Care Quality Commission

Voyage 1 Limited

Blackberry Hill

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

Blackberry Hill provides care and support for ten people who have a learning disability. People require 24 hour staff support in the home and support to go out. The home is set in its own grounds, close to the town centre. A registered manager was responsible for the home. This 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 and associated Regulations about how the service is run.

This inspection took place on 17 and 20 April 2015 and was unannounced. It was carried out by one inspector.

People had communication difficulties associated with their learning difficulty. We therefore used our observations of care and our discussions with people's parents and staff to help form our judgements.

The home was a safe place for people. Staff understood people's needs and provided the care and support they needed. One parent said "I've no issues about safety at all. In all the time we have visited I've never been concerned about anything I've seen."

Summary of findings

The service supported people to make as many choices about their own lives as they could. People used many community facilities and were encouraged to be as independent as they could be. People appeared happy with the care they received and interacted well with staff.

Staffing levels were good and people also received good support from health and social care professionals. Staff were skilled at communicating with people, especially if people were unable to communicate verbally.

Staff had built close, trusting relationships with people over time. One parent said “What I really like is you see the same faces. There are a core of staff who have been there for a long time and they know people well and pick up any changes. You just don’t get that everywhere, that continuity of care.”

People, and those close to them, were involved in planning and reviewing their care and support. There was a very close relationship and good communication with people’s parents. Parents felt their views were listened to and acted on.

Communication and morale throughout the staff team was good. Staff were well supported and well trained. All staff spoken with said the support they received was very good. Staff spoke highly of the care they were able to provide to people. One staff member said “We try to make it a very homely place and make sure people have a good life. I love working here.”

There was a management structure in the home which provided clear lines of responsibility and accountability. The management team strived to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people’s views about the running of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make their own choices and promoted their independence.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was well managed.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

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

People were well supported by health and social care professionals. This made sure they received appropriate care and treatment.

Staff had a good knowledge of each person and how to meet their needs.

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

Is the service caring?

Good

The service was caring. Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive. People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used many community facilities and were supported to follow their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

Summary of findings

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Blackberry Hill

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 and 20 April 2015 and was unannounced. It was carried out by one inspector.

People had communication and language difficulties associated with their learning difficulty. We therefore used our observations of care and our discussions with people's parents and staff to help form our judgements.

We spoke with three parents on the telephone; two also shared their views by email. We spoke with five care staff, the deputy manager, the registered manager and the acting operations manager during our visits to the home. We observed care and support in communal areas and looked at five people's care records. We also looked at records that related to how the home was managed.

Before our inspection we reviewed all of the information we held about the home. We also reviewed the Provider Information Return (PIR) and previous inspection reports. 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.

Good

Is the service safe?

Our findings

People had communication difficulties associated with their learning difficulty. People's parents told us they had no concerns about the safety of their family members. Each thought it was a safe place. One parent said "I've no issues about safety at all. In all the time we have visited I've never been concerned about anything I've seen."

Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for staff. Staff spoken with said they thought the home was a safe place for people. One staff member said "It's definitely a safe place for people to live. I have never had any concerns but if I did I would be happy to report them."

Any allegations reported were fully investigated and action taken to make sure people were safe. Two incidents of concern had been reported by staff to the registered manager since the last inspection. These had been reported to the local authority safeguarding team in line with the provider's safeguarding policy. We had also been notified of these incidents when they occurred. Both had been thoroughly investigated and neither were substantiated.

There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. For example one person was at risk of choking on particular foods. A speech and language therapist had assessed them and provided guidelines which confirmed which foods were unsuitable and how to prepare other food to reduce the risk of this person choking. Staff were knowledgable about this and served appropriate food in line with these guidelines.

There were plans in place for emergency situations. People had their own plan if they needed an emergency admission to hospital; the home had plans in place for failure of utilities or if people needed a safe place to go if they needed to leave the home during an emergency. Staff had access to an on-call system; this meant they were able to obtain extra support to help manage emergencies.

The registered manager said they had very few accidents or significant incidents at the home. This was confirmed by the records. Staff completed an accident or incident form for every event; this was then entered on the provider's electronic reporting system by the registered manager. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

People were supported by staffing numbers which ensured their safety. The provider employed a small team of 23 staff which ensured consistency and meant staff and people in the home got to know each other well. Staffing numbers varied depending on needs, such as people's plans for the day. The records we looked at showed that there were often six or seven staff during the day so that people could be provided with one to one staffing at times. Rotas were planned at least four weeks in advance to ensure sufficient staff with the right skills were on duty.

