Care Quality Commission

Voyage 1 Limited

Bethia Cottage

Inspection report

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Ratings

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

Overall summary

Bethia Cottage is a residential care home that provides accommodation for up to five people who require support with personal care and all aspects of daily living. The service supports people with physical and learning disabilities. At the time of the inspection five people were permanently living at the service. The service has an open plan communal kitchen and dining area, communal lounge, sensory room and outdoor space featuring seating areas and adapted swings to accommodate wheelchairs.

The inspection was unannounced and took place on 9 April 2015. The service had 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.'

The last inspection took place on 4 July 2013. At that inspection we found the provider was compliant with all the standards we assessed.

Summary of findings

We found the service to be safe in its delivery of care. Staff were recruited safely and appropriate checks were completed prior to working with vulnerable people. Staff had good knowledge and an understanding of the needs of the people who used the service. On occasions there was not enough staff to cover the allocated shifts identified by the provider, that were required to meet people's needs. This meant that trips into the community and activities were sometimes cancelled. The registered manager was aware of this and we saw that recruitment is on-going to ensure staffing numbers are increased.

Staff received regular supervision which enabled them to discuss any matters relating to practice or their personal development. There was a full training programme in place which ensured staff were equipped with the knowledge and skills required to carry out their role effectively.

We observed that staff spoke in a positive way to people and treated them with respect. Staff and the people who used the service interacted and observations showed good relationships between them. The people who used the service participated in a range of activities and days out. Relatives of those who used the service told us on occasions due to staffing levels some of these had to be cancelled.

Interventions of support were sought from outside agencies when required and a relative told us that health issues "Got sorted quick" at the service. The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) and we saw that applications, where required, had been submitted in respect of people being deprived of their liberty. The Mental Capacity Act 2005 (MCA) legislation is designed to ensure that when an individual does not have the capacity, any decisions are made in the person's best interest.

The inside living environment was well maintained however there were some issues with some of the paving slabs being uneven on the pathways around the property. The car park at the service was also very uneven. This posed a risk to the people living at the service and any visitors. The registered manager was aware of these issues and since our inspection provided us with a plan that highlights the measures which are in place to improve these areas.

People who used the service had clear, personalised care plans in place and individual's choices and preferences were clearly documented. Personalised communication plans, risk assessments and eating and drinking plans were all in place within peoples care records. Family and friends were always welcome to visit the service and people living at the service were encouraged to participate in activities and daily living tasks as much as possible. Relatives told us they were "Generally happy" with the care their loved one received living at the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safe recruitment practices had been followed and appropriate checks had been made into the suitability of staff who worked at the service.

The registered manager and the staff team understood how to safeguard people and could explain how to report possible abuse.

We found that medication was stored, recorded and administered safely in line with current guidance.

Is the service effective?

Good

The service was effective.

Peoples were given choices of food and drink in line with individual dietary needs. People also had good access to health care services.

People's rights were respected and care was only provided with their consent or if Best Interest processes had been followed. The provider had policies and procedures around meeting the requirements of the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards, (DoLS).

Staff had received supervision and appropriate training to ensure they had the skills and knowledge to support the needs of the people who lived at the service.

Is the service caring?

Good

The service was caring.

There was a calm and friendly atmosphere within the home and staff helped people maintain their privacy.

Staffs interactions were positive and they treated people with kindness and respect. Staff were cheerful and friendly and they knew everyone's individual needs.

People were treated with dignity and respect and independence was promoted.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's individual needs and people's care records were person centred.

People had access to a wide range of meaningful activities and were supported to participate in the local community.

Staff acted promptly when someone needed access to a healthcare professional and followed those visits up when necessary.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Honesty and transparency were promoted within the service and staff said they could raise issues to the registered manager if they had any concerns.

The service has quality assurance system in place which led to service improvements where appropriate.

The manager had made statutory notifications to the Care Quality Commission in a timely manner.

Bethia Cottage

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.

The unannounced inspection took place on 9 April 2015. The inspection was carried out by two inspectors. Before the inspection took place we reviewed the information we held about the service, including the Provider Information Return (PIR). This is a form which we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications of incidents that the provider had sent us since the last inspection. We also contacted the local authority's contracts monitoring team, Adult Safeguarding team, healthcare professionals and a social worker to gain their views about the service.

