Voyage 1 Limited

Smallwood

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

Overall summary

This inspection took place on 2 December 2015.

Smallwood is registered to provide accommodation for up to eight people. It is a home for people who are on the autistic spectrum. At the time of our inspection six people were living there. The service consisted of two buildings. Four people lived in the main house and two people lived in the cottage. There was one vacant room in the main house. The cottage had a spare room however the registered manager told us they would not currently use it as it would mean the cottage would become too crowded.

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.

People had detailed personalised support plans which enabled staff to provide the right care and support to ensure people's needs were met. People had an individualised activity programme which was based on their interests. Staff understood the importance of

Summary of findings

supporting people to maintain their preferred routines. They were respectful of their diverse needs. Staff knew the best way of communicating with individuals which varied according to the person.

Relatives and staff told us the care was person centred and people's needs were reviewed regularly. There was an annual review of people's needs, which relatives and healthcare professionals were invited to, as appropriate. This was an opportunity to ensure the support plans were working for people. There were additional reviews throughout the year depending on people's needs.

People were cared for by staff who were kind and considerate. Staff were flexible to the needs of people and were able to support them safely. People were supported to live their lives fully. Peoples care records gave staff information to enable them to avoid situations that may trigger unwanted behaviour. Staff had a flexible approach to their work to ensure people's choice was encouraged and respected.

Relatives, staff and healthcare professionals spoke highly about the registered manager. They told us the registered manager had made improvements to the service and had created a positive culture which encouraged continual improvement. There were robust systems in place to monitor the quality of the service and to ensure any actions were followed up.

There was a culture of learning and staff told us there were opportunities to attend various in house training opportunities as well as work towards qualifications in health and social care. Staff told us they felt supported. There was a system for staff to reflect following incidents, in debrief sessions. These encouraged the team to identify interventions which worked well and what did not work well, which created an opportunity for staff to improve how they supported people. Staff received regular supervision and an annual appraisal.

The registered manager was supportive of new staff and told us they introduced them gently into the work. They were respectful of staffs' individual needs and were flexible in their approach to accommodate them.

Summary of findings

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 provided with sufficient support.

People had a core team of staff to support them.

People's medicines were stored and administered safely.

People were at reduced risk from harm and abuse because staff had the correct training and were able to talk with us about how they would recognise and report potential abuse.

Is the service effective?

Good

People received effective care from suitably trained and experienced staff.

People had sufficient food and drink.

Staff were aware of the Mental Capacity Act 2005 (MCA) and how it applied to their work. Staff followed the correct procedures when a person needed a decision made in their best interests.

Staff were trained to prevent and de-escalate certain behaviours which may challenge.

Is the service caring?

Good

People were supported by caring and considerate staff.

Relatives told us they were involved in making decisions about the care and support of their loved one.

Is the service responsive?

Good

People had detailed personalised support plans which gave staff specific guidance on people's routines, likes and dislikes.

People had an annual person centred review with family and healthcare professional's involvement as appropriate.

Is the service well-led?

Good

The service was well led. Relatives, staff and healthcare professionals spoke highly of the registered manager. They told us the registered manager was accessible and approachable.

There was a positive culture with a willingness to continually improve.

There were robust systems in place to monitor the quality of the service.

Smallwood

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 2 December 2015 and was unannounced. It was carried out by one inspector.

We did not request a Provider Information Return (PIR) from the service before the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, before the inspection we looked at information we had about the service, including notifications from the provider and information from the local authority. At the inspection we asked the provider to tell us about anything they thought they did well and any improvements they planned to make.

People were unable to talk with us about their experiences of living in the home; therefore we contacted four people's relatives for their views on the service. We also spoke with four staff which included the registered manager and the operational manager. We looked at three support plans and three staff files. We also spoke with three healthcare professionals and contacted a representative from the local authority. We saw four weeks of the staffing rota, the staff training records and other information about the management of the service.

Good

Is the service safe?

Our findings

The service was safe. People were protected from harm and abuse. This was because staff had received training in safeguarding adults and they knew how to recognise potential abuse and their responsibilities in reporting concerns. There had not been any safeguarding incidents in the previous 12 months.

