

Voyage 1 Limited

Fennell Court

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 ●

Summary of findings

Overall summary

The inspection took place on 7 January 2016 and was unannounced. This was the first inspection for this service under section 60 of the Health and Social Care Act 2008 since it re-registered in 2014

The service provides accommodation and personal care for eight adults who are living with a learning disability, issues with mental health and autism. Each person has their own flat within the home with kitchenette, bathroom, and bedroom and lounge area. There were seven people living at the home at the time of our inspection.

There was a manager in place who had been registered since November 2015. 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.'

People were safe living at the service. They received support from staff who had been trained in safeguarding vulnerable adults and had advanced training in how to support people whose behaviour might challenge others.

Staff told us they received regular supervision and we saw evidence staff received regular training and appraisal to ensure they continued to develop in their roles. The service followed strict recruitment procedures to ensure they employed people with the right values and behaviours to support the people living at this service.

The atmosphere in the home was warm, friendly and we observed staff to be caring and supportive to the people living at Fennell Court. The staff knew the people they were supporting well and what they liked and disliked which ensured people's needs were met in a way which offered the person choice in how they lived their lives.

Care records were personalised, up to date and reflected people's care and support needs. The care plans included information about peoples' likes, interests and how best to support the person.

We observed people engaged in activities of their choice throughout the day which included going out into the local community. This included staff supporting people on a one to one basis to ensure they were safe when undertaking activities.

Both the registered manager and the deputy manager provided effective leadership to the service and held regular meetings with staff and people using the service to ensure people were involved in the running of the home. Relatives and staff told us they felt the service was well led.

We saw evidence of regular environmental and quality audits to assess and monitor the service provided to people and any gaps in the provision were identified and acted upon to ensure the quality of the service was improved.

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

Relatives told us their relations were safe at the service.

The service had systems in place to ensure the safe storage and administration of medicines.

The service used positive risk management to ensure risk was assessed and managed without overly restricting people's freedoms.

Is the service effective?

Good ●

The service was effective

People were supported by staff who were knowledgeable and had received appropriate training to support them.

Staff received regular supervision and appraisal to ensure they developed in their caring role.

The service was working to the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring

People and their relatives told us the staff were caring and compassionate.

People were supported to make choices in their every day lives.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive

We found people's needs were assessed and care was planned with the person to ensure care was provided in the most appropriate and person centred way.

The service had a complaints procedure and staff, people using the service and their relatives were confident any concerns they might have would be acted upon and resolved to a satisfactory outcome.

Activities were planned with people using the service to ensure they were based on choice and preference.

Is the service well-led?

Good ●

The service was well led

Staff spoke highly of the registered manager and deputy manager and people who used the service and their relatives told us the service was well led.

We found the culture of the service to be supportive, person centred, open, and positive.

We found systems in place to regularly assess and monitor the quality of the service and any gaps in services were addressed to improve the quality of the service provision.

Fennell Court

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 7 January 2016 and was unannounced. The inspection team consisted of one adult social care inspector and a specialist professional adviser with expertise in mental health, learning disabilities and autism.

Before the inspection we reviewed all the information we held about the service. We also asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the home. Not all the people who used the service were able to communicate verbally, and as we were not familiar with everyone's way of communicating we were unable to gain their views verbally. However we spent time observing the interactions between staff and people who used the service to help us understand the experience of people who could not talk with us.

During the inspection we spoke with three people who used the service and three relatives. We spoke with the registered manager, the deputy manager, and three care workers. We reviewed the care records of all the people living at the service. We also looked at the documentation relating to the management of the home. Following the inspection we contacted three professionals who had been involved with people living there for their views on the service provided at Fennell Court.

Is the service safe?

Our findings

One person living at the home was able to tell us they felt safe there. We also spoke with two relatives over the telephone who told us in their view their relatives were safe at Fennell Court. One relative said "My relative is safe. I can tell the way the staff are. We don't have to phone in advance when we visit. Nothing is hidden. There are always staff available to assist." Another relative we spoke with over the telephone was extremely positive about the care and safe management of their relation, whose behaviour could sometimes challenge others. We spent time observing the people who lived there during the inspection and observed no unsafe practices.