The PIR confirmed staff "were recruited using safe recruitment practices which included checks references, applications and interviews." The records we looked at showed there were effective staff recruitment and selection processes in place. Appropriate checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. This ensured staff were suitable to work in the home. Two staff members confirmed that all of these checks were carried out before they started working in the home.

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

Good

Is the service safe?

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.

There had been one medicine error since the last inspection. One person missed one dose of their medicines as they were out on an activity; they did not suffer any harm from this. Staff had taken the correct action when this error was discovered; this included contacting the person's GP for advice.

Good

Is the service effective?

Our findings

Parents told us staff understood their family member's care needs and provided the support they needed. Staff were particularly good at picking up signs that people were unwell or in pain as often people would not be able to say. One parent said "They are very good at making sure medical people are consulted promptly; very good with things like that."

Staff told us they had varied training opportunities which helped them understand people's needs and enabled them to provide people with appropriate support. One staff member said "I like the training. I thought the one on epilepsy medicines and the one on why people can have challenging behaviour were the best." The staff training records confirmed that all new staff received a thorough induction before they supported people. One member of staff said "My induction was really good. I did some training, read about people, did lots of shadowing of experienced staff and learnt from them."

All staff received mandatory training such as first aid and health and safety. Staff had been provided with specific training to meet people's care needs, such as caring for people who have epilepsy or those who may display aggressive behaviour. Most staff training was completed using computer based modules. Staff worked through each module then answered a multiple choice questionnaire. Staff spoken with felt this training method suited some courses but not others. They had raised this and asked for more face to face training courses. We noted this had been included in the home's quality development plan for this year.

Staff received regular formal supervision and annual appraisals to support them in their professional development. There were regular staff meetings for day staff and a handover of important information when staff started each shift. Night staff did not attend general staff meetings. They had a separate meeting but these were irregular; one had not been held in the last year. The registered manager told us they were looking at ways to improve this. One staff member said "We have staff meetings every four to six weeks. They are good but they would be better if night staff came. It might help staff get on better with each other."

The staff team were supported by health and social care professionals. People saw their GP, dentist and optician when they needed to. Each person had an annual health check- up. The service also accessed specialist support, such as from an epilepsy specialist nurse, learning disability nurse, speech and language therapist and a dietician. People's care was tailored to their individual needs. For example a dietician had assessed one person and made recommendations to ensure this person maintained a healthy weight. Staff had acted on these; records showed this person was maintaining a healthy weight.

One person was able to communicate verbally. Other people used different methods such as sign language, objects and physically leading staff to show them what they wanted. Staff knew people well and were able to interpret their body language or non-verbal communication. People's care plans contained a lot of detail about how each person communicated. For example, one person's plan explained what signs to look for which would mean the person was happy or unhappy or if they were in pain.

People were able to make some of their own decisions as long as they were given the right information, in the correct way and were given time to decide. People were not able to make all decisions for themselves and we therefore discussed the Mental Capacity Act 2005 (MCA) with staff. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One staff member said "We give people the support they need to make up their own minds. Other people can help with decisions, like people's parents."

The PIR stated staff discussed "the Mental Capacity Act at team meetings to support staff to understand and work in ways that promote the five principles which underpin the act." Staff were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. Staff knew that people's ability to make choices could fluctuate. We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. For example, one person needed a medical procedure which

Good

Is the service effective?

required the use of anaesthetic. The person was unable to consent to this so people close to them and health care professionals had made the decision to proceed with the treatment in their best interests.

One person had an Independent Mental Capacity Advocate (IMCA) as they lacked capacity to make all of their own decisions and did not have an appropriate family member or friend to represent their views. The IMCA visited this person each month. Other people had family members who could be consulted but should people need additional support the contact details for an advocacy service were displayed within the home.

Staff were knowledgeable about the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. DoLS applications had been submitted for each person following a court ruling which widened the criteria whereby a person may be considered to have been deprived of their liberty. Eight applications had been approved so far; one had been referred to the court of protection for a decision.

People had a varied, balanced and healthy diet. There was a four week seasonal menu based on people's known preferences, although people could choose other meals if they did not want what was on the menu. We saw people having lunch on the first day of our inspection. People ate in the dining room. Staff were present but people generally ate without staff support, although sometimes people required a little prompting. Staff sat with people and spoke with them; this helped to make lunchtime a relaxed, sociable time.