Medicines were stored and administered correctly. Staff had received training and were assessed and deemed to be competent. There was one medicines trained member of staff per shift. There were regular checks of the Medicine Administration Record's (MAR) to ensure people had received the correct medicine at the correct time.

There were sufficient numbers of staff on duty. Five people had one to one support and one person had two to one support. That meant there was always a minimum of seven support workers on duty during the day and extra staff were booked to provide two to one time when accompanying people on certain activities. Each person had a core team of permanent staff who they knew well and who they were familiar with.

The registered manager told us they had three vacant waking night support worker positions and one senior support worker vacancy and they were actively recruiting. They told us some staff worked extra hours or they used agency staff. They reiterated to us the importance of having consistent staff and were careful when using agency staff. They told us they had regular agency staff who have got to know the service well. One relative told us they had particular concerns about inconsistencies in the staff team. However they had spoken with the registered manager who had reassured them how they managed to utilise agency staff in order to cause little or no distress to people. When agency staff were used they worked in the main house where they were supported by permanent staff. The registered manager told us that when planning the duty roster they give consideration of the skill mix and also to ensure that people received support from members of their own core team. We were able to confirm this when we looked at the duty roster.

Recruitment was carried out safely. All the necessary checks on people had been made prior to them starting employment, for example references, employment history and criminal records checks.

People had detailed support plans which included how to manage specific risks which had been identified. People's behaviours and risks were assessed over a period of time and were based on careful observation and dissemination of information. This included historical information and involvement of people who knew the person well. People's risks were managed in a way which enabled them to enjoy the things that they liked balanced with guidance to staff on how to minimise any risk. For example one person was at risk of choking; they enjoyed certain foods which could increase their likelihood of choking. Their support plan provided staff with guidance around observations and staff had specific training in case there was an episode of choking.

Support plans were risk rated. This meant that the risk was rated high, medium or low, before and after an individual risk management plan had been put in place. For example one person presented with medium risk of becoming highly anxious when going out. The support plans gave clear and detailed guidance such as where to park the car; the risk was rated low with a support plan in place. This ensured that people's risks were managed safely. The support plans evidenced a multi professional approach and family involvement as appropriate. They were reviewed regularly. One healthcare professional told us staff actively manage peoples risk well and are flexible when interventions do not work. They told us staff remain positive and will discuss different approaches, with them in order for people to continue doing the things they like.

There was a system for reporting accidents and incidents; The provider was supported by their own quality team. There was a requirement to report incidents and accidents on a weekly report to them. This ensured that any patterns of incidents/accidents were picked up and also any actions had been taken. Each person had a monthly audit of incidents or accidents involving them. This system allowed the monitoring of individuals behaviours, which enabled refining of individual support plans.

Staff told us they felt safe working in the home and told us they support each other. There was good communication between the staff. One member of staff told us "we look out for each other." They told us the work could be intensive and if a person had particular behaviours which they were struggling with at that time. They told us they would

Good

Is the service safe?

support each other by covering each other while they took "10 minutes out." Staff told us because of the nature of the work it was important for them to trust they would be supported by their team.

There was a maintenance person who visited the home once a week; there was system for making maintenance requests which included routine and urgent jobs. The registered manager told us the maintenance person understood the needs of people and made some adjustments to the environment to ensure it was safe for people living in the home. For example following a risk assessment in which it was deemed necessary in order to protect people, they had installed a perpex screen for a television. Staff told us items in the home underwent a lot of wear and tear but that items got replaced quickly as needed. There were regular maintenance checks. The registered manager told us they had made changes to the garden, to create separate garden areas for the cottage and main house. This was because of the needs of some of the people living in the home. As a result of the changes they had ensured the fire procedures had been adapted to have different fire assembly points and fire evacuation procedures.

Good

Is the service effective?

Our findings

People received effective care from staff who had received the appropriate training. Staff had the necessary skills to support people well. There was a range of training which was identified as being essential to their work. This included fire safety, equality and diversity, infection control and manual handling. They were also supported to undertake additional training such as level two and five health and social care qualifications. Staff and healthcare professionals told us there were various in house training opportunities, for example autism awareness, epilepsy, understanding behaviour and key worker training. Six staff were trained as lifeguards which enabled people to be supported to go swimming. The registered manager told us they access the local authority training in 'Total Communication' and because of the needs of one person they were organising Intensive Interaction training from the intensive support team. This would provide staff with further skills on how to communicate with people and understand their personal language. Staff told us training gave them the confidence and skills to develop positive relationships with people.

