Care Quality Commission

Voyage 1 Limited

1 Sheringham Avenue

Inspection report

1 Sheringham Avenue
Oakwood
London
N14 4UB.
Tel: 0208 3605075
Website: www.example.com

Date of inspection visit: 29 & 30 May 2015
Date of publication: 27/07/2015

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

We undertook this unannounced inspection on 29 & 30 May 2015. 1 Sherringham Avenue is a care home registered for a maximum of five people. People living in the home have Asperger's Syndrome and Autism. At this inspection there were four people living in the home.

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

Staff were welcoming and people in the home appeared settled and well cared for. People informed us that they were satisfied the care and services provided. Staff were caring and knowledgeable regarding the individual needs of people.

People's needs were assessed. Staff prepared appropriate and detailed care plans with the involvement of people

Summary of findings

and their representatives. Their healthcare needs were closely monitored and attended to. There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home.

There were enough staff to meet people's needs . Staff had been carefully recruited and provided with training to enable them to care effectively for people. Staff had the necessary support and supervision to enable them to care for people. They had received training and knew how to recognise and report any concerns or allegations of abuse.

Staff had assessed people's preferences prior to their admission and arrangements were in place to ensure that these were responded to. People could participate in activities they liked and go on outings. There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

The home had arrangements for quality assurance. Regular audits and checks had been carried out by the registered manager and the area manager.

We found the premises were homely, clean and tidy. The home had an Infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out. Risk assessments had been carried out and these contained guidance to staff on protecting people.

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. The home had a safeguarding procedure and staff had received training and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. Staff were available in sufficient numbers to meet people's needs. Safe recruitment processes were followed.

There was a record of maintenance and safety inspections carried out.

Is the service effective?

Good

The service was effective. People who used the service were supported by pleasant staff who were knowledgeable and understood their needs. People were supported with their healthcare needs. People's dietary needs and preferences were met.

There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People were treated with respect and dignity. People's privacy were protected.

Staff supported them in a caring and friendly manner.

People and their representatives, were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and addressed people's individual needs and these took account of their preferences and choices. The home had an activities programme and people were encouraged to take part in social and therapeutic activities.

People said they knew how to make a complaint if they needed to. They were confident staff would listen to them and they were sure their complaints would be fully investigated and action taken if necessary.

The home had meetings and people could express their views. The registered manager took into account the suggestions made by people and acted on these.

Is the service well-led?

Good

The service was well-led. The quality of the service was carefully monitored by the registered manager and senior staff from the company. Management had a good understanding of the issues affecting people and there was good planning in meeting people's needs and dealing with potential problems.

The results of a satisfaction survey and feedback from professionals indicated that staff maintained good communication and provided a high quality of care.

Staff were aware of the values and aims of the service. Senior management responded well to concerns expressed by staff.

1 Sheringham Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 inspection took place on 29 and 30 May 2015 and it was unannounced. One inspector carried out this inspection. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. We contacted two health and social care professionals to obtain their views about the care provided in the home.

We spoke with three people living in the home and obtained feedback from them. We also spoke with three care staff and the registered manager.

We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms.

We reviewed a range of records about people's care and how the home was managed. These included the care records for three people living there, four recent recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

Good

Is the service safe?

Our findings

The provider had suitable arrangements in place to ensure that people were safe and protected from abuse. One person said, “This is a safe home.” Another person nodded to indicate that he felt safe in the home. People said there was enough staff to meet their needs.

We saw that staff were constantly supervising and observing people discreetly to ensure that they were safe. Two professionals stated that they had no concerns about people’s safety and were satisfied with the care provided to people.

Staff had received training in safeguarding people. Staff gave us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they would report their concerns to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

Staff were aware of the provider ‘s safeguarding policy. Staff knew the provider’s whistleblowing policy and they said if needed they would report any concerns they may have to external agencies.

Comprehensive risk assessments provided guidance for minimising potential risks such as risks associated with self-neglect, aggressive behaviour and obsessional thoughts.

We looked at the staff rota and discussed staffing levels with the registered manager. We noted that in addition to the registered manager, there was usually two care staff on duty during the day. During the night shifts there was usually one night staff. People indicated that their care needs were met and the home had sufficient staff.

The home had an appropriate recruitment policy and procedure which had been followed. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, and a minimum of two references to ensure that staff were suitable to care for people.

There were arrangements for the recording, storage, administration and disposal of medicines. The temperature of the room where medicines were stored was monitored and was within the recommended range. We looked at the records of disposal and saw that there was a record that medicines were returned to the pharmacist for disposal.

