Voyage 1 Limited

Peacock Hay

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

This inspection was unannounced and took place on 21 and 24 October 2016. The service was registered to provide accommodation for up to seven people, and at the time of our inspection five people were using the service. People who used the service were younger adults with learning disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection took place on 24 March 2015. At this time, whilst we found the provider was not in breach of any regulations, improvements were needed to ensure there were enough consistent staff to meet people's needs and keep them safe. We also reported that improvements were required to ensure that staff had a greater understanding of the law when supporting people who could not make their own decisions. We asked the provider to improve the way that people's healthcare needs were being met and how complaints were responded to. We also reported that improvements were needed to ensure the service was well led. At this inspection, we found that improvements had been made in all these areas.

There were enough staff to meet people's needs, and the recruitment processes ensured that staff were safe to work with people. Staff knew people well and had good knowledge and understanding about protecting people from harm and abuse. Staff knew how to respond to concerns and were confident at doing this. Risks to individuals were assessed, managed and reviewed, and staff followed plans to protect people from harm. Medicines were managed safely to reduce the risks associated with them.

Staff understood how to support people who were unable to make decisions in some aspects of their lives. The provider ensured that any restrictions to people who could not make decisions about their care were done lawfully. People received support from staff who had the skills and knowledge needed to carry out their roles. People were supported to have access to health care services and to maintain a balanced diet.

Staff supported people in a caring and kind manner, and people had developed positive relationships with them. People were involved in making decisions about their day to day support, and staff promoted their independence. People's [rivay was respected and their dignity promoted.

People knew how to raise any concerns or complaints, and the provider dealt with these in an open and timely manner. Feedback was encouraged from people who used the service and their families. They were encouraged to be involved with the planning of their care and people's support was individual to them. People were able to choose how to spend their time and were supported to participate in activities they enjoyed.

The service was well managed and there were systems in place to monitor the quality of the service. This

was through feedback from people who used the service, their relatives, staff and a programme of audits. The provider played an active role in quality assurance to ensure areas of poor practice could be identified so the service could improve.

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.

There were sufficient staff to meet people's needs and keep them safe. The provider had safe recruitment processes in place. Staff knew how to protect people from harm and how to report any concerns. Risks to individual were assessed, managed and reviewed and people's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported to make decisions about their care and support. When they were unable to do this, decisions were made in their best interests. When people were restricted to ensure their safety, this was done with the necessary authorisations in place. People were enabled to maintain their health and physical wellbeing, and had access to a balanced diet to meet their needs. Staff received the training and support required to carry out their roles effectively.

Is the service caring?

Good

The service was caring.

People were treated with kindness by staff who were caring. People were encouraged to make decisions about their care and staff knew how to communicate with people to enable them to be involved. People's skills were recognised and they were supported to be independent. People's privacy was respected and their dignity was promoted. Relationships were maintained and families were able to visit when they chose.

Is the service responsive?

Good

The service was responsive.

People were encouraged to express their views and knew how to raise concerns or complaints, and these were responded to. People were involved in the planning of their care and received support that was responsive to their individual needs. They were

able to choose how to spend their time and participate in activities they enjoyed.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post and they promoted a positive, open culture. Staff felt supported, worked well as a team and people were positive about the management and leadership in place. There were effective systems in place to assess and monitor the quality of the service. These were used to drive continuous improvement.

Peacock Hay

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 visit took place on 21 and 24 October 2016 and was unannounced. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also reviewed the current monitoring information from the local authority. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with one person who used the service, three relatives, one visiting professional, three members of care staff, one team leader and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of three people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

At our previous inspection in March 2015, we found that whilst the provider was not in breach of any regulations, improvements were required to ensure that there were enough consistent staff to meet people's needs and keep them safe. We detailed these findings in our last report. At this inspection, we found that improvements had been made.

One person told us, "There are enough staff; I can always find someone if I need them. The staff help me to do things I want." One relative said, "There have been lots of changes in staffing, and I was worried initially how my relation would cope, but I saw the improvements within a week. My relation is a lot happier and doing more things." We were told how the staff team had more stability and one team leader said, "Everyone has one staff member to support them during the day, so they always have an allocated worker available for them." And a relation added, "The key worker system works well, my relation's key worker is excellent; they all are." We saw that each person who used the service had one staff member to support them throughout the day. This meant that there were enough staff to support people to keep them safe and meet their needs.

