

Voyage 1 Limited

Titchfield Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 16 and 20 July 2015.

Titchfield Lodge provides support and accommodation for up to four people who live with a learning disability. At the time of our inspection there were four people living in the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are '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.

Risks associated with people's care were identified and plans had been developed to reduce any risks. Incidents and accidents were monitored and used to inform the

Summary of findings

delivery of care. Medicines were stored safely and administered as prescribed. However the records were not always accurate when medicines were being taken out of the home.

Staffing levels were variable with bank and agency staff being used whilst more staff were being recruited. Staff received appropriate training and support to meet people's needs. Procedures in relation to recruitment of staff were followed. All required information was obtained to ensure recruitment decisions were keeping people safe.

People had developed good relationships with staff who were kind and caring in their approach. People were treated with dignity and respect. Three of the four care plans had been updated to reflect people's current needs. Staff had tried to include people in the development of the care plans. People were provided with activities but these were not always matched to meet individual needs.

Relatives told us they felt their relatives were well looked after and safe at the home. There were clear procedures in place for safeguarding people at risk and staff were aware of their responsibilities and the procedures to follow in keeping people safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. The registered manager and staff had a good understanding of DoLS and the action they needed to take. Appropriate applications had been made to the local authority.

Staff demonstrated a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005. The registered manager and staff knew how to undertake assessments of capacity and when these may need to be completed.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People's physical and emotional health was monitored and appropriate referrals to health professionals had been made.

Details of the complaints procedure were displayed around the home in a pictorial format. The home had a complaints procedure and a log of complaints.

The registered manager operated an open door policy and encouraged staff to make suggestions or discuss any issues of concerns. A system of audits was in place and used to identify where improvements could be made. Action plans were developed to ensure identified improvements were taken forward.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staffing levels were not always consistent and agency and bank staff were being used whilst more permanent staff were being recruited.

The management of medicines was not always safe with regards to the recording of medicines and potentially put people at risk.

Staff had been trained in the safeguarding of adults and incidents had been reported appropriately.

Risk assessments were included in care plans and detailed how risks could be minimised.

Recruitment procedures were followed to ensure the safety of people.

Requires Improvement



Is the service effective?

The service was effective.

Staff received training to ensure they had the skills to meet the needs of people.

Staff received regular supervision.

People were protected from inadequate nutrition and hydration.

Staff understood the principles of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People were treated with dignity and their privacy was respected.

Staff demonstrated a good understanding of people's needs and knew them well.

Good



Is the service responsive?

The service was not always responsive.

Three people has personalised support plans and there were plans to ensure these were provided for the fourth person.

Activities were provided but these were not based on meeting people's individual needs.

There had been no recent complaints and the procedure was displayed around the home in pictorial format.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well led.

The registered manager was available and provided a “hands on” approach to support. Staff felt listened to and supported.

There was a system in place to monitor the service and where improvements were needed, plans were developed and monitored to ensure actions were carried out.

Good



Titchfield Lodge

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This inspection took place on 16 and 20 July 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection we reviewed previous inspection reports and looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law.

People living at Titchfield Lodge were unable to tell us in words how they felt about the home. We tried to ascertain their views by observing their behaviour and looking at records of how staff gathered this information. We also spoke to people's relatives to gain their views on the service their relative received whilst living at Titchfield Lodge.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked in depth at the care records for two people and sampled the records for a further person. We looked at the medicines records for two people. We viewed accident and incident records, staff recruitment, training and supervision records. We reviewed a range of records relating to the management of the service such as complaints, records, quality audits, policies and procedures. We spoke with two relatives to ask them their views of the service provided. We spoke with the registered manager, the regional operations manager and three staff.

Is the service safe?

Our findings

Whilst the home had staff vacancies, agency and bank care staff were being employed to cover vacant hours. Three weeks of the duty rota were viewed which included the days of the inspection. It was not always possible to determine the numbers of staff on duty and skill mix of the staff. For example on a certain day the duty rota recorded a bank worker working at the same time twice. The duty rota showed different numbers of staff on duty on the same days over the three week period, making it hard to establish this was to match people's needs. For example on two Mondays there were two members of staff on duty at 7:30am, whilst on the third there were three members of staff. The same pattern was also recorded for Thursdays, on one Thursday there was one member of staff on duty from 7:30am, whilst on the other two Thursdays there was a minimum of three staff on duty at this time. On a couple of days there was a high ratio of agency and bank staff over permanent staff, making it difficult to know people's needs were met by staff who knew people's needs well. Relatives told us the lack of consistent staff was their main worry with regards to their relatives care.