People told us that they had received their medication from staff as prescribed. The home had a system for auditing medicines. This was carried out internally by the registered manager. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Training records indicated that staff had received training on the administration of medicines. We noted that there were no gaps in the medicines administration charts examined.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boilers and electrical installations. The fire alarm was tested weekly. There was a contract for maintenance of fire safety equipment. At least four fire drills had been carried out since the beginning of the year for staff and people. Fire training had been provided for staff and they were aware of action to taken in the event of a fire. The home had an updated fire risk assessment. We noted that the first floor bathroom had patches of mould. The registered manager provided us with documented evidence that the room was due to be renovated soon.

The home had an infection control policy which included guidance on the management of infectious diseases. We visited the laundry room and discussed the laundering of soiled linen with the registered manager. She was aware of the arrangements that needed to be in place to deal with soiled and infected linen to reduce the risk of the spread of the infection.

We examined the accidents and incidents record. The accident record contained adequate details and was signed by the staff member involved. Guidance on preventing re-occurrence of accidents or adverse incidents had been included where appropriate.

Good

Is the service effective?

Our findings

People who used the service indicated to us that they were satisfied with the care provided. One person said, "I feel I have made improvements. I have been to college and done courses." Another person stated, "I used to drink fizzy drinks. I don't drink them now and I feel better. Staff encouraged me to stop." A social care professional said that appeared to have a good understanding of the person's needs and were looking at solutions involving the service users opinions to support them in some of the areas of their life they were finding challenging.

Staff told us they worked well as a team and their managers were supportive. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. A training matrix was available that showed the training staff had completed and when this would need to be updated. Staff were knowledgeable regarding care issues. The registered manager carried out regular supervision and annual appraisals. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records.

People had their healthcare needs closely monitored. There was evidence of recent appointments with healthcare professionals such as people's their GP and psychiatrist. People's weight had been recorded monthly to ensure that they maintained a steady and healthy weight.

Staff knew how to care for people with challenging behavioural and gain their co-operation. This included providing people with reassurance, explanations and time to calm down. This meant that potential problems and risks could be minimised or defused. We observed that one person interrupted our conversation on three occasions during a short period of time. The registered manager responded in a pleasant and respectful way towards this person.

The home had arranged for specialist professionals such as drama therapists and professionals with experience of working with people with autism and asperger's syndrome to provide support to staff and people. People said that they had benefitted from the care provided and made progress in their mental health. This was confirmed by a professional we spoke with.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. These policies were needed so that people were protected and staff were fully informed regarding their responsibilities.

The registered manager and staff had a good understanding of the requirements related to the MCA and DoLS. Staff said they had received the relevant MCA and DoLS training. We noted that people could go out freely and were not subject to any restraint. This was confirmed by people who used the service.

People told us that they were happy with the arrangements for meals. One person said, "I can go out and buy what I like and I can cook it." Another person said, "The staff teach me how to cook." They said they could buy their own food and cooked what they liked. We saw documented evidence that staff had encouraged people to eat healthily and this was confirmed by people. One person required a special diet. Staff were aware of this and there was guidance on what foods this person could eat.

The premises were homely and suitable for meeting the needs of people. There were attractive pictures and plants in the communal areas. At the back of the house was a small attractive garden.

Good

Is the service caring?

Our findings

People stated that staff were caring and supportive towards them. One person said, “I get on with staff. They do listen to me. They have helped me to develop my career.” Another person said, “If I have anything to say, they listen to me.” A third person said, “The staff show respect for me.”

We observed that staff took an interest in the welfare of people and regularly communicated with them. Staff were helpful and reassuring when people were worried about any issues and approached them. Staff showed respect for them and talked in a gentle and pleasant manner to people. We saw staff knocking on bedroom doors and asking permission before entering bedrooms.

We observed that one person became irritable and noisy when they returned from a walk. Staff were able to manage this person’s behaviour and calm this person.

The home had a policy on ensuring equality and valuing diversity. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. Information regarding people’s past history and social life were documented in their records. One person stated that staff were helpful and supported him with his religious observances and if needed they would accompany. Another person required a special diet and they informed us that staff had enabled them to have this diet.

People informed us that they had been consulted regarding their care plans and their care had been reviewed with staff and professionals involved. Staff carried out assessments of people’s care needs with their help. These assessments contained details of people’s background, care preferences, choices and daily routines. Care plans were up to date and had been regularly reviewed with people and professionals involved.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Monthly meetings were held where people could make suggestions regarding the running of the home, holdays and activities they wanted organised for them. People told us that they could express their views and staff responded to their suggestions and choices.