We checked to see how staff were recruited. One staff member told us, "It took about six or eight weeks for my police check to come through, and I had to have two references, one of which was from my last employer. All this had to happen before I could start work here." Another staff member said, "Before I even had a face to face interview, the manager had a telephone interview with me, which was good." The registered manager told us, "I find that these telephone interviews are a really good way of seeing if the person is the right type of person to work here. I can assess their values by asking people how they would react in certain scenarios. This helps us to find the right people to do this job." The staff records we looked at showed that the necessary checks had taken place before people started their employment. The registered manager told us, "The providers system ensures that people cannot start working here until all the checks have been received." This demonstrated that there were safe recruitments processes in place.

People told us they felt safe with the support they received. One person said, "The staff being here makes me feel safe. I don't feel frightened living here." One relative said, "I feel that my relation is safe." Another relative told us, "I have trust in the staff." Staff we spoke with understood about safeguarding and knew how to respond if there were any concerns. One staff member said, "I would look out for any changes in a person's behaviour as well as any physical marks. There are people [in the community] who would take advantage of people who don't have the capacity to understand certain things like their money." Another staff member told us, "It's our job to keep people safe and protect them from harm." Staff told us how they would report any concerns to the team leader or registered manager. They said they would be confident to do this and knew that any concerns would be listened to and acted on. The registered manager had notified us and the local authority when safeguarding issues had arisen.

We were told that some people who used the service could become anxious and upset. Staff were aware as to how they should support people in these situations. We saw staff supporting people in a patient and calm manner when this happened. One visiting professional said, "There is a calm feeling about the place, which is what is needed at the moment." The care plans we looked at detailed how people should be supported in

these situations so staff had clear guidance to follow.

We saw that risks to individuals were managed and one person told us, "I like going out to different places. The staff help me to get on the right bus and to cross the roads. They keep me safe." This meant that they could go out to the places they wanted and were kept safe at the same time. One staff member said, "We do have to restrict access to certain areas of the house like the kitchen, as it wouldn't be safe for people to go in their without support. It's our responsibility to make sure things are okay for people and that they are safe." We saw people using the kitchen when they had support from a staff member and the records we looked at showed that people's safety had been considered.

We saw that people had various risk assessments in place that had been reviewed so they were up to date. This gave staff guidance on how risks could be managed safely. We saw that these assessments recognised the skills people had so that they could do certain activities for themselves when they were able to. People had personal evacuation plans in place which detailed how they should be supported if there was an emergency. The information was reviewed and up to date to ensure staff knew how to support people if an emergency occurred.

We checked to see if people's medicines were managed safely. One person told us, "The staff give me my tablets. They make sure I've had them. They make sure its okay before they give them to me." One member of staff said, "We can only give people their medicines if we have had the training to do this." The registered manager told us, "We have made sure that there are always people on duty who are trained to give people their medicines. This includes the night staff; people may need medicines then, and now they can have them if needed." They explained how they had brought in changes in how medicines were managed, "It now sits in everyone's job role. Each staff member is trained to administer medicines and their competencies are assessed. We audit the medicines each week to make sure they have been given and recorded correctly." We saw there were protocols in place when people had medicines 'as required' and systems were in place if people needed to take their medicines with them when they were away from the home. We saw that medicines were stored safely and the records kept were up to date and accurate.

Good

Is the service effective?

Our findings

At our previous inspection in March 2015, we found that whilst the provider was not in breach of any regulations, improvements were needed to ensure that staff understood the principles of the Mental Capacity Act (MCA) 2005. At this inspection, we saw that improvements had been made.

The MCA provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Staff told us about the training they received in relation to the MCA. One staff member said, "We did the training about this, but also discuss it in our team meetings." Another staff member told us, "The on line training gave some information, but the discussions we have as a team make it easier to understand and put into practice." Staff we spoke with understood how the MCA impacted on the support they gave to people. One staff member said, "Everyone here is different, and make choices in different ways. We give people options so they can make their own decisions. If they can't then we have to look at what would be best for them." We saw that when needed, people had capacity assessments completed and best interests decisions evidenced. Some people who lacked capacity were also being restricted. We saw that the necessary authorisations were in place to ensure that this was being done lawfully. Staff were aware of these safeguards in place and who they applied to.