Each person had their own distinctive bedroom furnished and decorated to their individual preferences. Bedrooms contained people's personal belongings such as posters, pictures, photographs, TVs, DVDs and music equipment to make them more homely.

Good

Is the service caring?

Our findings

Staff took time to explain to people who we were and why we were visiting. People looked happy and settled. They responded to us in mainly non-verbal ways, such as smiling, laughing, vocalising and clapping. People's parents praised the way staff cared for their family member. One parent said "The staff are lovely and caring. A lot of the staff are like extended family." Another told us "We are really pleased with (our daughter's care). She is doing really well."

We observed a lot of kind and friendly interactions between people and staff. We saw that some people interacted with each other; there was a calm and homely atmosphere. Staff spoke with people in a polite, patient and caring way and took notice of how people responded to them. Staff paid great attention to people and often picked up on small things. For example, some people did not appreciate that others liked their own personal space; staff were very good at redirecting people so that no one became uncomfortable with or upset by others.

Staff had built close, trusting relationships with people over time. This had helped to ensure people received consistent care and created a stable, homely and relaxed atmosphere. One parent said "It takes a long time to get to know my son. Most staff have been there a long time so they really get to know him and his personality." Another parent told us their son "appears well cared for and supported at all times and presents to us as a happy young man living amongst people he knows and trusts."

Staff were clear that one of the main aims of the service was to provide people with "a happy home." Staff spoke highly of the care they were able to provide to people. One staff member said "We try to make it a very homely place and make sure people have a good life. I love working here." Another said "We try to help people live independent lives and make sure they are happy."

People were encouraged to be as independent as they could be. Adaptations had been made to the environment to help people to be more independent; for example hand rails and bath rails had been fitted to help people with mobility issues. Staff understood that people often did things which may appear small to others but could be significant for that person. For example, one person brought their used cutlery back to the kitchen after lunch so this could be washed up.

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 both days of the inspection what they wanted to do and chose how to spend their time.

People were supported to maintain their privacy. Each person had their own room so they could spend time alone when they wished to. Each bedroom had en-suite bathroom facilities. This helped to maintain people's privacy and dignity as each person required support with their personal care. Staff always knocked on people's bedroom doors before they entered the room. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. All records containing confidential information were kept securely.

People were supported to maintain relationships with the people who were important to them, such as their parents. People were encouraged to visit as often as they wished and staff supported people to visit their relations on a regular basis. One parent said "We visit every couple of weeks usually, so we always know what's going on. Whenever we visit staff are always very welcoming. There's always a really nice atmosphere at the home." Another parent said "The staff bring my son up to visit us. That has worked very well. I have regular phone calls as well so you always know what has been happening."

Good

Is the service responsive?

Our findings

Each person was well supported; they had one to one staffing at times. People were able to plan their day with staff. Some activities were pre planned whilst others were more 'ad hoc'. On both days of our inspection people were busy, coming and going at various times. People were able to do the things they wished to do.

During our inspection some people went horse riding and a music therapist visited the home; these were regular, planned activities. People also spent time relaxing at home, in the garden or went into town with staff. Records showed people went swimming, trampolining, shopping, for hydrotherapy, had meals out, day trips and went on holiday. Staff had access to two vehicles to take people out in. The home also has a sensory room in the grounds which people could use when they wished.

Parents said their family members chose to do things which suited them. They told us people were well supported in choosing activities and outings they enjoyed. One parent said "When we ask (their daughter) about the things she does with staff she smiles, so she clearly enjoys what she does." Another parent said "The staff do lots of things with (their son). He goes out a lot really and they take him on holiday every year which he enjoys."

Staff provided support and encouragement to people to help them try new things. One staff member told us about one person who had recently tried fishing for the first time. One parent said "If I say he might like to do something which I think he might like the staff are happy to try it out." Staff were keen to support people to do more varied activities. One parent said "We really like the balance between older and newer staff. Staff come in with fresh ideas and we think that's really good." The home's quality development plan for this year stated one aim was to "encourage new experiences and challenges" for each person.

Parents felt staff understood people's needs and adapted care and support if needs changed over time. One parent said "What I really like is you see the same faces. There are a core of staff who have been there for a long time and they know people and pick up any changes. You just don't get that everywhere, that continuity of care."

People participated in the assessment and planning of their care as much as they were able to. Others close to them, such as their parents or other professionals involved in their care, were also consulted. One relative said "We are always appropriately involved in any decisions to be made and the staff team are always accessible to us when needed. This is particularly important given (their son's) health issues."