During our inspection we spoke with the registered manager. We also spoke with one person living at the service, four relatives and three care staff who worked at the service. We spent time observing the interactions between people, relatives and staff in the communal areas and during mealtimes. We looked at all areas of the home including peoples' bedrooms, kitchen, dining area, bathrooms, staff areas and the outdoor space.

We spent time reviewing records at the service. This included three care records, three staff recruitment files, staff rotas, training records, medicine administration records (MAR) and policies and procedures in place at the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. The relatives we spoke to also told us that the home was safe. One person who used the service told us "Staff are kind".

The provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse (SOVA). The staff we spoke to were confident in identifying possible signs of neglect or abuse and they knew the procedure to follow if they needed to raise a safeguarding concern. All the staff we spoke to had received SOVA training and were familiar with the external agencies to contact and report possible abuse to.

We saw evidence in the staff training records that all staff at the service had completed SOVA training within the last 12 months. Any safeguarding incidents within the service had been appropriately documented and referred to the relevant agencies including notifying the Care Quality Commission (CQC). This meant that staff were appropriately trained in recognising potential abuse and when incidents had occurred they were reported in the necessary way.

We saw that accidents and incidents that had happened within the service had been documented appropriately. We saw copies of incident form, body maps for when needed, reporting guidance for staff to follow and the incident / accident data sheets. This meant that incidents were documented in line with guidance and learning and training needs for the staff team could be identified as part of improvements to on-going practice.

We looked at the care records for three of the people who used the service and we saw that potential risks to people's health and wellbeing had been assessed and plans were in place to manage and minimise any identified risks. Risk assessments had been completed and appropriate equipment were been used in relation to moving and handling needs. One relative told us "We have had issues in the past but saying that I feel my relative is safe here".

We looked at the maintenance records at the service and they showed us that service contract agreements were in place and equipment had been regularly checked and repaired when required. Checks ranged from daily, weekly, monthly and annually and included alarm systems such as fire alarm and nurse call, moving and handling equipment including hoists, slings and wheelchairs, window restrictors and gas and water systems. These checked helped to ensure the safety of the people using the service.

During our inspection we noticed that portable electrical equipment and emergency lighting certificates were overdue and required servicing. We spoke to the registered manager who told us they had been completed and they would send us with the evidence of this. Since our inspection the registered manager has provided copies of these documents which shows that the equipment was tested and operating safely prior to our inspection.

We saw that the service had a continuity plan which informed staff what to do in an emergency. The service also provides the contact details of a service manager for staff to contact out of office hours if they require guidance, advice or support.

The staff we spoke to confidently described the organisations whistleblowing policy and said they would not hesitate to challenge and report bad practice to "keep who we support safe". Staff told us they felt the organisation would "listen and support them" if they needed to use this process.

We looked at the recruitment files of three support staff and we saw that safe recruitment practices had been followed. This included application forms, face to face interviews, references and Disclosure and Barring Service (DBS) checks. A DBS check is completed during the staff recruitment stage to ascertain whether or not an individual is suitable to work with vulnerable adults or children. A staff member we spoke with also confirmed that they were unable to start work at the service until all the appropriate checks had been completed and cleared. This shows that safe recruitment measures are in place to protect vulnerable people.

On the day of our inspection there were three support staff and the manager to support the five people who used the service. One staff member told us "We normally have four staff plus the manager on shift but were running on less due to sickness and people leaving. We can call staff to cover but when non are available we all pull together and work as a team". A relative told us "There's not always enough staff". We saw the staff rotas and spoke to the

Good

Is the service safe?

manager about staffing levels and they confirmed that they "Had been occasionally covering shifts with only three staff as opposed to four". The manager told us this means that at times we can't go out as much as we would like".

The manager confirmed that recruitment was currently underway to increase staffing levels. We saw evidence of this during the inspection as we were introduced to a newly recruited staff member who had come to visit the service prior to commencing her role. The manager showed us the maxtime computer system that is used by the organisation to calculate how many staff are required to support the service and the people who used it.

On that day of our inspection even though the shift was operating lower than normal staffing levels we saw that staff responded well to the needs of the people who used the service, a trip out to the shops took place during our visit and staff were always present within the communal areas.

We looked at how medications were managed at the service and inspected two medication administration records (MARs). The MARs sheets were completed accurately with signatures from staff members when medication had been administered. We cross checked four medication stock balances and these were correct in line with what was recorded on the MARs sheets. The registered manager told us that medication stock balances are checked twice a day and they also carry out a weekly check on balances for accuracy.