Staff received supervision in line with the supervision policy. Staff confirmed they had regular supervision, between four and six weekly. The deputy manager and senior support workers had received training in delivering supervisions. Annual appraisals were up to date.

New staff received an induction. The induction included some core activities such as the essential training. However the registered manager told us each member of staff is different and the induction was adapted depending on staff experience. They described it as "an intensive induction, we do it quite gently, new staff shadow for a long time." They emphasised the importance of introducing a new staff member with people in a gradual and sensitive way. One new member of staff confirmed how they spent the first month of their job shadowing another member of staff.

The provider had signed up for the nationally recognised Care Certificate for new staff which would involve a three month induction period. This provided a standard, minimum level of training for care workers. One member of staff was working towards it.

A health care professional told us the staff follow good practice guidelines and are open to learning and listening to recommendations from them.

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 by 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. There was evidence of decisions being made in people's best interests, for example one person lacked capacity to make decisions about their safety when travelling by car. A best interest decision was made to ensure the person had specialist equipment to ensure their safety when travelling. There was multi professional and family involvement throughout the decision making process. The registered manager told us they were arranging a best interests meeting regarding the filming of one person in a specific situation so that the multi professional team could get a greater understanding of their needs. The team had already completed intensive observation charts however further assessment was needed.

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) All of the people living in the home lacked mental capacity and had some restrictions on their liberty. The registered manager had made the appropriate applications to the local authority and was waiting for these to be assessed.

Staff told us they rarely needed to use physical interventions to restrict a person's liberty. The staff had received training in Non Violent Crisis Intervention (NVCI) however the service were changing over to an alternative approach called Management of Actual/Potential Aggression (MAPA). A key principle of this approach is to only use it in situations to manage risk behaviours as a last resort; it involved techniques referred to as 'a holding or disengagement interventions.'

The registered manager told us the philosophy at Smallwood is to prevent escalation of behaviour by allowing the person to "vent" as long as they or others are safe. All staff we spoke to told us they recognise the signs

Good

Is the service effective?

when a person's behaviour is likely to escalate. The registered manager told us that when this happened staff arrange the environment to ensure it is a safe place, for example by ensuring other people are safe and removing any hazards. They told us it is better for staff to intervene earlier and use distraction to calm rising anxiety, although acknowledged it is not always possible. They told us they may need to use accepted physical interventions such as "a holding or a releasing intervention"; however these would only be used as a last resort. In total over the last year they have three clothing releases, one bite release, two hair releases and four transport/holdings. A releasing intervention was used when a person had got hold of someone in a particular way; the staff had used the appropriate intervention to release the hold. The transport/holding (disengagement) intervention was used to assist or guide people away from a particular situation which was causing them distress.

Anytime a releasing or disengagement intervention took place there was a requirement to complete an accident/incident report. There was also a debrief for staff. This was an opportunity for staff to reflect on what worked and what did not work so well and meant that learning took place to help prevent an reoccurrence or to ensure that incidents were managed in the best way for the person.

The registered manager told us that the approach used by staff had a positive outcome for people,for example one person had a 50% reduction in incidents each year since 2012.This was attributed to the creation of the core teams, staff training and detailed support plans which clearly identified how to de-escalate behaviour.

People had different ways of communicating their choices and staff told us they know how to communicate with people in a way which will ensure the person is provided with choices. Some people had a particular structure or routine and staff told us it was important to maintain that routine rather than create anxiety by offering variations. Therefore staff followed detailed guidance in the support plans which indicated when people needed a specific routine; they offered a choice when it was appropriate for example when or what to eat.

Menus were individualised and were based on what the person liked and how they liked it presented. For example one person liked to ensure different food types were not touching. There was clear guidance for staff including simple recipes to follow. Support staff prepared meals; the registered manager told us they planned meals to ensure people were having a varied and nutritional diet. Where there were concerns about people's food intake, there were arrangements in place to monitor the person's weight and to provide extra calorific food/supplements. One relative told us they were concerned about their loved ones unplanned weight loss, they had spoken with the registered manager and there was a plan to address the issue. One person liked to assist with meal preparation.

