Care Quality Commission

Voyage 1 Limited

Ashleigh 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

Overall summary

This inspection took place on 17 December 2015 and was an unannounced inspection.

Ashleigh House specialises in providing care and support to adults who have a learning disability, autism and/or a physical disability. Accommodation is arranged over two levels with stairs and a small lift providing access to the first floor. The home can accommodate up to eight people. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

At the time of our inspection there were six people living at the home. The people we met with had complex physical and learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

The manager had submitted an application to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 were supported by a caring staff team who knew them well. Staff morale was good and there was a happy and relaxed atmosphere in the home.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community.

The home was a safe place for people. Staffing levels were good and staff understood people's needs and provided the care and support they needed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People's health care needs were monitored and met. People received good support from health and social care professionals. Staff were skilled at communicating with people, especially if people were unable to communicate verbally.

People contributed to the assessment and planning of their care as far as they were able. Care plans showed that people's relatives attended "Person Centred Reviews" where they could discuss the care and support their relative received.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

There were effective systems in place to monitor and improve the quality of the service provided.

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?
The service was safe.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them from staff who were competent to do so.

Good

Is the service effective?
The service was effective.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good

Is the service caring?
The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Good

Is the service responsive?
The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Good

Is the service well-led?
The service was well-led.

The manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

Good

Ashleigh 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 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 17 December 2015 and was unannounced. It was carried out by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

At the time of this inspection there were six people living at the home**.** During the inspection we met with each person who lived at the home. We spoke with two members of staff, the manager and the provider's operations manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of two people who lived at the home. We also looked at records relating to staff recruitment, the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

Staff told us there were sufficient numbers of staff to meet the physical, social and emotional needs of the people who lived at the home. There was an on-call system which meant senior staff were available to support staff where needed.

The people who lived at the home were unable to tell us whether they felt safe in the home and with the staff who supported them however; people looked relaxed and comfortable with their peers and with the staff who supported them.

Staff were available to assist people when they needed support. We observed staff responded quickly for any requests for assistance. Staff did not rush people. They supported people in a relaxed and unhurried manner.

Risks to people were well managed and people were supported to live their lives with reduced risks to themselves and others. One person had been assessed by a speech and language therapist as they had been diagnosed with dysphagia, which meant they had difficulty in swallowing and also increased the risk of them choking. The person had a care plan and risk assessment which detailed how the person should be supported to eat and drink the recommended foods and the level of consistency food and drink should be prepared. Staff were knowledgeable about this person's needs and we observed them supporting the person in accordance with their plan of care.

People had prescribed medicines to meet their health needs. All medicines were stored securely in one room in the home. People took their medicines when prompted by senior staff. Each person had a clear care plan which described the medicines they took, what they were for and how they preferred to take them. Staff said they only helped one person at a time and always checked to ensure the correct medicine and dose was given. Senior staff usually helped people with their medicines although other staff could give 'as and when required medicines' such as painkillers and epilepsy rescue medicines. Staff received appropriate training before they were able to give medicines. This was confirmed in the staff training records. Medicine administration records were accurate and up to date. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Risks of abuse to people were minimised because the provider had a recruitment process which ensured all new staff were thoroughly checked before they began work. Checks included seeking references from previous employers and carrying out checks to make sure new staff were suitable to work with vulnerable adults. Staff told us they were only able to start work once all checks had been received.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been identified, the service had informed relevant authorities and, where appropriate, had followed their staff disciplinary procedures to make sure issues were fully investigated and people were protected.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system which meant they were able to obtain extra support to help manage emergencies.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Good

Is the service effective?

Our findings

Staff knew people well and they knew how to communicate with people using their preferred method of communication. The people who lived at the home were unable to communicate verbally. We saw staff were skilled at recognising when a person wanted something or were becoming anxious. People's care plans contained detailed information about how each person communicated. For example, what signs to look for which meant the person was happy or unhappy or if they were in pain. People used different methods of communication such as sign language, objects of reference and physically leading staff to show them what they wanted. Throughout our visit, we observed staff signing with one person who responded positively.

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The 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. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people's legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

The staff team were supported by health and social care professionals. People saw their GP, dentist, optician and chiropodist when they needed to. Each person had an annual health check- up. The service also accessed specialist support such as an epilepsy specialist nurse, learning disability nurse, speech and language therapist and a dietician. People's care was tailored to their individual needs.

People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans included 'hospital passports' which are documents containing important information to help support people with a learning disability when they are admitted to hospital.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. We observed staff supporting people in accordance with their plan of care. For example, one person required a gluten free diet, another required their food and drink served at a particular consistency. Staff were knowledgeable about people's needs and we saw people being supported as detailed in their plan of care. Menus were based on the preferences of the people who lived at the home and we saw people were offered alternatives where they indicated they did not want what had been offered.

