Care Quality Commission

Voyage 1 Limited

Peacock Hay

Inspection report

Peacock Hay Road
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected Peacock Hay on 24 March 2015. The inspection was unannounced.

The provider is registered to provide accommodation and personal care for up to seven people with learning disabilities and/or mental health needs. At the time of our inspection, six people used the service.

There was no 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 and associated Regulations about how the service is run.

At our last inspection of the service on 10 September 2013, the provider was compliant with the Regulations we inspected against.

Summary of findings

The service did not always have the adequate numbers of staff with the right skills to provide people with care. Many staff had left the service recently. Relatives, staff and other professionals told us that the increased use of temporary staff had impacted on care provision.

Staff understood what safeguarding was and knew what actions to take if abuse was suspected. People had risk assessments and management plans in place to guide staff on how they should be cared for. People were supported to have the medicines as prescribed.

Advice given by other health and social care professionals was not always followed. Relatives told us that their concerns raised about people's care were not always responded to effectively.

People were supported by staff who understood their needs. People had access to adequate amount of food and drinks.

Legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were followed when people were unable to make certain decisions about their care and safety needs. This ensured that people's liberties were not restricted unlawfully.

People's care was tailored to meet their individual needs. Care plans detailed how people wished to be cared for and supported. People were supported to engage in activities which they enjoyed.

The service did not have a registered manager. Relatives, staff and other professionals told us this had impacted negatively in the management of the service.

Relatives told us that the provider had not always promoted an open culture. The provider had recently implemented meetings with relatives to obtain their views about services and involve them in service development plans. Staff, relatives and other professionals told us that improvements were being made and they were hopeful that these would be maintained.

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.

There were not always adequate numbers of staff to provide care and support. Staff understood safeguarding and knew what actions to take if abuse was suspected. People had risk assessments and safety plans in place to ensure that they remained safe and protected from harm. People were supported to receive their medicines as prescribed.

Requires improvement

Is the service effective?
The service was not always effective.

Staff did not always have a good understanding of the Mental capacity Act (2005). Advice given by other health and social care professionals was not always followed. Legal requirements were followed to ensure that people's liberties were not restricted unlawfully. People were supported by staff who knew them and understood their needs. People were supported to have adequate amount of food and drinks.

Requires improvement

Is the service caring?
The service was caring.

People told us and we saw staff demonstrated kindness and compassion when they provided care. Staff knew people's needs and provided care in line with people's preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care. Their views were listened to and acted upon.

Good

Is the service responsive?
The service was not always responsive.

Relatives told us that the provider did not always respond to their concerns effectively. People and their relatives were involved in planning their care, so that the care and support provided met their individual needs. People were supported to engage in activities and hobbies of their interest.

Requires improvement

Is the service well-led?
The service was not always well-led.

The service did not have a registered manager in place. Many staff members had left the service and staff morale was low. The provider had not promoted an open culture within the service. Relatives, staff and other professionals told us improvements were being made. The provider had systems in place to monitor the quality of the service.

Requires 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 was 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 24 March 2015 and was unannounced. One inspector undertook the inspection. Our last inspection took place in September 2013 and at that time we found the home was meeting the regulations we looked at.

We reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team and local commissioners of the service.

People were unable to give us detailed information about their experiences of care. So we spent time observing care in communal areas and saw how the staff interacted with people who used the service.

We spoke with one person who used the service, six relatives, two professionals, four care staff members, the interim manager and the regional manager of the service.

We looked at three people's care records to help us identify if people received planned care and reviewed records relating to the management of the service. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Requires improvement

Is the service safe?

Our findings

There were not always adequate numbers of staff to provide care. All the relatives and professionals we spoke with expressed concerns in the recent shortage in permanent staff and increased use of temporary staff members. They told us that people who used the service required a routine and consistency in how care was provided and this had been compromised by the increased use of temporary staff. A staff member commented, "A few staff have moved, so it's been a bit difficult. It's been a bit of a transition stage these last couple of months. Most of the service users are autistic and like their routine. It has impacted on activities". Another staff member told us that people could not always be supported to go out in the community because they needed staff that knew them and understood their needs well. They said it was not always safe for temporary staff to take people who used the service out because they did not always know the people well or have a good knowledge of how to manage the people's complex needs when they were out in the community.

