day. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. A member of staff said, "She (registered manager) probably works more hours than anyone else here".

Staff informed us there was strong leadership from the registered manager and felt they were supportive to staff. We spoke with one member of staff who had started working at the home shortly before the inspection. They told us how the registered manager would speak with them frequently throughout their induction to ask them how they were getting on and was always available to answer any questions they had . Another member of staff felt they had been well supported by the registered manager during their pregnancy and wrote, "Thank you so much for supporting me over the last 9 months. You are fab".

Staff informed us there was an open culture within the home and the registered manager listened to them. Staff said team meetings took place regularly and gave staff an opportunity to voice their opinions. The registered manager informed us they also used team meetings for staff development. For example, the registered manager identified that some staff required further support to gain a better understanding of the Mental Capacity Act (MCA). The registered manager used the next team meeting to hold a learning session for all staff to ensure everyone's knowledge of the MCA was up to date.

People and their relatives informed us about monthly resident meetings with the registered manager and staff which enabled people to express their opinions as to how they wanted things done at Brook Lodge. The registered manager informed us this was very important as Brook Lodge was the home of the people living there and it was important they were listened to in regards to how things were done. For example, issues such as complaints and compliments, in house cookery suggestions, house safety, in house activities and any ideas for future activities were discussed at these meetings. The registered manager also informed us of a monthly newsletter, which was sent out to people's representatives to keep them informed of what was happening at Brook Lodge. Relatives we spoke with informed us, they found these to be informative and felt it was a 'great' idea from the management team.

There was an audit process in place at Brook Lodge. The registered manager and regional manager both carried out individual quarterly audits of the service. In addition to this, the quality manager from the head office carried out an annual audit. We were shown evidence of the audits and where issues had been identified, these had been actioned. For example, one audit identified staff were not writing time an dates in

the communications book. This had been resolved by the time of the inspection.

Annual surveys were sent out to people and their relatives. The feedback from these was positive. The registered manager informed us they would review all feedback received in order to pick up on suggestions to improve the service.

The registered manager informed us, they felt it was important to build positive relationships with the representatives of people living at Brook Lodge, professionals involved in their care and people from sister homes as they felt it would enable them to be open and provide quality feedback regarding the service. In order to achieve this, they would hold an annual service review where all relatives, representatives, professionals and people from sister homes would be invited. The registered manager informed us the day would be themed. For example, the last review was themed around the 'Brook Lodge Olympics' and a previous one had been themed as the 'Brook Lodge Bake Off'. The registered manager informed us the people living at the home would put up all of the decorations and be fully involved in preparations such as baking cakes and planning activities for the days. The service would also fundraise from local businesses for a prize for a raffle. The proceeds from this raffle would be used to hold an activity for everyone living at Brook Lodge.

The registered manager informed us there was a good turnout for these events and it provided people with an informal arena to provide their feedback of the service. All feedback was then used to develop the action plan for brook lodge. We were also shown feedback for these days which was positive and praised the management for arranging the event.

We discussed the value base of the service with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The registered manager and staff told us Brook Lodge was the home of the people living there and they should be able to choose how they wanted to live their lives.

The registered manager had a clear contingency plan to manage the home in their absence. This ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. The registered manager also detailed how the deputy manager would cover for them in their absence.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.