We saw staff communicating with people in ways that they understood, for example using Makaton (a form of sign language) and using objects of reference. This enabled people to make choices about their support. We observed staff support people to make decisions about what they wanted to do and when they wanted to do certain things. When people had limited verbal communication skills, staff were aware of how people indicated 'yes', 'no' or their preferences. The records we looked at gave staff information about people's communication and how they should involve people in making their own decisions. This meant that people were enabled to make their own decisions when they could.

Following our last inspection, we also reported that improvements were needed to ensure that people's health care needs were met. Again, at this inspection we found that improvements had been made. One person told us, "The staff will make appointments for the doctor and dentist when I need them. They will help me to get there and explain things. They help me if I'm poorly." One visiting professional said, "The staff will arrange and bring people to their health appointments. They always have the information I need. The staff are more than happy to work with the community nurses on the team and are able to put any recommendations given into place." We saw that a variety of referrals had been made for people to access

different health care services (such as consultants), and that these had been made in a timely manner. We saw people had 'hospital passports' completed; these are documents that describe how people should be supported by health care professionals if they are admitted into hospital. This demonstrated that people were supported to have access to health care services and their health was maintained.

People told us the staff had the knowledge and skills needed to carry out their roles effectively. One relative said, "I'm confident now that the manager makes sure that the staff are trained well. There are a lot of new staff who are getting to know my relation, but things are going well." Staff spoke positively about the induction they went through when they started working at the service. One staff member said, "My first day at work was spent with the manager. They explained the policies I needed to know about. I then spent time looking at people's support plans. That gave me a good idea of each service user and all the basic information I needed to know. On day two I started to shadow the staff, and that was when the real learning began. Without the shadowing, I wouldn't have known what to do; it taught me a lot. The induction lasted two weeks." Another staff member told us, "At the end of my induction the manager asked me if I felt ready to work on my own. I know that some staff asked for a longer time working with others until they felt confident, and this happened." This demonstrated the provider supported new staff to ensure they could carry out their roles and meet people's needs.

The registered manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One staff member told us, "Part of my initial training was to work through the care certificate. This was on line and covered lots of different areas." The registered manager confirmed, "When we have staff who are new to working in care settings, they all work through the care certificate which gives them the start needed."

Staff told us about the training they had taken part in and said that this had equipped them to carry out their roles. One staff member said, "The training is specific to the people who live here. It has helped me to support people and do things the right way. There are things we put into practice each day, and every day I pick new things up." They went on to say, "Even though we learn about how to do certain techniques if people get anxious, we also learn how to de-escalate a situation before that point is reached. There are things that work well for the people who live here." Another staff member told us, "We've been brought up to speed with the training; it's all been tightened up. There is more clarity and guidance for us." One visiting professional said, "The staff are knowledgeable and skilled. There had been previous issues around the consistency of the staff, but not now. The people living here are complex, but I am pleased with the support they get; the staff do a good job." We saw the registered manager had a system in place that identified when people's training was due and when it had been completed.

We were told about the ongoing supervision and support that staff received from the provider. One member of staff said, "Supervision is a good tool to see how you're actually working; it's a good constructive way to learn." Another staff member told us, "We have our supervisions in private; it's a time when we can off load if needed. It also gives us a chance to look at our development and where we are going." Staff told us they felt supported in their roles. One staff member said, "The manager is always available if we need anything." Another staff member said, "The team leaders and all the staff team are really supportive, if I need anything I can just ask, it's never a problem."

People told us they were supported to have enough to eat and drink. One person said, "We have nice food. The staff will cook. I help sometimes." We observed the lunchtime meal, and when needed, people had

support to eat their food. One staff member told us, "The meal choices are decided by the people who live here during house meetings. If they can't tell us, we make sure that we have information from people's families, who let us know what people like and don't like. The menus then reflect their preferences." We observed staff offering drinks at regular intervals and saw that people were asked what they would prefer to have. Some people needed to have their diets monitored to ensure they had a balanced diet. When people needed help to make healthy choices about their food, this was done in an inclusive way. For example, smaller plates were used so that the portion sizes were adjusted, rather than people having to eat something different to the others that lived there. This meant that people were enabled to maintain a balanced diet.

Good

Is the service caring?