The service had developed and trained their staff to understand and use appropriate policies and procedures in relation to safeguarding. All three staff we spoke with were able to describe the types of abuse which might occur in the setting and what they would do if the situation occurred. Staff were able to tell us about the registered provider's whistleblowing policy and we saw the 'See something. Say something' leaflet on display at the location which contained information on how to confidentially report any concerns. One care worker told us they would raise any concerns with the management and they were confident these would be acted upon. Another told us they felt safe in reporting colleagues if necessary to protect the people living at the home. This showed us the service had systems in place and staff knew how to use them in order to protect the people living there.

We found the system for ordering, storing and administration of medicines to be safe. Within the building there was a dedicated area for the storage and administration of all medicines. In the medicines room there was a fridge for storage of medication requiring temperature control. The fridge temperature was checked daily when in use. There was also a sink, space for storage of files and paperwork and a locked cupboard, which stored people's medication. Within this cupboard there was a smaller locked storage cupboard for controlled medication. No one at the service was prescribed controlled drugs on the day of inspection.

We found the medicine storage cupboards were secure, clean, tidy and uncluttered. Medicines were well labelled in baskets with photographs of the person the medicine was for on the front of each basket. We looked at people's Medicines Administration Record (MAR) sheets and care records and found all medicines to be administered as prescribed. Medicines were administered by trained care staff. All staff had undertaken the registered provider's medicines competency assessment and had their competency signed off by the deputy or registered manager. We reviewed the records of these practical and theory assessments which confirmed the staff were competent in the management of medicines.

Fennell Court had a medicines policy reflective of their service need and underpinned by safe and effective principles. The policy covered ordering of medication, managing errors, disposal, refusal and actions if resident has been admitted to hospital. Due to rigour of management and process people received medicines on time and any refusals of medicines were picked up and reported through the management process. We observed one person refusing their medicines and this was escalated to the appropriate clinician for advice. We also found errors and omissions in medicines management had been picked up quickly and taken very seriously with appropriate reporting structures in place through senior managers or

direct to GP/ Pharmacist.

The deputy manager told us keeping people safe without overly restricting their freedom was managed through positive risk assessment processes. They told us discussions about personal safety took place at the monthly key worker and person supported meetings. This included discussions about situations such as "stranger danger" and reinforcing positive behaviours to minimise harm from others out in the community. The service used a stop, think and go risk assessment tool which assessed the activity and all the risks associated with the activity. When all risks hadve been minimised the assessment is turned to 'go'.

We found on the whole risks were assessed and managed for each situation and care planning was detailed. However, during our review of the care files, we observed in one care plan there was no risk assessment in relation to choking for a person with epilepsy who required their food to be cut into small pieces. On discussion with staff, they were able to tell us why they cut up this person's food and this was always undertaken, but it had not been included in their care plan. We also noted that one person had a care plan which stated they required two to one care when in the community, but the deputy manager told us they were able to manage this person on their own. The risk assessment had not been updated to reflect this change, and therefore although the practice might not have been unsafe, it was not recorded accurately.

The deputy manager told us they had an emergency box by the front door to be used in the event of evacuation of the building. This contained pertinent information to keep the people living there safe, including information about the person's general practitioner, next of kin, details of people's medicines and the pharmacy where medicines were obtained from, and a torch.

Through observation and discussion we found staffing numbers were appropriate to meet people's needs, and a variety of shift patterns were used across the day to maximise effective use of staff to meet the needs of the people using the service. The deputy manager told us they never used agency staff and gaps in the rota were filled with existing staff to ensure the needs of the people who used the service were met by people they knew and were comfortable with.

We looked at the recruitment records for three staff. The records evidenced staff members had completed an application form, undergone a rigorous interview and two references had been taken up. Staff had undergone a check with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. Records were also held centrally on the electronic system and checked by the registered provider's personnel team. The deputy manager told us people who used the service were involved in the recruitment process to ensure the people recruited had the skills and behaviours they wanted from the people who would be supporting them.