People had access to a wide range of professionals. The service had a close working relationship with the community intensive support team. This consisted of healthcare professionals such as a psychiatrist, psychologist and nurses. There was also involvement from the Speech and Language Therapy Team and from the Occupational Therapy Team as well as from the GP practices. One healthcare professional told us if they ask staff for information about health, staff can produce the person's health file promptly and answer the question. They commented people's health care was excellent and told us about one person who had needed hospitalisation. They told us staff had done everything they could to ensure the person got the right healthcare. People had a health folder which included all aspects of their healthcare as well as a hospital passport. This was a document which could follow the person to hospital, it contained all the important information which hospital staff would need, in order to care for the person appropriately. This meant peoples physical health needs were monitored and reviewed. Information was easily available for healthcare professionals and was easily transferable if the person needed to go to hospital.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and considerate to their needs. One relative told us "staff are amazing, they are brilliant." People had a minimum of one member of staff with them during the day and staff had the opportunity to get to know people well. Due to the complexities of people's needs it was essential that people were familiar with their core team of staff and that staff knew them well. The registered manager told us it could take a long time for a member of staff to become part of a person's core team. They match staff to people wherever possible to facilitate positive relationships.

People used different ways to communicate. Some people used Picture Exchange Communication (PEC), which is a way of using pictures at key areas in the home to assist people in communicating their needs. Staff were able to tell us about one person who they communicated with by taking particular attention of body language. For example eye contact could at times be too much for the person so staff knew when to avoid it. Some people used some element of Makaton, which is a form of sign language. One person was particularly good at reading, so communication could be written for them as needed. Staff were sensitive to people's individual communication styles and found ways to have effective communication with them. For example in one person's support plan it was recorded that the person did not contribute to deciding what they wore. Staff understood how the person communicated their needs and they were able to identify that at particular time's alternative clothing which was more comfortable for them.

Staff were considerate of people's cultural and religious needs. One person had specific cultural needs which staff had found out about so they could ensure they respected their customs and practices. For example staff knew which food the person could eat, they prepared food which was customary for them. They were respectful of the persons language and all staff communicated certain words in the persons own language in order to be able to communicate effectively. There were prompts for staff in various places within the home so that staff knew which words to use. The person's key worker had been nominated for the company's employee of the year because of the extensive work she had done to be respectful of the person's cultural needs.

There was a vacant room in the home, the registered manager told us they had received several referrals however they were mindful of the people who were living in the home already. They told us how important it was to ensure they made the correct decisions about who would move into the home. They needed to make sure that people would not be disrupted and that staff could support people safely. They told us they provided a home for people for as long as they needed it and therefore were respectful of that.

One relative told us "staff go over and beyond" to make sure people are looked after well. They told us staff really care about their loved one. They gave an example of staff staying on duty four hours after their shift had finished to check how their loved one was after they had undergone surgery. They also said staff had "gone out of their way" to get food for the person that they knew they liked.

One member of staff told us they were relatively new to care work and had been unsure how they would feel about it. They told us they found it "humbling." They talked about people in a caring and warm manner and described how they appreciated being part of a team which" respects and cares for people." Another member of staff talked about how much people "give back to us, in their own way." One member of staff told us they want to make a "difference to people's lives."

Relatives told us staff encourage them to be involved in decisions about the persons care and that staff listen to any concerns. For example one relative who had concerns about staffing said they had spoken with the registered manager who had reassured them that they would ensure their loved one was cared for by their core team. The relative told us that this had happened and they were grateful to the registered manager for listening to their concerns and for acting on them.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individualised needs. Each person had a detailed support plan that gave clear guidance, which included peoples likes, dislikes and preferred routines. The plans provided sufficient detail to ensure that staff were able to give consistent care and support to the person. For example one person had a set routine when getting up in the morning and this was detailed step by step including what the person could do for themselves and the timings which suited the person. The registered manager told us that it is important to understand what causes peoples anxiety and then plan care around that, they told us it can take two years for a person to settle into the home. They told us the approach is "very person centred." This was especially important for people living in the home.