Professionals told us that people did not always receive one-to-one care as they should because there were not always enough staff to provide care. One professional commented: "If people are being paid to have one-to-one care, they should be getting one-to-one care". We discussed staffing concerns with the regional manager and they confirmed that there were staffing shortages but that the provider was in the process of recruiting new staff. We saw records that four new staff members and a new manager had been interviewed and were being recruited.

People who used the service could not tell us if they felt safe. However their relatives told us that they felt the people were safe at the service. One relative said, "I know from [Person's name] that they are safe. I can tell from their body language". Another relative said, "[Person's name] has never refused to go back there when they've been out with me, so it's a good sign that they feel safe there". Staff we spoke with knew what safeguarding was and knew what actions to take if they suspected abuse. They told us they had all received recent training in safeguarding. The interim manager told us that staff had learned lessons following the recent safeguarding concerns at the service and systems were in place to ensure that suspected abuse was reported.

The provider carried out recruitment checks to ensure that prospective staff were safe to provide care. Relatives told us that they had been involved in interviewing staff and were involved in choosing the new manager. The regional manager told us prospective staff were expected to spend some time with people who used the service in order for their interaction with the people to be observed. They told us that getting people who used the service and their relatives involved in the interviews was a step forward ensuring that potential staff were safe to provide care.

People who used the service did not always have an understanding of their risk or management plans due to the nature of their disability. However, pictorial care plans in place to enable them to understand potential safety concerns were in place to prevent them from harm. Safety plans were in place to ensure people's safety whilst promoting their independence. For example, one person who was being supported to be as independent as possible whilst out in the community. The person's relative said, "They [staff] try to make sure [Person's name] has got two members of staff with them when they go out although they [person] are really entitled to one member of staff". Risk assessments and plans confirmed this and we saw that this was followed.

Our observation and medicine records showed that people received their medicines as prescribed. We saw that staff supported people to have their medicines safely. We saw that people's behaviours were not controlled by excessive use of medicines. The provider had systems in place to guide staff on when and how to administer medicines meant to be given on 'as required' (PRN) basis, and monitor it's usage.

Requires improvement

Is the service effective?

Our findings

Five people were being restricted under the Deprivation of Liberty Safeguards (DoLS) and an application had been made for one person's liberty to be restricted. The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure decisions are made in people's best interests when they are unable to do this for themselves. We saw that staff supported these people in accordance with the agreed DoLS authorisation. Care records confirmed that mental capacity assessments were completed and reviewed, and best interest decisions had been made in accordance with the legal requirements. However, staff did not always demonstrate that they understood the principles of the Act. We brought this to the attention of the regional manager, who stated, "It's been recognised by Voyage to make Mental Capacity Act training real for staff. We are organising further training so that staff understand every aspect of the Act and DoLS".

Relatives and professionals expressed concerns that staff did not always act in a timely manner when people needed additional input from a health or social care professional. Concerns were also expressed that staff did not always follow advice given by professionals. For example, one relative commented that, "When [Person's name] is unwell, they [the staff] don't always pick up on it, so I ring the doctor myself. I feel like I keep guiding them. They should be able to see they are unwell". Two professional who went to the service regularly told us, staff did not always follow advice or recommendations made by professionals about how people should be cared for. One professional said that staff had not always followed advice given them about how one person's care should be provided, They commented, "They [staff] don't always get things done unless there is someone behind them".

Staff used the Picture Exchange Communication System, (PECS) to communicate with one person who could not communicate verbally. PECS is a system for adults who have a wide range of communicative, cognitive and physical disabilities and is a means of communicating non-verbally. Words and pictures are used by staff to support people to express themselves. We observed that staff used this system when they communicated with the person. We observed that staff communicated well with people. For example, one person kept making a loud noise. The staff member responsible for caring for the person asked the person if they wanted a drink and an object the person enjoyed playing with. The person could not respond but staff brought the drink and the object and the person appeared more settled afterwards. Although almost all the people could not communicate verbally, staff spoke with them and used signs and pictures to communicate with them.

Staff told us that most of them had worked with the people for many years and understood the people well. Staff told us they had received training to give them the skills they needed to provide care and support. A staff member said, "I have experience working with people who have autism. [Person's name] needs their routine and can be obsessive about things. They like their own space so we leave them when they want their own space but support them to do the things they like". We observed this staff member provided care in the manner they had described and in line with the person's care plan.

