Voyage 1 Limited

Ingleby House

Inspection report

Ingleby House
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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 1 February 2016 and was unannounced.

Voyage 1 Limited is a large provider of care services. Ingleby House provides accommodation, personal care and support for up to eight people with a learning disability, behaviours that challenge and / or autistic spectrum disorders. At the time of the inspection visit six people lived at the home.

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.

Staff understood their responsibilities to keep people safe and protect them from harm. Guidance was displayed, in the office, to remind staff how to raise concerns following the provider's safeguarding and whistleblowing policies. Risks to people's health and welfare had been assessed. Staff were trained to use safe levels of restraint for people whose behaviours challenged and could present a risk to themselves or others.

People had their prescribed medicines available to them and staff supported them to take them. Staff received training in the safe handling, administering and recording of people's medicines.

People had been involved in planning their care. Staff read people's care plans and received an induction and training so that they were able to effectively meet people's needs. Further training was planned for to update and refresh staff skills and knowledge. Staff said people's care plans provided them with the information they needed to support people in a way they preferred.

The registered manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Health care professionals were involved in people's care needs and making decisions in their best interests. Staff supported people to access healthcare appointments to maintain their wellbeing.

Risks to people's nutrition were minimised because staff knew about people's individual dietary requirements and, for example, any allergies they had. People were involved in menu planning and had choices about food and drink. People said the food was good.

People had been involved in how they wished to spend their time and had individual weekly activity plans. We saw people involved in various activities of their choice. People were supported by staff to maintain contact with their relatives.

Staff knew about people's individual likes and dislikes and how to provide support so they did not become

anxious. Staff promoted people's independence whenever possible, and were kind and compassionate.

People and their relatives were involved in planning and reviewing care and support. Care was planned to meet individual needs and was person centred. People's feedback on the service provided was sought by the provider. People told us they were happy living at Ingleby House. People and relatives told us they felt they could raise concerns or complaints if they needed to.

The provider had quality monitoring processes which included audits and checks on medicines management and staff practices. Where improvement was needed, action was taken. The provider's visions and values were understood by the registered manager and staff. The vision at Ingleby House is 'about thinking differently, offering real choice and real opportunities and enabling people to develop their independence and life skills'. During our inspection visit, we observed staff demonstrated this by their practice.

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 felt safe living at the home and staff understood their responsibilities to report any concerns about people's safety and to minimise risks to people's wellbeing. The provider assessed risks within the home which minimised risks to people or others as a result of behaviours that challenged. People were supported with their prescribed medicines from trained staff.

Is the service effective?

Good

The service was effective.

People's needs were met by staff that knew them well and had the skills and training they needed. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to prepare their meals so they had a well-balanced diet. Staff referred people to health care professionals when needed and supported them to attend healthcare visits.

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were kind and caring. Staff supported people to be as independent as possible and treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning care and support. Staff knew how to respond to people's communication needs so they did not become anxious. People were supported with planned activities which provided them with a routine they found helped them feel secure. People and relatives knew how to raise a concern or complaint if they needed to.

Is the service well-led?

Good

The service was well led.

People and their relatives were encouraged to share their views and give feedback on the quality of the service. The staff team understood and worked to the provider's values to offer choice to people. The provider had systems to monitor the quality of the service provided to people and took action where improvement was needed.

Ingleby 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 1 February 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.' The expert by experience on this inspection had experience of learning disabilities and autistic spectrum disorders.

The provider completed 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 plan to make.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We reviewed statutory notifications received from the provider about, for example, medication errors and safeguarding alerts. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with, and spent time with, six people that used the service. We spoke with three relatives who told us about their family member's experiences of using the service. We spoke with six care staff and one senior carer. The registered manager was not at work on the day of our inspection visit but we spoke with them and the director by telephone during our visit. We reviewed a range of records, these included care records for two people and their medicine administration records. We reviewed staff training, team meeting records, quality assurance audits and action plans to address issues identified where improvement was needed.

Good

Is the service safe?

Our findings

People told us they felt safe when staff supported them. One person told us, "I' am happy here. Staff help me. I am safe here." Relatives felt their family member was safe and well cared for by staff. One relative said, "The staff are not rushed, they have time for each person living there." Staff understood their responsibilities to keep people safe and protect them from harm. Guidance was displayed, in the home's office, to remind staff how to raise concerns following the provider's safeguarding and whistleblowing policies.

Staff knew about risks associated with people's care and told us there were copies of risk assessments in peoples' care plans for them to read and follow. One staff member explained, "The risk assessments are detailed. For example, one person has a crash mat under their bed and we pull it out at night next to their bed in case they roll out onto the floor. " We saw the crash mat was located under the person's bed. Another staff member said, "I feel very protective of the people I support. It is my job to keep them safe. I wouldn't want them to ever be hurt or injured."