Our findings

People told us and we saw that positive caring relationships had been developed with people who used the service and the staff. One person said, "The staff are all kind. They are nice. They listen to me. I can talk to them if I feel sad or worried." We observed staff spending time with people, interacting and chatting with them in ways they understood. People told us they were happy with the care they received. One person said, "I like living here; I'm happy." Some people were not able to express their views verbally, but one relative told us, "I know my relation is happy. After a home visit I know they are happy to come back here." We saw staff spending time with people in a caring way and the interactions were not just task led. For example, staff would engage with people throughout the day, even when they were not supporting them with their care needs. Staff knew people well, and were aware of their likes and dislikes, personal histories and family relationships.

People were involved in making decisions about their care and support. One person told us, "They ask me what I want to do." One staff member said, "We give options to people so they can decide; some people will let us know that they want to do something by their reactions." One relative said, "The staff understand how my relation communicates; they know that when they get their shoes out of the cupboard they are indicating that they want to go out." One team leader told us, "We sit down with people at the weekends and complete the activity sheets for the following week." We saw that when people needed help to express their views, they had been supported by an advocate. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. There was information displayed informing people how they could have an advocate to support them if needed.

People told us and we saw that they were encouraged to be independent. One person said, "I help to tidy up after meals. I get dressed myself and do my own shower." We observed people making snacks and being involved with meal preparation. People were encouraged to do day-to-day tasks themselves when they could. The support plans we looked at showed how people's skills were recognised and acknowledged.

People told us that their privacy was respected. One person said, "The staff knock on my door before they come in." Staff understood that people who used the service liked to have time on their own in their rooms and we saw that people's support plans referred to this. The registered manager told us, "We did have a discussion in a team meeting to ensure that staff didn't talk about people in front of others, and the staff have taken this on board." People's records were kept securely to ensure confidentiality. We saw that people's dignity was promoted and staff treated people as adults.

We were told how families were encouraged to continue to be a part of people's lives. One person said, "I see my family where they live and they visit me here." One relative said, "I'm really made to feel welcome now." Another relative told us, "I feel welcomed when I visit. I may just ring up to make sure my relation is there, but I can come over whenever I want." One team leader said, "All the families are really involved; they call in whenever and a day doesn't go past without us speaking on the phone or e mailing."

Good

Is the service responsive?

Our findings

At our previous inspection in March 2015, we found that whilst the provider was not in breach of any regulations, improvements were needed in the way the provider responded to concerns that were raised. At this inspection, we found that improvements had been made.

People knew how to raise any concerns or complaints. One person said, "I've not had to tell people about anything I'm not happy about. If there was something, I would tell the staff." One relative told us, "I've not had to raise any complaints recently; just a few small issues that the manager got sorted out." People told us that they would be happy to raise any issues with the staff and management team. One relative said, "The communication is good now; I'm kept informed about everything. The manager is very honest; if something has gone wrong they will tell me straight away." Another relative told us, "I know that I can speak to anyone at any time. The communication is far better." We saw that complaints leaflets were available for people in the hallway and that the provider had responded to any issues raised in a timely manner.

We saw that people were encouraged to give feedback about their experiences. People who used the service had house meetings to discuss any issues. This included activities and meal plans. We saw that this was done in a way that people could understand using picture and symbols. Relatives told us they had meetings with the staff and management. One relative said, "We are due for another one soon, but know I can bring anything up at any time." The registered manager told us, "We are also bringing in 'how did you find your visit' cards. We want to encourage everyone who comes here to share their experience with us, not just the families, but any visitors."

People were involved in the planning of their care so their support was individual to them. One person said, "I'm asked what I like and what I don't like. I've got a folder that is all about me. It's in the cupboard in the activity room." One staff member told us, "Everyone is different and each has different needs. The support plans are written in a way that makes sense and gives a good insight about each person. They are really personal, and tell us what makes a good day or a bad day for them. That helps us to make sure people then have good days." We saw that people's support was reviewed and their needs updated. One relative said, "We recently had a thorough review for my relation. But I talk to the staff every week and I get daily reports which update me about what my relations been doing and how they are getting on." We saw that people and their relatives had been involved in the development of the support plans and that these records were individual to each person.