We saw that medicines were stored safety and ordered in a timely way so that people did not run out of them. Records showed us that staff checked the medication room temperature and the fridge temperature used to store medication in on a daily basis. The records also told us that the temperatures were within the required range for safe storage of medicine.

We found that medication was administered at the advised times, recorded correctly and disposed of in an appropriate way. The service had a handling and administration of medicines policy which all staff who are trained to administer medications were familiar with. Everyone who lived at the service had been assessed prior to moving there and the assessments indicated that all the people who lived at the service required the support of staff to administer their medicines. This meant that no one who lived at the service had the ability to self-administer their own medication. We spoke to the manager about this who explained that If someone's needs were to change and they felt that individuals could manage their own medication they would complete a risk assessment to ensure it was managed appropriately.

Some of the people who used the service had limited verbal communication and we asked staff how they would know if people were in pain and required pain relief. Staff told us "We know the people who use the service. We look at their posture, their facial expressions and the majority of people can use gestures to let us know how they are feeling".

We spoke to the registered manager about how often peoples medication was reviewed. The manager confirmed that everyone who lived at the service had their medication reviewed on a yearly basis unless it was required sooner.

Good

Is the service effective?

Our findings

People who used the service received effective care and support because staff had a good knowledge about the needs of each individual. The staff files we looked at and the observations we made during our inspection showed that staff were patient and had the appropriate skills and attitudes when supporting vulnerable people. We saw that staff received an induction when they started working at the service. We saw that this involved completing training which included health and safety, food hygiene, infection control and moving and handling. When we checked staff training records this also confirmed training had taken place.

We spoke to one staff member who told us "The induction was good here. I was encouraged to visit the service and had two weeks of on the job shadowing before I was allowed to support anyone on my own".

Staff told us they attended supervision and appraisal sessions with the manager or seniors. One staff member told us "My supervision is due as I've not had one for about three months. However, the support I've received in the last seven months has been amazing". In the files we looked at there was evidence that supervision had been documented and practice areas including individual roles, service issues, training needs and performance were all discussed. The staff we spoke to said they could seek support and guidance outside of supervision sessions if they needed to. This meant that staff felt supported and knew they could seek guidance from senior colleagues if necessary.

Staff who work at the service receive yearly annual appraisals and the registered manager told us that a service audit takes place every three months which looks at five key areas including Safe, Effective, Caring, Responsive and Well-Led. From this audit any areas identified within the service as needing improvements are put onto an action plan with timescales and a named individual responsible for delivering these actions to encourage overall practice improvements at the service.

We saw positive interactions with staff and the people who used the service. We observed lunch in the kitchen and dining area. Most of the people who used the service had limited verbal communication therefore staff used other methods to offer a choice. For example, we saw one person being shown ham and cheese and staff asked which they would prefer in their sandwich. The same method was used for dessert when someone was shown yogurt or fruit. On this occasion the person being offered them kept hold of both items, therefore the staff member responded by saying "You can have both if you want them".

We were told that the people who used the service planned their own menus with support from staff. The weekly menu, on display in the kitchen included pictures of each meal so that people using the service knew what was on offer that day. Staff told us "If someone doesn't want what is on the menu we will always seek an alternative".

People using the service, where possible, were encouraged to be involved with the meal preparation. We saw one person being support to make a drink and carry it independently to the dining table. The food we saw looked appetising and well balanced. We asked one person if their lunch was nice, they smiled and gave thumbs up. One relative told us "The food is good and healthy; my relative has lost some weight which is a positive thing".

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation. The registered manager told us that one person who used the service had a DoLS in place. We checked the care records and saw that the authorisation for the DoLS was valid until 31 August 2015. The registered manager and the staff we spoke to understood the principles of the MCA and DoLS.

Training records showed that 13 members of staff working at the service had completed Mental Capacity Act and DoLS training within the last 14 months. We looked at three care records of people who used the service and these showed that capacity assessments had been completed where appropriate and minutes of best interest meetings were documented when they had taken place. This means that the service was following legislation correctly and ensuring decisions were being made in the best interest of individual's.

The service operates a non-contact intervention policy (non-restraint) and the staff we spoke with all confirmed this. This means that the service does not use physical intervention or hold people if they have behaviour that may challenge.