People living at the home had learning disabilities and / or autistic spectrum disorders and sometimes displayed behaviours that challenged and could present a risk to themselves or others. One person told us, "Staff help me keep calm and I can talk to them. Sometimes I get lots of anxiety about things. " One staff member said, "We try to keep people's behaviour settled by keeping them calm so they and others remain safe." Another staff member said, "Using a safe hold as restraint is the last resort and only when the person or others are at risk of potential harm or injury. We always try to avoid situations that might make a person anxious. If they become anxious we can try to talk with them to calm down. We only use 'as required' medication or a safe hold to restrain them when absolutely necessary." Staff were trained to use safe levels of restraint for people whose behaviours challenged and could present a risk to themselves or others. Care records contained visual images of safe 'holds' that staff had been trained to use.

Care records contained risk assessments and showed care was planned to take into account and minimise risk but also to balance risk between protection and positive risk taking. For example, one staff member explained to us that one person was not able to independently prepare their food due the risk of potential injury and not having a balanced diet. The staff member told us, "Staff sit with [Person's Name] while they prepare their food, this keeps them safe as we can prompt them and also check their dietary needs are met." We saw one person had a risk assessment in place for using the stairs and how staff should support them because of a health condition that meant the stairs presented a potential risk to their safety. We discussed this with the senior carer and they told us, "[Person's name] had a fall on the stairs due to their epilepsy. Health professionals are currently involved in further assessment with the person and may consider if it is in the person's best interests that they move to a ground floor bedroom which is available." A visiting health care professional confirmed this to us.

Some staff spoken with told us they had worked for the provider for over a year and had an interview and employment checks undertaken before they started to work with people. Two recently recruited staff members told us they had waited until employment checks before they started working alongside experienced staff members.

People had identified staff members to support them within the staff team on duty. People told us they felt there were enough staff to meet their needs. One person said, "Staff are always here. Don't have to wait. They help me straight away." We observed sufficient numbers of skilled staff were on duty to meet people's needs in a safe way, for example we saw one person's planned one to one support took place.

People received support from staff to take their medicines. One person told us, "Staff give me my tablets when I need them." Staff told us they had received training to administer peoples' medicines safely, and had been checked to ensure they did this safely (competency checks).

We looked at two people's medicine administration records (MAR) and saw these listed their prescribed medicines which were available to them and safely stored at the home. We saw the pharmacy had printed specific instructions for taking medicines most of the time, but saw a few examples when instructions, such as taking a tablet with water or on an empty stomach, was not on the MAR. We discussed this with the senior carer and they took immediate action to contact the pharmacy to ensure all specific instructions about people's medicines were on their MAR. Staff had signed correctly to record when medicines had been given and checks had been completed by senior carers to ensure staff had completed people's MARs correctly.

We saw people had some medicines 'as required' such as for pain relief or to help calm them when anxious or showing behaviour that challenged that may result in harm to them or others. Information was available to staff to tell them when people's 'as required' medicines should be given. One person had an emergency first aid medicine prescribed to them. Although guidance was in place to tell staff the dosage that should be administered if needed, this had been scribbled out and amended. We discussed this with the senior carer and they said they would ensure the guidance was printed again which would be clear to staff. We found one staff member that provided one to one support to a person; in and out of the home, had not completed training to administer the first aid medicine. We discussed this with the director who told us the staff member would not accompany the person out of the home until they had completed the required training. The director added that other staff were trained and would provide support for the person to go out. Following our inspection visit, we were told a date had been arranged for the 12 February 2016 for staff to complete training to administer the first aid medicine.

Good

Is the service effective?

Our findings

We asked people and their relatives if they felt staff had the skills and knowledge they needed for their role. One person told us, "Staff are marvellous." Another person said, "Staff do a good job helping me with things." Relative comments included, "I think the staff are excellent," and, "I am pleased with the service they provide."

Staff told us they completed an induction when they started working at the home and online electronic training to support them to meet people's needs. One staff member said, "There were about 10 or 15 online sessions I did, I could do with refreshing some as it was a lot when I first started. I also did a two day taught session teaching me to safely manage behaviours and safe 'holds' to restrain people if needed. That was very useful to my role." Another staff member said, "I had a good induction and was allowed time to read people's care plans and the company policies and procedures." Staff said they completed shifts shadowing an experienced staff member before they worked unsupervised with people. One staff member said, "Staff have been supportive toward me when I started here. For some training such as about disabilities, I feel I'd like it to be more in-depth, but overall I'm confident from the training given."