We completed a tour of the premises as part of our inspection and found the accommodation was in good decorative order and to a high standard of cleanliness. The build, design and furnishing of the complex were excellent. Each person's flat was decorated to their own taste and preferences. We found all window restrictors met the current standards and were regularly checked to ensure they were effective. Equipment was stored appropriately in care areas, and all care staff were trained in the use of the equipment as required

We looked at the records relating to the maintenance of the building and found up to date certificates confirmed safety checks had been completed for electrical installation, legionella and all portable appliance testing (PAT) had been completed. This meant people lived in an environment which was safe and well maintained.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had followed the requirements in the DoLS and there were six authorisations in place at the location. We checked whether any conditions on authorisations to deprive a person of their liberty were being met. One condition attached to a DoLS was "to observe the person hourly throughout the night in the least restrictive way". When we asked the deputy manager what the least restrictive way of observing a person throughout the night included they told us the person was no longer observed as their epilepsy was well controlled so they no longer needed to follow this requirement.

The deputy manager told us the staff at the service utilised restraint as a last resort. All staff had received specialist training which required registration and was accredited. We observed plans for people whose behaviour may challenge which contained clear instructions on how to manage the behaviour using MAPA (Management of Actual or Potential Aggression) approach. This is described in the literature we saw during our inspection as 'safe and effective physical interventions to manage the more challenging and aggressive behaviour'. The deputy manager told us every week they undertook a MAPA practice drill which involved staff role playing challenging situations and how to get out of the situation. This demonstrated the service was ensuring staff were regularly refreshing their knowledge and skills in this area to ensure they were able to manage behaviours that may be presented by people using the service.

We asked one of the relatives we spoke with whether they felt staff had the skills to care for their relative. They told us how their relative's behaviour had improved and spoke highly of the service. They had experience of others services which they told us had not been as effective.

The deputy manager advised us all new staff were supported to develop into their roles. They told us new staff received induction training when they commenced employment at the home. Staff shadowed other more experienced staff for three to four weeks before starting on the rota, although this could be reduced to two weeks if the person had experience in care provision. The registered manager told us they were to attend training to be able to assess new starters for the Care Certificate as all new staff were expected to complete the Certificate.

The deputy manager told us all staff undertook supervision every six to eight weeks. We observed the staff supervision schedule on the wall in the main office showing supervision sessions were up to date. We also reviewed the supervision records for three staff and found these to be comprehensive, detailed and included

the development needs of staff in addition to discussions about practice within the location. Regular supervision of staff is essential to ensure that people at the service are provided with the highest standard of care. We were also told all the staff apart from one person were up to date with their annual appraisal and again this information was displayed on the wall in the manager's office to evidence when staff had received their appraisal.

All the staff we spoke with told us they received regular training to develop their knowledge and skills. The deputy manager told us the registered provider had their own training department and training was a mixture of e-learning and face to face learning. All staff had received specialist training from the registered provider's behavioural therapist to enable them to support the people living in this intensive support environment. We were also told all the staff except the recent recruits had received specialist training in epilepsy and the administration of epilepsy medicines. We reviewed the training matrix and found the majority of the training was up to date with plans in place for all new staff to complete their training programmes.

We observed the morning handover between staff and the deputy manager. A discussion took place of each person using the service and included information the staff required to support the person including where medicines had been refused and what staff had done to try and encourage this person. All the staff we spoke with were knowledgeable about the people they supported and how best to meet their needs.

We asked the deputy manager how they supported the people living there to maintain a healthy diet. They told us four of the people living there followed a healthy balanced diet with lots of fruit, pasta and rice, but for one person who lived there, it was more difficult as their choice was for food considered to be unhealthy and they were able to purchase this without assistance. The deputy manager told us they were continuing to encourage the person with conversations about weight management. Two people followed a strict Halal diet and in addition to having their own fridge in their apartment, they have an area in the communal kitchen for food that meets their cultural requirements. We found evidence in all the care files we reviewed that people had been referred appropriately to health care professionals to ensure all their health care requirements were met.

Is the service caring?

Our findings

We asked the people who lived at Fennell Court and three relatives if staff were caring and compassionate in their approach. One person who used the service told us "Staff are good. They help me when I need it, any time of day or night." One relative told us "The service has met our expectations and exceeded them" They also said "Our [relation] is happy at Fennell Court and well looked after." Another relative we spoke with said "They genuinely care for [relative]. It is a loving, caring environment." All the staff we spoke with during the inspection were very positive about the people using the service and their staff colleagues. The people using the service were also very positive about their lives, their activities and relationships between themselves and with staff.