People's needs were not always met by consistent numbers of competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Records showed the amount of medicines received into the home were recorded. People were prescribed medicines to be given when required (PRN) and there were clear protocols in place for their use. Medicine administration records (MAR) showed these were recorded so staff could monitor their use. All staff involved with medicines completed training in the safe administration of medicines. Staff were required to undertake an annual competency assessment to ensure they were safe to administer medicines.

We found the records relating to medicines being taken out of the home were not accurate for two people. The amount of medicines taken out of the home was recorded incorrectly. The amount of medicines returning was also recorded incorrectly. The amount recorded back in the home indicated the person had medication administered

whilst they were out. However staff advised this was not correct and it was an error in recording. The stocks of medication reflected the error was in the recording of the medicines.

Medicines were not always recorded appropriately to ensure the safety of people. This was a breach of Regulation 12 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff had a good knowledge of the types of abuse and what action they should take if they suspected any abuse was happening. Staff could describe the procedures they would follow and who they would contact if they had any concerns regarding the welfare of people. A copy of the local authority safeguarding procedures were available in the home.

Safeguarding concerns were raised and reported by management to the local authority and the Care Quality Commission (CQC) had been notified of these concerns. For example recent incidents of concerning behaviours with regard to people had been reported and the service was working with health and social care professionals to explore options of support available for people.

Risk assessments in people's records made it clear they were vulnerable as they may not be aware of risks to themselves. The risk assessments made it clear what the risks were and how these should be minimised. Staff were aware of the risks for people and demonstrated through their interactions with people they knew how to minimise the risks identified. Incidents and accidents were recorded and monitored and this information was used to assess the support which was provided to people.

Risk assessments had been carried out on the home. Fire safety improvements had recently been carried out as a result of a fire inspection. There were procedures in place in case of emergency situations in the home. The registered manager was going to liaise with the fire safety officer to ensure these were adequate to ensure people's safety at all times.

Recruitment records for staff held at the home did not contain all of the required information to ensure correct procedures had been followed to keep people safe. For two staff records checks with Disclosure and Barring service were not in staff recruitment files. When the registered manager followed this up with the head office of the provider organisation the missing checks on people were

Is the service safe?

found and sent to the home. The registered manager was waiting for Disclosure and Barring Service (DBS) checks on three new staff members who were waiting to start work in the home. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff did not start work until all recruitment checks had been completed. At the time of the inspection the registered manager did not have the details of the recruitment checks and skills of the agency staff so could therefore not ensure the safety of people. Following the inspection the registered manager confirmed she now had this information in the home.

Is the service effective?

Our findings

People's care plans and records reflected people's preferences and choices. Staff told us they had time to ensure they read people's records so they knew people's preferences. A new member of staff told us they had a good induction. They advised this had involved completing computer based E learning and shadowing more experienced staff. Training records showed staff received training in a broad range of areas. Two staff reported they would prefer less E Learning and more face to face training. The registered manager advised she had booked staff in for MAPA (Management of Actual or Potential Aggression) training. Supervision sessions had taken place on a regular basis since the registered manager had started. These were recorded and had been signed by both parties.

Staff had a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005. The Act provides a legal framework for acting on behalf of people who may lack capacity to make certain decisions at certain times. Staff told us how they tried to establish if people liked certain things as they were unable to express this in words. Less experienced staff told us they would rely on the knowledge of more experienced staff to interpret people's reactions. The registered manager and staff knew how to undertake assessments of capacity and when these may need to be completed. Where best interest decisions had been made it was recorded the person had been included but had been unable to share their views at that time.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority to protect the person from harm. The registered manager understood Deprivation of Liberty Safeguards (DoLS) and staff received training to support their understanding. Applications to deprive people of their liberty had been made to the local authority responsible for making these decisions.

The registered manager had recently introduced pictorial menus to help support people make choices with regards to meals they ate. Staff knew people's preferences with food choices and these were incorporated into people's meals. Records of people's nutritional intake were recorded on a daily basis. People had risks identified in their support plans and support from staff was provided to minimise these risks. Where appropriate referrals had been made to the speech and language therapist team and their advice had been added to support plans. Meal times were relaxed and not rushed.

People had health support plans. These were detailed folders which included all of a person's medical history and detailed all the professionals which had already been involved in supporting the person with their health. Staff confirmed people regularly accessed healthcare services and confirmed regular check-ups with the GP and the dentist took place.

Is the service caring?

Our findings

We observed positive and caring interactions between people and members of staff. Staff spoke to people in a kind, calm and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance or space and provided this in a positive manner. Observations demonstrated people felt at ease and comfortable with members of staff and the manager.

Permanent staff knew the needs of people they were supporting. They knew what people liked and disliked and gave us examples of how they supported people differently dependent upon their needs and personalities. People were encouraged to be as independent as possible. We observed people being supported to make choices about what they were doing that day, what they wanted for meals and how they wanted to spend their time. Staff said they always asked people what they wanted to do and would respect and support the decision and choice they made. Records showed when people went out in the home's vehicle and if they had decided they had not wanted to leave the vehicle staff had supported them in their choice.