We looked at four people's care records. Care plans included people's interests, likes and dislikes, communication and support needs. For example, where people had particular routines they liked to follow, these were recorded; one person liked to speak with their parents each day and this was part of their plan. The PIR stated "Each individual has their own person centred annual review

meeting to which parents and care managers and social workers are invited. The support, care and preferences as discussed and the views and advice of others is sought to ensure that we can offer the best support." We read three people's last review notes. These were attended by people's parents, a social worker and staff from the home. Each person shared their views. Each review was very positive about the care and support provided by staff. One parent said "I go to every review."

There was a complaints policy and procedure; there had been no complaints made in the last 12 months. People would not be able to use the complaints procedure independently; they would rely on staff to help them or others to raise concerns or complaints on their behalf. Parents spoken with did not raise any concerns with us; they knew they could complain if they needed to and knew who to complain to. One parent said "If I had any problems or questions I would say. I know we can complain if we needed to. Staff are very easy to talk to; they always listen to what you have to say."

Good

Is the service well-led?

Our findings

A registered manager was responsible for the service. They were supported by a Deputy Manager and three senior members of the team. The PIR stated the aim of the service was to "strive to provide the people living at the home with individualised support, to promote independence, and to offer appropriate care and support according to individual need."

These aims were reinforced at staff supervisions, team meetings, through observation of staff practice and each day at staff handover meetings. Staff understood the aims of the service and worked in ways which promoted them. One staff member said "The service provides care for people which promotes their individuality."

People's parents and the care staff all spoke very highly of the service and of the registered manager. One parent told us their son had "lived here now for nearly 12 years and we are constantly so grateful for the quality of life he is supported to experience. We live in hope that the standard of care here remains as is." The registered manager said they had an excellent team who understood people's needs. Care staff were always willing to help out, put forward ideas and suggestions. Staff were very positive about the registered manager. One staff member said "He is very good, patient and understanding." Another staff member said "The manager is on the floor with us, he mucks in. He's brilliant at his job but maybe he could delegate a little bit more as he has so much to do."

People were part of their local community. They were encouraged and supported to use community facilities, such as local shops, cafes and pubs. People went into town with staff during our inspection. One staff member said "People are so well known and accepted in the community. People stop and talk to them wherever you go."

People shared their views on the service. One person could discuss this with staff who knew them well. Other people could show their satisfaction in how they responded to the care and support being provided or by using non verbal communication. People's parents were consulted and they said they were listened to. One parent said "If we have any issues with anything they are always acted on. You feel you are always listened to and your views are taken seriously."

Annual surveys were circulated to people, those close to them such as their parents and to professionals involved in people's care. Each person's keyworker completed the survey on their behalf based on their knowledge of the person and how they had responded to things during the year. The surveys were analysed and an action plan put in place where areas for improvement were identified. The outcome of the latest survey in October 2014 was very positive.Seven areas for improvement had been identified and included in this year's quality development plan, such as improving some areas of the home and training some staff to use British Sign Language particularly to help them communicate with two parents who had impaired hearing.

The home had developed good links with health and social care professionals. A close working relationship had been built with the local team who supported people with learning difficulties. This enabled people to access specialist support to meet their needs and staff to access guidance on current best practice.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. One of the provider's senior managers visited the home each month and wrote a short report based upon their observations. A thorough audit was carried out every three months which focused on our five key questions (is the service safe, effective, caring, responsive and well led). Any standards which were not met were put into an action plan which was then worked through. The service also had an annual unannounced audit from a member of the provider's internal quality team to ensure that the home was complying with the law and providing good quality care and support.

Accidents and other significant incidents were checked by the registered manager and then entered on the provider's electronic reporting system. Accidents and incidents were discussed at team meetings so staff could learn from them and try to prevent them from recurring. Staff ensured the environment remained safe by carrying out regular tests and checks such as fire safety checks, testing hot water temperatures and completing environmental audits. The PIR confirmed tests were also carried out by contractors in line with relevant legislation such as on electrical and gas appliances to ensure they were safe. The home had a comprehensive annual property review carried out by the provider's property manager.

Good

Is the service well-led?

The PIR confirmed the provider was accredited by or members of relevant professional organisations such as Investors in People, Skills for Care, the British Institute of Learning Disabilities and Care England. Voyage Care were finalists in Laing Buisson's Specialist Care Awards in 2014.