Voyage 1 Limited

John Cabot House

Inspection report

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20 July 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

John Cabot House is registered to provide accommodation and personal care for up to eight people. At the time of our inspection, eight people were living at the service. Two people were accommodated in self-contained apartments and, six people in the main house who shared communal space including the kitchen.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

We carried out an unannounced inspection of the service on 19 and 20 July 2017. This meant the provider and staff did not know we would be arriving.

At our last inspection in March 2016 we rated the service overall as Requires Improvement. We did not identify any breaches of the Health and Social Care Act 2008 at that inspection.

During this inspection we found one person's apartment had no working lighting. The provider had not taken action to resolve this within a suitable timescale. They had not informed the Commission of this as required by law.

Staff had not received the training required to effectively meet people's needs.

People were not always treated with dignity and respect.

Care records kept did not provide an explanation of why planned activities had not taken place

We identified that on one recent occasion staffing levels had been less than those identified by the provider as required to meet people's needs.

There were no recorded complaints in the 12 months leading up to our visit. However, we were made aware of concerns people had shared with staff and managers.

Feedback from staff regarding the leadership and management of the service was not always positive. Risks were assessed and plans put in place to keep people safe. Checks were carried out on staff before they started work with people to assess their suitability to work with vulnerable people. Medicines were safely managed and people received their medicines as prescribed.

Staff received regular supervision with their line manager. Arrangements were made for people to see

healthcare professionals including a GP when they needed to do so. The service complied with the requirements of the Mental Capacity Act 2005 (MCA).

People were cared for and supported by staff who knew them well. People's individual care and support plans were person centred and detailed the information required to provide their care and support. Staff worked positively with other professionals and implemented plans developed by them.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found one breach of the Care Quality Commission (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service is now rated Requires Improvement.

At the time of our inspection one person's apartment had no working lighting. This had been the case for several weeks.

On one recent occasion we saw staffing levels had fallen below those identified as required by the provider.

Risks were assessed and plans put in place to keep people safe.

Checks were carried out on staff before they started work with people to assess their suitability to work with vulnerable people.

Medicines were safely managed and people received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service remains Requires Improvement.

Staff had not received the training required to effectively meet people's needs.

Staff received regular supervision with their line manager.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Requires Improvement

The service is now rated Requires Improvement

People were not always treated with dignity and respect.

People were cared for and supported by staff who knew them well.

Is the service responsive?

Requires Improvement

The service is now rated Requires Improvement.

Care records kept did not provide an explanation of why planned activities had not taken place.

There were no recorded complaints in the 12 months leading up to our visit. However, we were made aware of concerns people had shared with staff and managers.

Staff worked positively with other professionals and implemented plans developed by them.

Is the service well-led?

Requires Improvement

The service remains Requires Improvement.

The provider's quality assurance systems had not ensured action had been taken to reduce or remove concerns identified, within a timescale that reflected the impact to the health, safety and welfare of people.

The Commission had not always received notifications as required by law.

John Cabot 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 July 2017. The inspection was carried out by one adult social care inspector and was unannounced.

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

We contacted five health and social care professionals involved with the service and asked them for some feedback. We were able to speak with one further professional visiting people at the time of our inspection. We have incorporated what they told us in the main body of our report.

We spoke with three people. Some people were not able to speak with us and one person chose not to. However, we were able to meet seven people and spend some time with them and their staff.

Given the lay out of the building and considering people's needs we decided not to carry out a Short Observational Framework for Inspection session (SOFI 2). SOFI 2 is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. This was because we considered it would have been too intrusive to have carried this out and, that our presence would have interfered with the usual activities.

We spoke with a total of eight staff, including the deputy manager, operations manager, two senior support staff and four support workers. The registered manager was not available at the time of our inspection.

We looked at the care records of five people using the service, four staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range

of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Requires Improvement

Is the service safe?

Our findings

One person requested to speak with us in an activities room. They asked for a staff member to be present to help them explain things to us. They said they had no lighting in their apartment. They were visibly upset by this. They said they had asked what was happening but did not know when this would be resolved.

They showed us around their apartment. The apartment consisted of a kitchen area, bedroom/sitting area and bathroom. There were no mains lighting throughout the apartment. The person told us they had a bedside lamp and that they used fairy/Christmas lights to generate some light when it was dark. They said when they called for staff to assist them with personal care at night they brought a torch. They said they had been without lighting in their bathroom for more than four weeks and the rest of their apartment for two to three weeks. This was confirmed by the staff member accompanying us. The staff member also showed us where water was leaking through the ceiling onto the person's kitchen floor and cooker.