All the relationships throughout our inspection between staff and people using the service were positive, caring and compassionate. For example, we observed the deputy manager administering lunchtime medicines to one of the people living there who was in great distress due to severe mental health problems. Medicines were dispensed with care and kindness. Reassurance, diversion, appropriate touch and patience were exhibited by the deputy manager and the administration was delivered in a calm and appropriate, compassionate and collaborative way.

During our inspection we observed other examples of staff supporting people in a manner which achieved a positive outcome. For example one person who used the service became quite distressed. We observed how this was managed by staff by temporarily increasing support, by contacting the person's doctor for a review and continuing to plan for an outing that afternoon to the shops with the assumption the behaviour would settle with staff support. This approach worked and demonstrated the staff were able to positively influence the behaviour of the people who lived there by utilising their knowledge and skills.

The deputy manager told us they built up relationships with people who used the service by spending time with people. They observed staff approach towards people to ensure staff were caring and compassionate. They also talked with relatives to gain knowledge of how best to support the person and to be aware of behaviours that might indicate someone was in pain. They planned care around the people using the service. For example, they told us they would not consider taking one of the people living with autism out to the shops at midday but planned this activity when the shop was quieter and when the environment had less stimulations to affect the person's behaviour. The deputy manager told us how they had supported one person who lived there to attend the local mosque and to other cultural events. This person's relative told us how much the family appreciated the homes accommodation of these needs.

Staff told us they always protected people's privacy and dignity. For example, one person said they "knocked before going into any room, giving people their own space and enough time when they are undertaking personal care tasks and asking at a distance if they need any support."

They encouraged people to remain as independent as possible in their everyday lives. The people living there were physically able to undertake personal care tasks and required a varying degree of prompts. We observed people being supported by staff to undertake meal and drink preparations which showed staff

were enabling the person rather than doing the activity for the person.

We found evidence in one file of an Independent Mental Capacity Advocate supplied through an advocacy service. One person who used the service told us their partner acted as their advocate. The registered manager told us one person who is supported out of the local authority area had an advocate appointed by their local authority who visited every three to four months to ensure the person was supported appropriately at this placement.

Is the service responsive?

Our findings

The registered manager told us before accepting new people into the service they would go out with the registered provider's behavioural therapist to undertake an assessment to ensure the new person's behaviour would not impact on the people living at the home. From this original assessment and information from professionals and relatives care plans were developed which we found to be detailed and informative.

The care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively. We found the care records extremely person centred. Each person's file had a section detailing what a good day looked like which outlined the daily life of the person and how they presented, what they liked and disliked, how to approach them and what to do if certain issues and situations arose. It also explained what the day was like if the person was not having a good day which would enable staffing to recognise behaviours and change their approach accordingly.

Each file contained an individualised one page profile with information on what was important for the person and how to support them well. These had been completed by staff with the people using the service together which demonstrated person centred care. We found information in files also contained information on how to communicate with people and what they liked to talk about. For example, if one person said "hurts" it could mean they are upset or in pain. The files contained information on how to provide emotional or behavioural support for people. We found these well-structured, clear and gave staff clear signposts to follow in specific situations.

People's daily records were kept in a personalised booklet and completed by staff. These were person centred and detailed what the person had experienced during that day. Care plans had been updated regularly to help ensure the information was accurate and relatives we spoke with told us they attended their relations reviews. One member of staff we spoke with told us they had key worker meetings with the person they supported which happened monthly at a minimum. This ensured any changes to the care plan would be updated. However, in one care file we found Malnutrition Universal Screening Tool (MUST) assessment had not been updated in line with the review date although there were no issues in this area.

All the people who lived at Fennell Court had individualised activity plans. Care was delivered in a very person centred way with a great emphasis in supporting activities in the community that people who used the service enjoyed and valued. One relative we spoke with told us they were pleased at the activity levels for their relative to participate in at weekends as well as during the week. We observed people engaged in activities throughout our inspection with the support of care staff.

All staff told us they gave the people who used the service as much choice and autonomy as possible. People could decorate their apartments to their taste and preference. One person who lived there had decorated their room to reflect their interest in Manchester United Football Club.