The registered manager told us it was difficult to engage and involve people in relation to their support plans. There was evidence permanent staff had tried to engage people with their care plans, but each time the staff had recorded people were wanting to be involved. Records showed people's relatives had been involved in planning their relatives care. All four people had relatives who were involved with their care and they were supported by staff to spend time with them.

The registered manager told us house meetings had been tried but at the current time these did not work as people found it difficult to engage in a group setting. They advised us there would be monthly reviews of support plans and people would be invited to participate, but it was likely they would choose not to be involved by their own choice.

Staff were aware of the need to ensure people's privacy and dignity was promoted and maintained. Staff were able to give us good examples of how they understood and respected people's choices, privacy and dignity.

Is the service responsive?

Our findings

People had individual files which contained personalised support plans. Three people's files had been updated and included people's preferences, choices, likes and dislikes. Families had been involved in discussions about their relative's care and helped make choices and decisions about how their relative received their support. This included making choices about who they received support from and when this took place. The three care plans had recently been rewritten so it was not possible to see if these were going to be reviewed on a regular basis. The registered manager on the second day of our inspection advised they had already updated one person's support plan, when staff had realised the information recorded was not reflective of the person's current needs. The fourth person's support plans had not been updated and did not reflect current personalised information on the person. The manager advised this would be updated.

Staff were knowledgeable about people's needs. They were able to explain what care and support was required for each individual. The registered manager had ensured other professionals had been involved in people's care. They had engaged the support of the provider's behaviour therapist and other community professionals to look at the support being provided and how this could be adapted.

Communication books and handovers between shifts were used to communicate any information amongst staff about each person for each day; this included healthcare appointments, activities and additional requests for staff to review people's care plans and risk assessments.

Activities were not personalised and the majority of activities were carried out with people together. Recordings of daily activities over a two month period showed there were few individual activities and there was a lot of activities which involved driving in the service's vehicle. The registered manager was aware of this and stated she would be working to find individual activities which each person enjoyed.

Activities had not been planned to ensure they met people's individual choices and needs. This was a breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

People and their relatives confirmed they had never needed to make a complaint about the service. However, they all knew how to do this and who to speak to. People told us they would talk to the manager and were confident if they had any issues the concern would be dealt with.

No complaints had been received in the 12 months before our inspection but there was a clear complaints procedure in place and a system of logging set up. A pictorial version of the complaints procedure was available in the hallway.

Is the service well-led?

Our findings

Relatives told us they felt the home was better managed since the registered manager joined the home. They told us they could access the manager at any time and were confident they were listened to and any actions needed were taken.

The service was managed by the registered manager who was supported by senior support workers. The operations manager provided support to the registered manager and visited the service regularly. During our observations we saw the registered manager took an active role in the daily running of the service and had a 'hands on' approach to supporting people who used the service and the staff. Staff we spoke with told us the registered manager was always available if they needed to speak to them. They said they were approachable, supportive and listened to them.

All staff confirmed they felt listened to and able to make suggestions on how the running of the home could be improved. Staff meetings recorded staff suggestions and changes which had been required which demonstrated a culture of learning and improvement.

The registered manager completed an audit which covered all aspects of the service. As part of this audit the registered manager scored the service a 'pass' or 'fail' in certain areas. Following the audit the registered manager produced a consolidated improvement plan. The audit report and action plan was inputted into the provider's computerised system and shared with the operations manager and the

provider's quality team. The operations manager then conducted an audit during their visits to the service. This included checking the registered manager's audit was accurate and any actions had been completed. The action plan dated May 2015 showed the overall score was 67%. The registered manager advised it was accepted this was a low score but an action plan was in place to improve the score. The audit had picked up the need to improve PRN protocols. For example three support plans had already been updated. The environment of the home was due to have a major overhaul and simple things like moving inappropriate door handles had already been done. A senior support worker advised of the need to improve staff understanding of Mental Capacity Act and Deprivation of Liberty Safeguards and stated a simple quiz had been developed which they were going to introduce to staff to support learning in this area. The registered manager had introduced regular supervision sessions which had not been happening previously.

Annual surveys with relatives and staff had been undertaken. Feedback was positive and where areas could be improved these had been identified and an action plan developed. The registered manager told us it was not possible to carry out these surveys with people living in the home but had consulted people's relatives and gained their views. The registered manager reported the permanent staff were able to tell from people's behaviour and communication methods if people liked or disliked an aspect of their care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People's needs were not always met by consistent numbers of competent, skilled and experienced staff.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medicines were not always recorded appropriately to ensure the safety of people

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Activities must reflect individual choices and preferences.

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.