The people who used the service each had a health file record that documented details of health conditions. We

Good

Is the service effective?

saw evidence in these records that individuals had input from local healthcare professionals when required. All visits or meetings with GP's, District Nurses, Speech & Language Therapists, wheelchair services and Social Workers were recorded in the person's health file with the date and reason for visits and any further actions needed. This showed us that the service involved necessary professionals and welcomed interventions from outside agencies to ensure that people received an effective service. One relative also told us "They are good at getting my relatives health issues sorted, they recently needed some dental work and this was sorted no problem".

We saw that the service was appropriately decorated and adapted to meet the physical needs of the people who used the service. People's bedrooms were personalised and decorated in a style chosen by each individual. One person who used the service told us "I can have my bedroom in my favourite colours and put pictures of my family in my bedroom which I like". We saw that the space within the service was sufficient to accommodate wheelchairs and we observed one person who used the service freely manoeuvring themselves in their wheelchair around the building.

We saw that the living environment was clean and tidy. The dining area and kitchen were well used and we observed people eating, laughing and interacting in these areas. One relative told us "The place could do with a bit of the décor doing up, some of the walls have marks on them and they seem slow to keep things maintained". We spoke to the registered manager about this and they confirmed that the property manager from the organisation was visiting to assess the service and compile a report detailing a plan of improvements that were required at the service. Since our inspection the registered manager has provided us with a copy of this plan which details a number of refurbishments that are to be completed at the service.

The outside garden area contained an adapted that was suitable for wheelchair users. There was also a BBQ and seating area. The registered manager told us there were plans to develop some raised flower beds. One relative told us "The paths and car park have not being maintained and they are dangerous especially for disabled people". We spoke with the registered manager about these concerns and they told us this would be looked at as part of the overall maintenance plan at the service.

The service had a sensory room which is designed to offer therapy and stimulation for people with limited communication through to use of special lighting, music, and objects. We saw that some of the equipment within this room was not operating. This included the sensory lighting and the bubble tube. We spoke to the registered manager about this who told us "It's been like this for a few months, although people still use it as a chill out area". The registered manager told us that the issues had been highlighted and would be reviewed as part of the property development plan. Since our inspection we have received a copy of this plan which includes actions to be taken to replace the broken equipment within the sensory room.

Good

Is the service caring?

Our findings

We observed that there were good interactions between the staff and people who lived at the service. Staff were friendly and when people ask for meals, drinks or assistance these requests were responded to promptly. Feedback we saw from one relative said "Staff have an all-round understanding towards the needs and wellbeing of the people who live here". One healthcare professional we saw feedback from said "Staff are professional, caring and welcoming, the service is very good".

Information about local advocacy services were displayed in the reception area at the service and the registered manager told us "People have good support from families here but we can access advocacy services as and when required".

The people who used the service had limited verbal communication, However our observations showed that staff interacted well with individuals. Individual communication plans developed with Speech and Language input were present in the care records we looked at. This enabled staff to communicate in an effective way with using appropriate communication methods to meet individual's needs.

Staff spoke to people using their names and people were not excluded from conversations. We saw that staff took time to explain what was happening to people, when they carried out care tasks and daily routines within the service. Staff spoke with people in a tone and manner demonstrating kindness and respect. One staff member said "The care is very good here, that's one of the best things about working here; knowing that they (the people who used the service) are treated well".

When we contacted local healthcare professionals who support people who used the service they told us "I have always felt very welcome here, it is a friendly staff team and I always note how caring they are towards service users". People's dignity and privacy was respected. We saw this when we observed staff knocking on people's bedroom doors before entering. A relative also told us "They do respect people's privacy here".

The three care records we looked at were person centred and included the likes and dislikes of each individual. One person who used the service had expressed an interest to move on to an alternative service where there would be more people who they could verbally communicate with.

All of the meetings and visits to alternative services were documented and records showed that family members and the individual were included at all stages of the process. We contacted a professional who supports this person and they told us "One of my service users here is requesting to move on; staff have been very supportive when helping them visit alternative services".

We saw that staff promoted the independence of the people who used the service as much as possible. People we encouraged to participate in preparing their lunch and drinks and assisting to set the table.

Good

Is the service responsive?

Our findings

We looked at the care records for three people who used the service and we saw that they were person centred and personalised for each individual. We saw that assessments had being completed prior to people moving into the service. The records contained one page profiles which included 'what's important to me, how to support me and previous history'. Key information including next of kin, involvement of health professionals and medical history was also present within the records. This meant that appropriate information was documented for staff to follow and ensure people were supported effectively.