Staff told us that their knowledge and learning was checked through a system of supervision meetings and 'observation competency checks' on their practice, such as administering people's medicines. Staff said they had individual meetings with their manager but these had not always been very frequent. The senior carer explained that the home had been without a manager for a short time during 2015 and one to one meetings had not taken place as often as planned for. The senior carer said, "A new manager started in Autumn 2015 and one to one staff meetings and team meetings are back on track." Staff told us they felt team meetings provided an opportunity for them to discuss issues and training requirements. For example, one staff member told us they had made suggestions about one person's communication needs that had been implemented.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The senior carer told us people were able to make day to day decisions about, for example what to wear, but a referral for a mental capacity assessment and 'best interests' meeting would be made for any complex decisions that needed to be made. Staff had an understanding of the principles of the MCA and how this impacted on their practice. Staff member gave us examples of how they sought consent from people before, for example, supporting them with personal care tasks. One staff member said, "Generally, we try to prompt people as much as possible to do things themselves but will help when needed. I might say, 'can I help you a bit?' and I make sure the person is happy to be helped."

The senior carer told us one person had a DoLS in place and an application had been made for another person that had continuous support and observation. The senior carer gave us examples of when they would make an application for a Deprivation of Liberty Safeguard (DoLS) which demonstrated they understood their responsibilities under the MCA and DoLS.

People told us they enjoyed their meals at the home. The menu was displayed and had pictorial images so people could see what the meal was going to be. The menu also recorded which person had made the choice for the day's meal. Staff told us, "If a person did not like something, we would always be able to offer an alternative." Staff knew about people's special diets, such as gluten free and suitable food items were stocked. We saw the staff communication book informed staff the lasagne ready for some people's teatime meal was not gluten free. This showed staff effectively communicated important information to one another. Some people required support with food preparation or prompting to eat and drink and this was recorded in their care plan. Other people were independent in the kitchen, for example making hot drinks for themselves whenever they wanted one. We observed people's support during their evening meal; the environment was calm enabling people to enjoy their meal. Staff ate with people to model positive behaviours and provided support to people when needed. One staff member said, "We always eat with people around the table in the evenings, most people here enjoy a pub lunch or meal out, so with staff sitting and eating with them it encourages positive behaviour."

Referrals were made to health care professionals, such as behavioural therapists when needed. The senior carer told us a few people attended healthcare appointments, such as a podiatry appointment by themselves. Other people were supported by staff to visit healthcare professionals such as their GP, dietician or speech and language therapists. One relative told us, "We had concerns about [Person's Name] health needs because it impacted on their behaviour. We spoke with staff and they are keeping us informed about what the doctor said. I feel they are on top of it now."

Good

Is the service caring?

Our findings

People said staff were kind to them and commented to us, "Staff are great," "Staff are kind to me," and, "Staff do a good job here at this house." All relatives spoken with told us they felt their family members were "well looked after." One relative told us, "My family has always been well cared for."

Staff gave us examples of how they cared for people. One staff member told us, "I treat people the way I'd want to be treated; as an individual so I support them with what they need." During our inspection visit we observed staff had positive interactions with people and that people were relaxed with staff who treated them with kindness and compassion.

Speaking with staff showed us they knew people well and supported people in line with their wishes and we observed care was person centred on the individual. Care plans contained information about their likes and dislikes, people that were important to them, their care and support needs and how their independence should be promoted. Care records showed that people and / or their relatives had been involved in planning their care whenever possible. Care records were kept in a secure cupboard in the home's office, although people could ask staff to look at their own care plan. The senior carer said, "There are a few people that live here who do like to look at their care plan and they just ask us for it. There is no restriction, they can look at it."

Staff gave examples of how they promoted people's independence. One staff member told us, "Some people are more independent that others, but we try to always encourage people to do things for themselves, even if it is small things like selecting their clothing for the day." Two people had bus passes and travelled independently. One person told us, "I go on the bus. I have a job on the market, once a week I work there. I have my bedroom door key and lock my room when I go out."

Staff maintained people's privacy and dignity when they provided support with personal care tasks. One staff member told us, "I do have to help [Person's Name] have a shower. We try to prompt them to do some things for themselves, but we need to support them as well. I always make sure the blinds are closed and door is shut. I encourage the person to select their clothing first, so it ready after their shower." Staff knocked on people's bedrooms doors before entering and asked if they could enter.

Good

Is the service responsive?

Our findings

People felt staff met their individual needs. One person told us, "I have the support I need at Ingleby." Relatives felt staff were responsive to their family member's needs.