We immediately spoke with the deputy manager. They informed us that; the lighting had been switched off at the mains by maintenance staff sent by the provider because of water leaking from the flat above. They further explained that maintenance requests had been submitted to the provider but no date identified to rectify the problem. We said the current position was not satisfactory. We asked the deputy manager to contact the provider to ensure the person had lighting in their apartment.

Within an hour, an electrician was at the service. They were able to switch all the lights except one back on. One they had to isolate and ensure no electricity reached it because water was running through the fitting. They explained the person had not been at risk because of this. They further explained the water coming from the upstairs flat needed to be rectified as soon as possible to prevent further damage.

The person was extremely pleased with this outcome. However, their kitchen area remained unusable due to water leaking from the ceiling. We were assured the person would continue to use a communal kitchen area for meal preparation. The provider's operations manager and senior property officer were able to assure us work would commence on repairing the leak from the upstairs flat on Tuesday 25 July 2017.

We were informed on 31 July 2017 that this work had been completed.

Although now rectified this was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

Staff told us there was not always sufficient skilled and experienced staff to provide support to people. They spoke of occasions where staffing levels had been lower than those identified as required by the provider and, where they had felt under pressure to work additional hours. Comments included; "We have had just three staff and myself, when that happens we just prioritise safety and forget activities", "Staffing is not always very organised. Sometimes there's only three or four of us which isn't enough", "Sometimes there are only four staff which is nowhere near enough" and, "There was a time a while back when I was working lots of hours, I had to, there was no-one else to do it". We asked staff if they felt people were at times not safe as

a result of staffing levels. They said people's safety was not compromised.

The deputy manager told us the required staffing levels were; six staff in the mornings, five in the afternoons and two overnight. Staff rotas showed these levels were usually provided. Regular bank staff were employed to provide additional staffing to cover for sickness and absence. On the days of our inspection, we saw there was enough staff. Call bells were answered promptly and people received care and support as required. We looked at the staff rotas for the three weeks leading up to our visit. We saw that on the evening of 14 July there were four staff working after 7.00 pm. We saw on that occasion one staff member was new to the service and one was on lighter duties. The senior support worker responsible for leading the shift was in an acting capacity and, two of the staff had not received training on working with people with an acquired brain injury. Staff told us there had been recent occasions when staffing levels meant people were not able to carry out planned activities.

At our last inspection in March 2016, we reported that some hand written medicine charts had not been checked by two staff. Nor had all staff signed each medicine chart they had written out. This meant there were shortfalls in the provider's own checking systems for ensuring medicine records were accurate and people were given their medicines safely.

At this inspection, we saw people were kept safe from the risks involved in the management of medicines. A new system had been introduced that eliminated the need for hand written administration sheets. There were clear policies and procedures for the safe handling and administration of medicines. Records evidenced that people received their medicines as prescribed. Staff had received training in administering medicines. Clear guidance was in place for staff, which described the action to be taken to keep people safe if an error in the administration of medicines occurred. We saw there had been eight errors with the administration of medicines in the 12 months prior to our inspection. In each instance, action had been taken to seek medical advice and investigate why the error had occurred.

Some people were prescribed 'as required' medicines. These were to be administered when people needed them for pain relief or to reduce anxiety. Clear plans were in place to ensure staff knew when and how to administer these. Medicines that required additional measures to comply with legal requirements were managed safely.

Staff knew about the different types of abuse to look out for and what action to take when abuse was suspected, alleged or witnessed. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give examples of situations that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice. The registered manager and staff had appropriately raised safeguarding alerts to the local authority within the previous 12 months.

Comprehensive risk assessments were in place. These included risks as a result of specific health care conditions and, risks as a result of choking, poor nutrition, anxiety and distress and, the delivery of personal care. Risk assessments contained clear guidance for staff. Other health and social care professionals had been involved in advising on safe practices and equipment. Staff had a good knowledge and understanding of individual risk assessments and measures to be taken to keep people safe.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous

employers. Recruitment procedures were understood and followed.

A comprehensive fire risk assessment had been completed. Regular checks regarding fire safety including; system checks, fire drills and fire equipment were carried out and future checks scheduled. Each person had a personal evacuation plan in place. Checks had been carried out on electrical equipment. Regular servicing of mobile hoists and the elevator had been completed by appropriately qualified contractors. Systems were in place to ensure the water temperatures were maintained at safe temperatures.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were stored securely to eliminate risks to people's safety. The accommodation was clean, odour free and appropriate for people.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in March 2016, we reported that staff had not all received training on 'acquired brain injury'. We noted at that time that this could impact on their ability to provide effective care if they did not fully understand the impact of acquired brain Injury on people.