One person presented with a behaviour that challenged towards a member of staff during the inspection. We saw that two members of staff supported the person and communicated calmly with them person. They ensured that the environment was safe and used de-escalation techniques to manage the situation. This ensured that neither the person nor staff came to harm. We observed staff supporting another person who regularly hit themselves. The staff member said, "When they do this, I clap and they clap with me or I give them something to distract themselves with and they stop".

One person had a special diet plan to manage their weight problem. The person's relative commented: "[Person's name] has lost weight. Staff have been very vigilant. They have got contracts in place with [Person's name] and they have done really well". A staff member said, "[The person] sat down with their key worker and worked out a diet planner. This gives them structure and they know how they are progressing". We saw this person and other people who used the service were supported to make health choices about what they wished to eat or drink. We saw that a variety of fresh fruit, vegetable, snacks and drinks were available for people.

Good

Is the service caring?

Our findings

We asked people if they were happy at Peacock Hay. One person said yes, another nodded positively. Relatives told us that staff were kind and caring. A relative said, "The staff really care. They [person who used the service] have got a good relationship with their keyworkers. I would know if they were not happy. They haven't presented with any challenging behaviour recently". Another relative said, "[Person's name] gets the best to be fair. They all go out of their way to provide for them. I'm personally happy with [Person's name] being at Peacock Hay". Staff we spoke with told us, and we saw that care was not rushed and they were able to spend time supporting people.

We saw people were treated kindly and staff were polite when they spoke with them and we saw that some people smiled back in return or responded positively to the interaction. Staff told us they knew the people well and could tell from their facial expressions if they were happy, sad or needed something. For example, when one person came out of their bedroom, a staff member said, "[Person's name] has done this (demonstrating what sign person made). It means they want something; so I'll just go and check on them to find out what they want".

We saw that people were supported to make decisions about their care. Pictorial prompts and props were used to help people make choices. For example, a staff member showed a collection of pictorial prompts on a key ring which staff had to have with them when they responded to a person's needs. They told us, "They've [person who used the service] got all their favourite things on the prompts and they can choose from the pictures if they want anything". People also had access to advocates (professionals who can help people to make choices) to ensure their preferences and wishes were considered when important decisions about their health and wellbeing needed to be made.

We saw that people who used the service were respected. A staff member said, "I just treat the people like my own family. You just have to be patient with them. If you aren't, then you're in the wrong job". Staff spoke with people in a non-patronising manner. We saw that people's abilities to carry out certain tasks varied, and staff respected these differences.

Relatives, staff and professionals told us that people were treated with dignity and we observed this. One person had the keys to their bedroom and we saw that they kept their bedroom locked. The person's relative said, "[Person's name] has the keys to their own bedroom. Staff can get through if they need be. That's reassuring to me". Another person preferred spending time in their bedroom. A staff member told us, "[Person's name] sometimes doesn't want to have people with them all the time, so we just sit outside their room and wait so we know when they are ready. We can see when they come out so that they don't go into other people's rooms". This ensured that the person's dignity and that of others was maintained.

People's independence was supported. One member of staff said, "[Person's name] has their own cupboard in the kitchen. Staff support them to buy their own food, label them and store them and they know when it's finished. Each day of the week, they go out and buy their own food for the week, then go and withdraw their money from the post office". We observed that people were encouraged to make their breakfast with support from staff and some people were encouraged to do their own laundry and keep their bedrooms clean with the support of staff. This promoted their independence.

Requires improvement

Is the service responsive?

Our findings

Some relatives told us the provider had not responded to their concerns satisfactorily. One person's relative told us they had raised several concerns about their relative but this was not responded to satisfactorily, so they had to make the changes themselves. They commented, "I'm on the phone a lot of the time complaining. I've been telling them what [Person's name] needs and they take no notice. I have to put pressure on for them to do things. I shouldn't have to do this". Another relative told us they felt more confident raising concerns with specific staff members than with the senior managers. The relative said, "If I have a complaint, I would speak to [Staff member's name]. They wouldn't tell me any lies, but if I speak with [senior manager's name], they will tell me company policy. They [the provider] do not communicate well".

Relatives told us that they were involved in planning the care of their relatives so that it was individual to them. One relative commented: "I chose Peacock Hay because they [Person who used the service] will be treated as an individual. They [staff] are doing the best they can in a very diverse environment". A staff member said, "[Person's name] enjoys walking. They enjoy a drive and a drink in the pub. We go for a full mile walk and then go out for dinner. They are achieving a lot more now with those walks".