Care planning was centred on the individual and their personal needs. People and relatives spoken with told us they were involved in the initial care planning process. The senior carer explained that some people had behaviours that challenged and / or became anxious sometimes. The senior carer said, "We have staff members that support specific people for continuity of their care and support. We have found this works well in managing behaviour and helping people remain calm."

Staff had a good understanding of people's care and support needs and responded effectively to people's communication needs. Staff told us one person could become loud and emotional and this could lead to behaviour that was challenging. This was managed by the person having a named 'staff communicator' each shift which provided the person with a sense of security and reduced their anxiety. Another person used non-verbal communication, pictures of their hand gestures and signs were included in their care plan so staff had the information to refer to, when needed, so they were able to understand the person's communication system. This meant people did not become angry or upset because staff understood their communication methods.

Staff supported people to maintain relationships with people important to them. One person told us, "My mum is living in a care home now. Staff take me every week to see her. I like to see her." Another person's relative told us, "Staff bring [Person's Name] to see us at a set time each week. One week, we could not have the visit and were worried about how this would impact on our family member. We need not have worried because the staff arranged a different trip out for [Person's Name] as a distraction from the usual visit to us. We were impressed."

Staff told us they had time to read care plans. They said there was detailed information in care plans to inform them of what support people needed. We looked at two people's care records and saw they provided staff with information about the person's individual preferences and how they wanted to receive their care and support. We saw where people lived with epilepsy; there was information about seizure 'trigger' factors. Care records included information about people's health conditions, such as diabetes or their dietary needs.

The senior carer explained that people generally did the same individual activities on a weekly basis because this provided structure and security to them. The senior carer said, "The activity planners are not rigid, if a person wanted to do something different that is okay. However, for those people on the autistic spectrum it helps them to know what is happening as not everyone copes with changes very well and this may cause anxiety." During our inspection visit all six people went out to do various planned activities. One person signed to us that they were going to town for a coffee and jacket potatoe. Another person told us they had been to their activity group session. One staff member explained to us they had supported one person to attend a relative's funeral. They said, "I sat behind the person in case they needed my support, but

enabled them to sit with other family members."

People told us they had no concerns about staff or living at the home. One person said, "If I was worried about something, I'd tell the staff." Relatives said they had no concerns and felt they could speak to staff if they needed to raise a concern or complaint. One relative said, "We have no complaints, we are happy with everything."

Good

Is the service well-led?

Our findings

People told us they were happy with their care and support at the home. Relatives were satisfied with the service provided to their family member.

All staff spoken with told us they felt the organisation was open and honest. A few staff commented to us they did not see the manager very often, but felt supported by senior carers. The senior carer told us the registered manager had become manager of Ingleby House during Autumn 2015, but also managed other nearby locations for Voyage. The senior carer said, "The manager is not here every day but we have good open lines of communication, they are always available if needed. I feel supported as I work with a good team here and can phone the manager whenever needed."

Staff demonstrated an understanding of the organisation's values and the ethos at home to 'think differently, offer real choice and real opportunities and enable people to develop their independence and life skills.' Staff told us they felt the provider cared for people and would listen to any concerns raised on their behalf. People and their relatives were asked their views on the quality of the service provided. The senior carer explained that the most recent January 2016 feedback surveys had not yet all been returned so had not been collated or analysed. We looked at some of the responses received and some positive comments from people that lived at the home and comments from relatives included, "Nothing needs changing," and, "I am pleased with the service they provide."

We looked at the provider's quartly audit covering October to December 2015. A few issues had been identified as requiring improvement and the senior carer showed us an action plan that was being implemented. Details of who was responsible for action and timescales were included in the action plan.

The provider's quality assurance systems included audits so that action could be taken where the need for improvement was identified. We looked at an audit and systems in place for ensuring the safe management of people's medicines. The senior carer told us the manager and staff had agreed that the home's current pharmacy arrangement was not meeting their needs and had taken action to change to a new pharmacy. This was due to commence in February 2016.

Staff told us they could report any maintenance issues to Voyage head office, who had contracts with organisations, and they would arrange for any necessary repairs to be completed. One staff member told us, "Voyage are really quick at getting repairs done, we don't have to wait long." We saw two people's bedrooms had small areas of damp on a wall. The senior carer told us, "This person's bedroom ensuite had a leak and it has just been totally refurbished. The wall in the bedroom has been made good and just needs painting. The other bedroom wall is due to be done this month." The senior carer also told us the home was due to be decorated as it had been agreed by staff that the décor was 'worn'.

Accidents and incidents were recorded and reported to Voyages' head office along with other information on a weekly information report. The senior carer told us that head office would complete an analysis to look for any trends or patterns. The senior carer said, "If head office want any further information they will

telephone us or if they want us to do something they will inform us, and we will action and record it."