Staff demonstrated a good understanding of care issues and how the needs of people could be met. Warning signs and situations which could upset people were mentioned in the care notes so that staff were able to support people. When we discussed issues related to the care of people with autism with staff, they showed a good understanding of how to care for people and this included engaging them in therapeutic activities and allowing people to express their views in a safe environment. People were encourage to be as independent as possible

Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home.

Good

Is the service responsive?

Our findings

People informed us that they received care which met their individual needs and staff listened to them and responded well to their concerns. One person stated that when they made a complaint the registered manager responded appropriately and promptly. A social care professional stated that a relative of their client was happy with the care provided and staff were able to spend more time with the person using the service as it was a small home.

The home had arrangements for encouraging people and their representatives to express their views so that the staff could respond to them. The registered manager told us that they communicated regularly with people and ensured that their preferences regarding activities and food were catered for. The registered manager talked regularly to people to discuss their progress and any problems they may have. People said the registered manager was caring and approachable.

Staff provided care which was person centred. They were fully aware of the individual needs, likes and dislikes of people. Comprehensive assessments of people's care needs had been carried out with their help. These assessments contained information regarding people's background, behaviour, positive aspects about them, preferences, choices and daily routines. The care plans were up to date and addressed areas such as people's personal care, nutrition and activities that people preferred to participate in. There was a section on how to communicate with people and talking to people about topics they enjoyed.

Various activities had been organised which were appropriate for people and in response to their preferences and individual needs. These included learning social skills, communication skills, money management, maintaining relationships and doing voluntary jobs. Details of each person's weekly activities programme were displayed in the office. These included voluntary work, going for walks, preparing meals and one to one sessions with staff. People said that they were satisfied with their activities programme. Two people informed us that they had been able to complete courses of study. They also stated that staff had supported them in catering and cooking activities and they had been encouraged to be as independent as possible. People said they were happy with their activities programme and had benefitted from it.

We noted an example of good practice where people were encouraged to attempt to do tasks they find difficult. The registered manager was aware of the difficulties which people may have when attempting difficult tasks and they had used various methods such as breaking difficult tasks into smaller tasks or goals so that people can achieve their goals. People also used exercise books and diaries where they could write their problems and discussed them with staff.

The home had a complaints procedure and a complaints book. The complaints procedure was not on display in the home. The registered manager stated that it would be displayed. They informed us soon after the inspection that the procedure was on display in the home. Complaints made had been promptly responded to. Staff knew what to do if they received a complaint. They said they would inform the registered manager and record it.

Good

Is the service well-led?

Our findings

The home had a record of compliments received. A relative wrote, “We really appreciate all the care and concern you and your team have towards our relative.” A service user wrote, “I would like to thank everyone who worked with me for trying to help.” A healthcare professional wrote, “Thank you for your detailed email. All of this info and methods and approach you are trying and using are exactly what we need.” A staff member wrote, “I would like to thank you for the support and professional development that you have provided me. I enjoyed working at the home and appreciate all the support you have given me.”

Arrangements were in place to ensure that the home was well managed and had a positive, open and transparent culture. Social care professionals who provided us with feedback stated that they were satisfied with the quality of care provided. Social care professionals stated that staff communicated well and kept them updated regarding the progress of people and responded promptly when asked for information. During the inspection we found the registered manager was co-operative and willing to look at new ways of improving the service and the care provided for people.

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance. These addressed topics such as working with people who have Asperger’s Syndrome and Autism.

The home carried out annual satisfaction surveys of people who used the service. The feedback was positive. An action plan had also been prepared in response to the findings.

Audits and checks of the service had been carried out by the registered manager and the area manager of the company. These included checks on equipment cleanliness, medicines and maintenance of the home. The quality monitoring manager visited the home to carry out regular reviews of the service being delivered to people. We noted that where areas of improvements were identified such as the suitability of aprons or furniture. action had been taken to address them. The area manager carried out random checks which reflected the CQC’s five questions (Is it Safe, Effective, Caring, Responsive and Well Led?)

The registered manager and staff informed us that there was a good staff team and they worked well together. Staff told us that the registered manager was approachable and they could discuss problems and care issues when they needed to. There were records of regular meetings held and we noted that staff had been updated regarding management and care issues. When a concern was raised by staff regarding the lack of involvement in some decisions made, the service responded promptly and a director of the company met with staff to discuss their concern. The registered manager and care staff were aware of their roles and responsibilities. They were understood the values and aims of the service. They indicated that they worked to improve the quality of life of people who used the service and encouraged to be as independent as possible.