One staff member told us "When we hold a review it is always person centred with the individual being included at every step of the process". People were encouraged to maintain relationships with their family and people who were important to them. Staff told us family and friends were welcome at the service at any time. One person who used the service told us "Staff help me so I can visit my dad most weeks, this means a lot to me". During our inspection we spoke with relatives of people who used the service. A relative also told us "We do get invited to meetings and reviews and to be fair to them (the service); we are always consulted on the things that matter".

We saw a care record of one person who used the service had been reviewed on 25 February 2015 and there were label's within the file detailing which sections required updating. We spoke to the registered manager about this and they told us "The keyworker for the client is working their way through the files to update them to ensure the information reflects any changes".

During our visit a group of people who used the service went out on a shopping trip supported by staff members. One person who used the service told us "The staff are kind, they take me out shopping; I like to go shopping with them".

Records also showed that people went on holidays, on days out to the seaside, to local parks, restaurants and discos. A person who used the service told us "I go to the club every week, I like the disco music". A relative told us "They do get plenty of opportunities for going out here".

We saw in care records, that one person who used the service goes swimming and horse riding on a weekly basis. A relative told us "Not all staff can drive so sometimes this stops people from being able to go out. Transport has also been an issue at the service in the past". We spoke to the registered manager about this who told us "There have been on-going issues with vehicles and transport but we think were there with this now".

We saw that the service had a concerns and complaints procedure. We saw a copy of the complaints flow diagram for people to follow and we also saw an easy read version with pictures for people who may find the information difficult to understand. We saw the complaints file which included copies of any complaints raised at the service. The file also contained any actions and outcomes and response letters regarding the complaint made. A professional we contacted who supported someone who used the service told us "There was an issue within the service that I was involved with, it was acted upon quickly and I was kept up to date with what was happening at every stage".

Good

Is the service well-led?

Our findings

The service was led by the registered manager who had been in post since 2013. There was also support from a team of senior support workers. Everyone we asked told us the registered manager was approachable and listened. One relative told us "The manager is very approachable and always has an open door if needed". We observed staff approaching the manager during the day to ask for advice and guidance and they always got a polite response.

The staff we spoke to told us that everyone worked as part of a team. One staff member told us "We all pull together and work as a team; it's good we do this to ensure they (people who used the service) are treated right".

We asked about the culture of the organisation. One staff member told us "We have good and bad times but seeing the people we support smile, makes it all worthwhile". The manager explained that openness and transparency is promoted by all employees within the service and throughout the organisation. Records showed us that regular audits of the environment, moving and handling equipment, care plans, risk assessment and staff training were continuously reviewed and monitored the ensure the service remained effective and safe. Medication audits take place by the registered manager or senior on duty on a monthly basis. These are signed and documented and any actions identified are put onto an audit action plan to enable to service to make improvements.

We saw the system for reporting and recording incidents and accidents at the service was appropriately completed and provided a data analysis to ensure learning from these events could be made. The registered manager told us they received support from other services the organisations operates within the area when required. We saw evidence of this as the registered manager has just returned from an extended break and a manager from another service has been overseeing the day to day operation at Bethia Cottage.

A relative of someone who used the service said "We get questionnaires to complete about the service. We can fill them in with good and bad points and return them for the manager's attention". We saw a file with copies of the returned questionnaires. We also saw how these were evaluated and put into a quality assurance action plan for the service. One of the outcomes following feedback from relatives was the need to communicate more effectively regarding changes and things happening within the service. In response to this the service has introduced a newsletter for families to keep them updated. The questionnaires also asked for the views from the people who used the service and the staff working there.

One relative told us "Things have really started to improve at the service, I just hope this continues". A professional we contacted also said "There has been changes in management due to the registered manager having a break from work however this was managed extremely well and the acting manager was effective and approachable.

We saw staff meeting and house meeting with the people who used the service took place on a monthly basis. This gave staff and people using the service the opportunity to discuss issues or things they would like to see happening at the service. We saw the organisations statement of purpose which all staff members receive a copy of. This document outlined the vision, missions and values of the organisation which included; improve the quality of life for service users, customers and staff, passion for care, passion for business and positive energy.

Services that provide health and social care to people are, as part of their registration, required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager had appropriately notified the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken within the service.

Records showed us that the service worked closely with others professional from outside agencies and sought interventions when required. Professionals currently supporting the people who used the service come from social work teams, Speech & Language services, Psychology services and occupational therapy. One of the professionals who visit's the service told us "I'm always made to feel very welcome, I'm always asked for my ID badge and to sign in and the people who live here are always happy and smiling".