Staff were confident and competent in their interactions with people. Staff told us training opportunities were very good. They told us they received training which helped them to understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as autism awareness and caring for people who have epilepsy.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

Good

Is the service caring?

Our findings

Staff interacted with people in a very kind and considerate manner. The atmosphere in the home was welcoming and people looked very relaxed and content with the staff who supported them. Even though people were unable to fully express themselves verbally, there was lots of laughter and friendly banter between staff and the people who lived at the home. Staff were available when people needed them and they supported people in a kind and unhurried manner.

In their completed Provider Information Return (PIR) the provider stated Staff are observed regularly throughout each day performing tasks and supporting those who live within the service. There is a caring and respectful culture within the team and this is promoted by all staff, not just the management team. Any concerns about practice are dealt with swiftly and formally to ensure there are clear expectations and standards set at all times. All staff are trained in equality and diversity and understand the role that they play in empowering the people that we support to live the life that they wish to."

People's relatives and health and social care professionals commented on the care people received in a recent satisfaction survey. Comments included "We are very pleased with the care [person's name] receives. The staff are so very caring and they know [person's name] little ways." Another comment included "A very friendly house caring for people with complex needs which is very well done."

Staff had a very good knowledge about what was important to each person who lived at the home. Each person had a one page profile which provided staff with information about the persons needs and what was important to them. People's care plans detailed information about what a "typical day" meant for them. This gave information about their preferred routine which helped staff to support people in accordance with their preferences and needs.

Staff told us about one person whose mobility had deteriorated and now needed to use their wheelchair more frequently. A member of staff showed us a plan of the person's bedroom they had drawn. They explained "We are looking at how we can re-organise things and get some fitted furniture. This will give [person's name] more space and will help them be more independent." Another member of staff said "[Person's name] loves having their hair and make-up done so we are looking for a pretty dressing table which they can sit at in their wheelchair."

Staff treated people with respect. They consulted with people about the day's routines and activities; no one was made to do anything they did not want to. People were asked throughout the day what they wanted to do and chose how to spend their time. On the day we visited, three people had chosen to go shopping followed by lunch out. Another person enjoyed baking a cake with staff.

Staff respected people's privacy. All rooms at the home were used for single occupancy. People could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering.

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. Staff told us three people enjoyed regular overnight stays with their families. A member of staff spent time with one person helping them to wrap Christmas Presents for their family.

People were supported to be as independent as they could be. Care plans detailed people's abilities as well as the level of support they needed with certain activities. There was an emphasis on enabling people to maintain a level of independence despite their disability. For example assisting with personal care needs, mobilising and making day to day decisions about where they wanted to spend their time and what they wanted to do.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Good

Is the service responsive?

Our findings

Each person was allocated a key worker. Key workers had particular responsibility for ensuring people's needs and preferences were understood and acted on by all staff. A member of staff told us about one person they were key worker for. They said "It's great. I get to spend lots of time with [person's name] which means you get to know them really well. That means I can make sure they have all the things that are important to them." In their completed Provider Information Return (PIR), the provider stated "Monthly meetings are held with people we support and keyworkers to ensure the persons support plan is up to date, and events are planned that the person would like to take part in. These are done with the persons preferred communication methods. Support guidelines identify the individuals care needs and preference in relation to the way in which they are supported."

People contributed to the assessment and planning of their care as far as they were able. Care plans showed that people's relatives attended "Person Centred Reviews" where they could discuss the care and support their relative received. In their PIR, the provider stated "We involve people we support in their care and support plans as much as possible, by taking into consideration behavioural responses to situations and activities where they are unable to communicate otherwise. We involve not only the person, but family members and those who are important to the person in annual reviews to ensure the best outcomes are achieved. As a group we look at what best care is for the individual and how we will achieve this, as well as what is important to the person to provide a good quality of life. All findings are documented on the person centred review document and held on file."

Staff were responsive to any changes in the health or well-being of the people who lived at the home. For example, one person had experienced an increase in epileptic seizures. Their care plan showed they had been referred to and seen by a number of specialist health care professionals which had resulted in a change of medication. Records showed staff had updated the person's plan of care to reflect the recommended changes which also included recording details of any seizures experienced by the individual. Records showed staff ensured the person's heath care needs had been kept under review.

Routines in the home were based around the needs and preferences of the people who lived there. For example, people chose what time they got up in the morning and when they went to bed. We observed people arriving for breakfast at different times during the morning and staff were available to respond to people's needs and requests.