At this inspection, we saw this remained the case. This was particularly relevant as the purpose of the service was to provide 'slow stream rehabilitation and residential care for people with acquired brain injury'. We checked the training records of six staff and saw that none had received the in depth training the provider had planned for them to do. The registered manager's action plan identified staff would receive this training within the first three months of their employment. Some staff we spoke with told us they felt they needed more training on acquired brain injury. Speaking with staff it was clear some did not fully understand the impact of acquired brain injury and, in particular, how this may affect a person's behaviour.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision. Staff records showed that supervisions were held regularly. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

Staff received the core training required to provide care and support to people. This included; moving and handling, first aid, infection control, fire safety, administration of medicines and safeguarding vulnerable adults. Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification.

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 MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the MCA and DoLS. Care plans contained an assessment of

people's capacity to make specific decisions.

As a result of these assessments, it had been identified that some people lacked the capacity to consent to their care arrangements. The registered manager and staff had recognised there were restrictions upon some people's freedom. They had made DoLS applications to the appropriate authorities in these instances. The outcome of some of these applications had not been received. Staff kept a clear record when they 'chased up' these applications. The deputy manager understood they were required to inform CQC of any applications when authorised.

Staff understood that people should be encouraged to make their own decisions regarding their care and support. Staff promoted people making their own choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind. For those people who lacked the capacity to make these decisions, plans were in place identifying how they were to be cared for.

People chose what they wanted to eat. Menus were well planned and the food provided was varied and included a range of choices throughout the week. People told us they enjoyed the food. People had access to a variety of drinks throughout the day. People's food and fluid intake was monitored and recorded where required.

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of any hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

People had access to a number of communal rooms that could be used to relax, chat to others or have some quiet time. An activities room, conservatory, kitchen/dining area and lounge were also regularly used by other professionals when working with people. These included speech and language therapists, physiotherapists, occupational therapists, behavioural specialists and social workers.

Requires Improvement

Is the service caring?

Our findings

One person told us a particular member of staff spoke to them in a manner they described as 'patronising'. They said, "I'm not a child and don't need speaking to like one". Staff we spoke with also raised this concern. One member of staff told us four different people had told them that this staff member spoke to them as though they were children. We fed this back to the provider's operations manager. They said they were aware of this and were taking action to address it.

The person whose apartment had been without lights for some time, told us they felt they had not been listened to. The speed at which this particular problem had been addressed when we insisted upon it, demonstrated the person themselves had not been afforded the same degree of influence as we had.

These were breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

However, most staff knew people well and clearly respected them. They were able to tell us about people's interests and individual preferences. We saw a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. Staff spoke about people in a positive manner.

Feedback from people regarding the staff was mainly positive. One person gave us a thumbs up when we asked whether the staff were caring. Others said; "Some are better than others but the majority are good" and, "I'm happy with the staff".

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. People spoke with us about their families. Staff said they felt it important to help people to keep in touch with their families.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met. People we spoke with knew who their keyworker was.

People's independence was promoted. Care plans identified where people required assistance but also where they did not. They also detailed how people were to be supported to develop their skills and independence. Several people had identified a desire to move to more independent living and staff had put plans in place to help with this. Staff had sought the involvement of other professionals in developing these plans.

Confidentiality was maintained and information held about people's health, support needs and medical histories was kept securely in the ground floor office of the home. Information about how to access local advocacy services was available for people who wished to obtain independent advice or guidance. Staff

understood the need for confidentiality.

People's care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. Staff had received training on equality and diversity.

Requires Improvement

Is the service responsive?

Our findings

We saw one person had not been supported to leave the house in the 19 days leading up to our visit. This person's care plan documented that they enjoyed community activities. A recording sheet was in place that stated the person should be offered three community activities each week. We spoke with the deputy manager about this. They said the person may have been offered activities but declined them. They also told us the person had recently been unwell. However, there was no record of activities being offered or any decision the person should not go out because of being unwell. Staff we spoke with told us this person sometimes missed out on activities as a result of staff shortages. As a result of these conflicting explanations and the lack of recording we could not determine the reason behind this. This requires improvement to ensure there is a written record detailing why activities had not taken place.

Other people told us they were able to participate in activities outside of the home. Each person had a plan of activities in their care plan. On the days of our inspection, people were supported with planned activities and, some spontaneous trips to local shops.

People had an easy to read complaints procedure in their 'Handbook'. Records of comments and complaints were held at the service. We looked at the complaint records and saw there had not been any complaints in the previous six months. We were told by the person whose lighting was not working they had raised this with staff and managers. However this was not recorded as a complaint to enable monitoring of complaints in line with the provider's policy.