As well as peoples individual support plans, people had a communication passport and a one page summary. These were easily available for staff to ensure they were able to respond to the person in the most effective way at all times.

There were a range of activities based on people's interests. For example one person liked gardening and they had an area of the garden especially for them, another person liked to use water and they had access to the hose and other equipment. People had an individual daily plan which was important for them to follow. For example one person went out weekly on the bus for their personal shopping; another person went to a farm for occupational activities. Some people went swimming and did yoga. People had access to computers or televisions. The home had three cars for staff to use to provide transport for people attending activities. Staff supported people to access the community and there were leisure trips out, such as the beach, if a person had a particular interest this was supported. For example one person liked motorbikes and they enjoyed simulator rides at a leisure centre. Staff accompanied them to enjoy this activity; they were also taken to local events where there were motorbike displays.

People had an annual person centred review, families and healthcare professional were invited. They were a comprehensive review of all aspects of the person's life. They followed a structure which had the following key headings: what who was there, what we like and admire, what's important now and for the future and also staying healthy. Relatives told us they felt listened to as part of the review process and healthcare professionals told us their views were listened to and when they made recommendations they were followed through.

There was a complaints procedure which had been communicated to families and healthcare professionals. There had been one concerns recorded which the registered manager had dealt with. A relative had expressed concerns that a new member of staff had entered a room without knocking. The matter was investigated and the member of staff was talked with, the relative was reassured by the response and did not want to make a formal complaint. There was also a system for capturing compliments for example one relative complimented the home and reported that their loved one "is so happy."

Good

Is the service well-led?

Our findings

The service was well led. There was a clear management structure which included the registered manager and a deputy manager. They were supported by an operational manager who made regular visits to the home. There were also senior support workers who coordinated the shifts.

Staff, relatives and healthcare professionals told us the registered manager had made significant improvements in the home. One relative told us they became anxious at the thought of the current registered manager "ever leaving" as they did such a good job. One healthcare professional remarked the registered manager is "on the ball, "they went on to say that any time they ask for anything the registered manager can access it straight away. Another healthcare professional told us the registered manager is more than good, they commented they are confident in the care being provided at Smallwood and attributed this to the registered manager. Relatives and healthcare professionals told us the registered manager knew what was going on for each person individually and there were robust systems in place to assess, monitor and review peoples care and other aspects of the service. All groups of people we spoke with told us that management were approachable and listened to them.

There were robust quality monitoring systems. The registered manager undertook a quarterly audit of the service, This was a comprehensive audit which was based on the CQC requirements. The operational manager conducted an audit of the audit as a safety measure and to ensure the actions were appropriate. Any actions arising were rectified within a specified time frame. And any outstanding actions were carried forward.

The provider also conducted unannounced internal quality compliance checks which took place over two days. The registered manager told us a score of 93% had been achieved in the last check.

There were some outstanding actions from recent checks however these were in the process of being rectified, for example the fire risk assessment had been completed on the wrong paperwork and this was being transferred to the correct paperwork. There were also internal quality checks for example the MARs and support plans.

The registered manager talked with us about the philosophy of Smallwood and when staff spoke with us their comments reflected this. For example the approach to management of peoples behaviours. The staff team shared the same values and beliefs about people they supported. There was positivity and staff spoke with us about when things are not working well, they consider other approaches. They told us they do this in partnership with each other, families and healthcare professional. This fitted in with the provider values of a "positive energy."

There were regular staff meetings to ensure information was cascaded. The registered manager told us they schedule meetings within staff work time and therefore offer waking night staff a separate meeting to ensure information is received by all staff. There were systems to ensure all staff received and read information and there were communication books. Staff received a handover at the beginning of each shift which staff told us provided them with sufficient information to confidently support people.

Relatives, healthcare professional and staff were sent annual quality questionnaires, some of the feedback included "providing high quality care to individuals with very complex needs.", "care and support excellent," We saw the registered manager had identified where improvements could be made for example ensuring that all relatives and healthcare professionals were aware of the complaints procedure and had put systems into place to ensure this happened. The registered manager and staff told us they were committed to making continual improvements to the service.