People's bedrooms were decorated in line with their preferences. For example, a staff member said, "[Person's name] came back from leave with ideas of how they would like their room to be decorated. They like music and lights, so it's about knowing what they like and working with them". The person's relative told us that staff had supported the person to choose accessories for their bedroom and to ensure that everything was coordinated. The interim manager told us, "We've asked the key workers to go through the support plans and add extra information specific to people". This ensured that people's care plans were individual to them.

People were supported to follow their interests and take part in social activities which they enjoyed. We saw that people had individual daily plans for activities. One person told us they were looking forward to going out for a walk with staff. People's care records contained information about their individual likes, dislikes and care preferences, and staff knew these. Activity timetables had been devised to meet people's individual likes, preferences and needs and we saw these timetables were flexible dependent on people's changing needs.

We saw people being supported to access the community. A staff member told us, "[People's names] enjoy going to [name off social group] every [day of the week] night. They enjoy the pamper sessions, cake making sessions and playing a game of pool; and [Another person's name] enjoys swimming. They go three times a week".

Requires improvement

Is the service well-led?

Our findings

The provider did not have effective systems in place for the ordering, storage and monitoring of medicines. We saw that two people's PRN medicines had expired. These medicines were stored in the fridge. We saw medicine management audit had taken place but this concern had not been identified. We brought this to the attention of two staff who administered medicines and carried out the audits. They both gave us conflicting accounts about the arrangements for the monitoring of and disposal of medicines which were in stock. One of them said, "They [the pharmacist] told us we've got six months for liquids from when they are received". We checked the people's medicine administration records to see is the people had been given these medicines and saw that both people had not received the medicines because they had not required them. The lack of clarity demonstrated by both staff showed that these people would likely have been given the medicines if they had needed it.

Relatives, professionals and staff told us that many staff had left the service recently and the provider was in the process of recruiting new staff members. Relatives commented that staff morale was low and they felt that this had sometimes had an impact in the way some people who used the service presented. One relative commented: "They [people who used the service] may not speak but they pick up things and when staff are not happy, service users know". Another relative said, "Staff morale is so low, I don't think they [staff] would raise any concerns to the managers". Most of the relatives told us they did not know why there had been no registered manager for a while and why many staff members had left the service recently. One relative commented: "I don't think communication with the parents is as good as it could be. We are not kept informed of changes. We as parents are not given the opportunity to express how we feel about things and I feel that is wrong". This showed that the provider had not always promoted an open and positive culture.

Staff members told us the service was going through several changes and this had impacted on their morale. However they said things were beginning to improve. One staff member said, "A few staff have moved on so it's been a bit difficult. It's been a bit of a transition stage these last couple of months. A new manager's starting soon". Another staff member said, "Everything is running a bit more smoothly now. The interim manager is more thorough. I had supervision the other day. I hadn't had supervision for a while".

The regional manager told us that the service was going through significant changes in order to improve the service they provided. They told us that parent's meeting had been introduced to keep relatives involved in the development of the service and informed about issues relating to the service. They told us that these meetings were planned to take place quarterly. Relatives told us they had been informed of this and some said they attended the first meeting. We saw the minutes of the meeting, which confirmed this.

The service had not had a registered manager in post for over seven months. A new manager was being recruited and the regional manager told us that the person will apply to be registered manager for the service. One of the staff members had been appointed to the post of interim manager. All the relatives we spoke with told us that the interim manager was approachable. Staff also confirmed this and told us that the interim manager supported them in their roles. One staff member said, "[interim manager] is friendly and easy to talk with. You can go to them for anything. They are quite approachable". The interim manager ensured that submission of required notifications to the CQC and other legal requirements were being met.

Service quality surveys were given to people who used the service and their relatives to provide feedback. Completed surveys were analysed and actions plans devised when concerns were identified. Relatives told us that they had recently attended a meeting to discuss improvements at the service. They informed us that these meeting were planned to take place quarterly. They all felt that this was an improvement from how things use to be as they were now being kept informed and involved about key decisions about the service.

Frequent quality checks were completed by the interim manager. These included environmental checks, health and safety and care records checks. Actions were put in place when concerns were identified. Further spot checks on a variety of quality issues were carried out by a manager from another service. The provider called this "Fresh Eyes". The regional manager told us that this promoted the sharing of good practice among the various services owned by the provider.