The service made use of a wide range of person centred planning tools to assess people's individual needs and plan to meet those needs. These tools included; a one page profile summarising how the person should be supported, an assessment of things important to and important for the person, a breakdown of a good day for the person, a relationship map showing those important to the person and a communication profile giving information on the person's communication needs. Information on how people had been involved in developing these was included in people's care records. Staff told us this information provided a good overview of people's likes, dislikes, hobbies and interests.

Care plans contained guidance on the support people required as a result of their acquired brain injury. Plans were in place to assist people in developing their daily living skills, managing their behaviours and meeting their physical health needs. The provider ensured health and social care professionals were involved in developing these plans. We saw occupational therapists, behaviour specialists, speech and language therapists and physiotherapists had assisted with these support plans. Staff told us these plans were easy to implement and important in assisting people's rehabilitation. Professionals we spoke with said staff worked positively with them and implemented the plans they developed.

One staff member had been delegated the role of 'therapies co-coordinator'. They spoke with enthusiasm about their role. They told us they ensured good communication was maintained with visiting therapists and they monitored staff implementing the therapeutic plans. They said this was a new role introduced by the provider. They told us they had attended a meeting with other staff also carrying out this role in the

north west of England. They said the meeting had been helpful in developing networks and learning about best practice.

One person had recently moved into John Cabot House. The registered manager and staff had visited and spent time with them at their previous placement. Staff told us they felt this had helped the person's transition to the home.

Requires Improvement

Is the service well-led?

Our findings

There was a lack of consistency in the quality and management of the service afforded to people. As a result some people were not fully involved in improving their care. Action had not been taken to address the known problems with the environment and activities provision.

The provider had identified the risk to the health, safety and welfare of the person whose apartment did not have any lighting. However, they had not then taken action within a realistic timescale to reduce or remove this risk.

When we inspected in March 2016 we rated the service as Requires Improvement. At this inspection we found the service remains as Requires Improvement.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The Commission had not always received notifications as required by law. When we inspected the service, we had not received a notification informing us of the lack of lighting in one person's apartment. Registered persons are required to inform the Commission of incidents that have an impact upon their ability to provide the regulated activity. One person having no lighting in their apartment for several weeks is an example of such an occurrence.

This was a breach of Regulation 18 the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

The management structure was clear and understood by people and staff. The registered manager was assisted by a deputy manager and received support themselves from an operations manager. Senior support staff were responsible for each shift and supervised by the registered and deputy managers. We observed a staff handover and saw how senior support workers assigned specific duties to individual support staff.

Feedback from staff on the leadership and management of the service was mixed. Comments included; "Things have improved a lot since (registered manager's name) and (deputy manager's name) came. The service is now more person centred and less clinical", "It's not very organised. I think (registered manager's name) takes on too much and doesn't delegate enough", "The paperwork has improved since (registered manager's name) started", "Often (registered manager's name) and (deputy manager's name) are off at the same time which isn't helpful" and, "Staff don't get support from managers. They expect too much of staff". Feedback from professionals included; "The manager and deputy are very positive" and, "The managers support my involvement". The registered manager had been in their post for 12 months and the deputy manager for six months. We spoke with the operations manager about the feedback we had received from staff. They said they were aware of some of the concerns expressed by staff and were taking action to address them.

Regular staff meetings were held. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff gave mixed feedback on whether they found these meetings helpful. Several staff commented that these meetings were not well attended. Records of these meetings included action points, which were monitored by the registered manager to ensure they were completed.

Systems were in place to check on the standards within the service. These included weekly checks on areas such as; medication, equipment, care records and health and safety. The registered manager completed a quarterly audit once every three months, which was then submitted to senior managers.

The operations manager also carried out visits every three months, which identified any areas requiring action. A quality and compliance auditor employed by the provider also carried out an annual audit. This had last been completed on 28 September 2016. This audit was based upon the CQC Key Lines of Enquiry (KLOES). An annual service review was carried which centred upon gaining feedback from people, families and professionals. The feedback received had been collated and an action plan produced to address the issues raised.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Copies of the most recent report from CQC were on display at the home and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessment of the provider's performance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not submitted notifications to the Commission as required by law. Regulation 18 (2) (g) (ii).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had not ensured service users were always treated with dignity and respect. Regulation 10 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured the premises were properly maintained. This was because one service user had been without lighting in their apartment for several weeks. Regulation 15 (1) (d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff had received the training required for them to carry out their roles. Regulation 18 (2) (a).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured action had been taken within a reasonable timescale to mitigate risks to the health, safety and welfare of service users. Regulation 17 (2) (b).

The enforcement action we took:

The Commission issued a warning notice.