The deputy manager told us there had been no recent complaints at the service apart from an issue about

noise from one of the neighbours. We asked a relative of one of the people whether they had ever had to complain about the service. They told us they felt able to speak to the registered manager and deputy manager if they needed to put their views forward, but that at meetings with the home, their opinions about the care were always sought. Another relative told us they were confident in raising any concerns with managers. The person using the service told us they had no concerns about the service but they were comfortable raising any issues with staff. We observed people using the service regularly visiting the manager's office and we could see they were comfortable with both the registered manager and the deputy manager.

Is the service well-led?

Our findings

The registered manager had only been registered for one month at the time of our inspection. All the staff we spoke with and relatives spoke highly of the new registered manager. They told us they received support from head office and had a named person in each department such as Health and Safety, IT and payroll to discuss any issues. They also had the support from a regional operations manager to support their development into the role.

One relative told us they thought Fennell Court was well managed and the leadership was good both from the registered manager and the deputy manager. They told us the leadership encouraged an atmosphere of a home rather than as an institution and this filtered down to all staff.

We asked the registered manager about their leadership at of? the service. They told us they operated an open door policy and encouraged staff to influence how the service was provided. They told us they spent time observing staff supporting people and encouraged good practice. They had high expectations of the staff and expected them to always following company policies particularly around issues such as recording practices. They had given all staff ownership around care planning and risk assessment particularly if they have found something was not working for a person using the service. They explained there had been a recent change in staffing but this had been a positive benefit to some of the people living there as employing staff with the right skills and behaviours had a positive effect on the behaviours of the for people living there. They told us they had a group of staff who were passionate about the care and support they were providing. We found staff to be confident and comfortable in their roles and they all reported positive leadership and knew who to report to should they need to raise concerns, and report errors. We observed the management team to be open and transparent, helpful and caring in their attitudes to residents and to staff during our inspection.

The deputy manager described the atmosphere at the home as 'happy'. They said they constantly worked at keeping the happy atmosphere as they recognised this could easily change. They described staff as hard working but that they were very particular about whom they employed to ensure the culture did not change for the negative. Their vision for the service was to improve the life for the people living at Fennell Court.

People who used the service were encouraged to provide feedback and their views were actively sought before changes were made to the service. Meetings were held with people using the service every month and we saw the minutes of the meeting held on 28 December 2015. The minutes recorded discussions in areas such as health and safety, safeguarding, menus, activities, keyworkers, accessibility of the management team, the annual survey and minimising infections. They demonstrated the service was actively seeking the views of the people using the service to improve the quality of the service provision. The deputy manager told us the service was always trying to improve by reflection and reviewing the service provision.

Relatives' involvement and feedback was encouraged through open access to managers. The service also sought the views of the staff, people who used the service and their relatives through an annual survey. The

latest survey had been completed in December 2015 with five returned from people using the service, four from relatives, 13 from staff and three from other professionals and we were assured all comments would be acted upon. .

We saw evidence that team meetings were held every month. We saw the latest minutes of the team leaders meeting held on 22 December 2015. These were comprehensive and covered all aspects of the service provision. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service.

The deputy manager told us staff reported any maintenance issues on a board in the staff room and dated and signed when it had been reported. This was signed off when completed and if there was anything urgent that required repairing staff would telephone the head office who organised an urgent repair. The service had the benefit of a maintenance officer who visited every two weeks. Each member of staff had the responsibility to undertake an audit at the home. For example, on the day of our visit two members of staff were checking all the window restrictors as part of the weekly check. This was recorded in the health and safety file. We saw evidence of a recent fire drill, an environmental check, and a weekly hot water temperature check.

Regular audits designed to monitor the quality of care and identified areas where improvements could be made had been completed. The deputy manager told us the service used nationally recognised guidelines to benchmark their service and the Care Quality Commission fundamental standards. They also had the benefits of the registered provider's procedures on good practice. They undertook a detailed quality audit every three months to measure themselves against these standards and to identify gaps in services. Where issues or possible improvements were identified these were always addressed and resolved promptly and effectively.

The registered provider had a meeting for all registered managers employed in the area, but the new registered manager had not yet attended one of these meetings. They also attended the local authority Learning Disability Provider's Forum and meetings with the local authority as a means of promoting partnership