People who used the service had the opportunity to choose how they spent their time. One relative said, "My relation is doing a lot more things now; they go out most days." Another relative told us, "There are a lot more activities now. My relation is now doing things that we asked for years ago. But now it's actually happening. They are much brighter in themselves now." We observed people taking part in activities of their choosing such as drawing, playing table football and listening to music. People were able to choose where they wanted to spend their time and sometimes preferred to be in their rooms, and at other times in the communal areas. Staff offered options to people to encourage them to decide what they would like to do. We saw people going out with staff members at different times during the day to various places.

Staff told us how they would respond to people's changing needs and one team leader said, "We have had to make some changes recently due to one person's current difficulties. So everyone knows that things have to be calmer and quieter. This has been happening and it is helping." Another staff member told us, "Even though people have their activities planned, we have to be flexible so that it works for them." We were given an example of how one person's particular activity had been changed so it finished on a Monday morning, rather than the Sunday. The person said, "It's working well now."

We saw one of the bedrooms that was currently unoccupied, and one team leader told us, "It's pretty much a blank canvas for when people move in. They can then choose the decorations that suit them and each person will make their room personal to themselves." We saw various items displayed around the property that people had made, and each communal room had personal touches added by the people who used the service.

Good

Is the service well-led?

Our findings

At our previous inspection in March 2015, the service had been without a registered manager for over seven months. The service had experienced several changes and we were told how this had impacted on staff morale and communication. At this inspection, we found that improvements had been made. A registered manager had been in post since June 2015. People told us that since their appointment, they had seen various improvements. One relative said, "They have turned things round. They have had a really positive influence on things, there is no negativity now; they are doing an excellent job." Another relative told us, "The manager is responsible for putting things in place; they are really on the ball. They have taken charge of things. Whereas before it felt like the service was there for the staff, it is now a completely different culture. It is all about the people that live here."

People spoke positively about the management and leadership at the service. One person said, "I like the manager." One relative said, "The team leaders are great, they have been able to keep things running well when the manager was away. I was worried when they were going on holiday, but it's all been fine." One staff member told us, "The manager is available to us all and is really adaptable and flexible." Another staff member said, "The manager is really approachable and has high standards; you've got to do your job right." One visiting professional said, "There was a really unsettled period before the manager came. Things have really improved over the past 12 months. Previously there were issues regarding consistency of care [for the people who used the service], but not now." We were told how some of the staff members were able to act as shift leaders which offered guidance and support for less experienced staff members.

Staff told us that they enjoyed working at the service and one staff member commented, "There is a lot more teamwork now." Another staff member said, "It's a lovely place to work. Everyone is really supportive." One team leader told us, "All the staff work really well together, and I was made to feel part of the team within the first week of being here." We were told about the 'See Something, Say Something' policy that was in place and clearly displayed. One staff member said, "We all know about this; if we see something that isn't right then we are encouraged to report it. We are assured that we would be protected if we did need to report anything."

At our previous inspection, we found that whilst the provider was not in breach of any regulations, improvements were needed to ensure the service was well led. We found that the systems in place to assess, monitor and review certain aspects of people's care were not always effective. At this inspection, we found that improvements had been made. We saw that a new system had been introduced to audit medicines and ensure that these were managed safely. The registered manager told us, "Now we can pick up any mistakes or discrepancies straight away and put things right. And since we have used this system the errors have virtually gone."

The registered manager showed us the system used which enabled them to audit all aspects of the service effectively. They told us how they used this information to identify any trends in areas such as accidents, incidents and safeguarding. We saw the annual audit of the service and how this was aligned to the key areas we inspect against. The registered manager told us, "These audits used to be carried out in isolation,

but now all the information is shared with the staff so they understand what is expected of them and the standards we aim to achieve." We saw the action plan that was put into place following this annual audit and the changes that had been implemented. We saw that within the team meetings, there was a regular slot for looking at any lessons that had been learnt, and staff had contributed to these discussions.

We were told how people were encouraged to be involved in decisions about the service. One staff member said, "The service users were there during my interview, which was really good." One relative told us, "They really consider how any potential new people will get on with the people who already live here. I know they won't take on a new service user unless they are compatible. That is reassuring." One team commented, "There is a good period of introduction for any new people and we take our time with this. It's vital that we find out that any changes won't have an adverse effect of the people who live here."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their last report and rating at the service and on their website. The registered manager demonstrated a clear understanding about their responsibilities as a registered person. They maintained detailed, accurate records that were kept securely, and had informed us about any significant events that needed to be reported.