People had opportunities to take part in a range of activities and social events. In their PIR the provider stated "Taking into account peoples interests and preference there is an array of structured activities that staff support the people we support with. Each activity has a support guide to identify any hazards and ensure that they are minimised so that the activity does not pose risk of harm to the person. The activity rota ensures that there is enough freedom for people to access ad hoc activities and rotas will reflect the correct number of staff to enable people to take part stimulating and varied experiences."

Staff told us people also enjoyed visits from a masseur, who was employed by the provider, and a person who offered creative craft sessions. One person enjoyed attending "toning sessions" in the town centre and swimming at one of the provider's other homes. A member of staff told us "We can basically support people to do whatever they want to do and that can change every day." They explained "[name of person] and [name of person] really enjoy pamper sessions so we have girly time and do hair and nails." Earlier this year two people were supported to go on holiday. A member of staff told us "They really enjoyed themselves. They stayed in an adapted caravan which meant there was plenty of room for their wheelchairs. They had loads of fun."

The manager operated an open door policy and was accessible and visible around the home. There had been no formal complaints in the last year however; staff told us they felt confident any concerns would be taken seriously and appropriate action would be taken to address their concerns.

Good

Is the service well-led?

Our findings

The home was managed by a person who had submitted an application to us to be the registered manager. The application was currently being processed by us. The manager also manages another of the provider's homes which is adjacent to Ashleigh House. The manager told us their philosophy was to "Empower people and enable them to live a happy and fulfilling life." The manager also told us they were involving the staff team and were asking them to "Come up with innovative ideas for improving the quality of life for people. This was confirmed by the staff we spoke with.

The Provider Information Return (PIR) was completed prior to the manager taking up post in the home. This stated "The values of the home are clear to all staff and discussed regularly in supervisions and team meetings. Staff are encouraged to be open and honest with their ideas on how to improve the service or if they feel something is not working well. Within the person centred review document there is a section dedicated to what people feel is working well and not well and from this an action plan is developed to improve the service in the areas found not to be working and continue to build on the things that are working well." We observed this document in the care plans we looked at and there was evidence that care plans had been updated based on the outcomes for people.

Surveys were sent to people's relative/representatives, staff and health and social care professionals to seek their views on the quality of the service provided. We read the results of a recent survey which had been positive. Under the heading "What is working well? " Comments had been made about communication, the staff team and friendly and happy atmosphere at the home. Suggestions about what the home could do better had been responded to. For example, there were comments about the location of the kitchen and its accessibility for the people who lived there. The manager told us the provider's managing director and property manager had recently visited the home to discuss ideas about how the configuration of the environment could be improved for the people who lived there. Discussions were on-going.

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. Staff morale was good and staff told us they received good support from the management team and their peers. One member of staff said "We have a brilliant staff team. We all get on and we all want the best for the people we support." Another member of staff told us "You get really good support. I love working here."

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. Supervision records showed a range of topics were discussed and the staff member's views were encouraged. These ranged from the level of support they received to discussions about people who lived at the home and what the staff member thought could be improved. A member of staff told us "I think the supervisions are good. I'm always asked if there is any training I need or would find helpful. I requested some total communication training so I could sign with [name of person who lived at the home] and it was arranged really quickly."

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. An operations manager from the company carried out regular visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive and well-led? We looked at the findings of a recent audit which had been carried out in December 2015. The result of the audit had been positive and only minor actions had been identified. Dates for compliance had been set but were not yet passed.

The provider reviewed their policies and procedures to make sure they remained in line with current legislation and practices. The manager told us they were always informed of any changes and that these were cascaded to staff and implemented without delay. The PIR stated "We access the Skills for Care website, and follow NICE guidelines, and there is communications shared by the internal quality and compliance teams. We have a quality department within Voyage who provides updates and communications whenever there is a change to current legislation or best practice. These are shared with the team through a read and sign file and in staff meetings. In

Good

Is the service well-led?

addition to this policies and procedures are reviewed regularly to ensure that they are complying with current guidance and legislation. In addition to this as a service we subscribe to emails from Skills for Care and CQC.".

There were regular meeting for staff which were an opportunity to share information and address any issues arising. Minutes of meetings showed that when an action was needed, a member of staff was nominated to take the action and information stated when it had been completed. This ensured that issues that needed addressing were dealt with in a timely manner. The manager told us they were introducing additional meetings for staff where senior staff from another of the provider's homes next door would meet with staff who worked at Ashleigh House to "share ideas and areas of good practice."

Significant incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. The manager reviewed incidents to see if there was any learning to help improve the service. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

The PIR told us Voyage Care are members of Investors in People, Skills for Care, BILD, LDa England, Care England. Voyage Care were finalists in Laing Buisson's specialist care awards in 2014.