Voyage 1 Limited

1 Sheringham Avenue

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection on 16 May 2017. 1 Sheringham Avenue provides care and support for a maximum of four older people with Autism and Asperger's Syndrome. At the time of the inspection there were four people living at the home, however one person had travelled abroad when we inspected.

At the last inspection, the service was rated as Good.

At this inspection we found the service remained as Good.

The service had 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

People were supported with applying for jobs and each person did voluntary work within the local community for charity and care homes. People told us they enjoyed doing this and had a positive impact in their lives.

People participated in regular personalised activities which included attending Autism Adult Social Groups and supported to travel abroad every year.

Most risks associated with people's care had been identified and had been assessed which provided information to staff on how to mitigate risks to keep people safe. Some risks had not been assessed in full in regards to diabetes and safety of members of the public. Updated risk assessments had been sent after the inspection.

Quality assurance and monitoring systems were in place to make continuous improvements. However, the audits had not identified the issues we found with risk assessments. We made a recommendation that audit process are made robust to identity issues we found with risk assessments.

Medicines were being managed safely.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles.

Staff sought people's consent to the care and support they provided. People's rights were protected under the Mental Capacity Act 2005 and capacity assessments were being carried out.

Weight was being monitored for people at risk of weight increase and diets were being catered for. Healthy

eating was being encouraged through cooking sessions.

People were able to access healthcare services and attend routine medical appointments and health monitoring with staff support.

Staff had positive, caring relationships with the people who lived at the home.

People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.

Care plans were personalised and person centred.

Staff felt well supported by the registered manager. People were positive about the management of the home.

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 remains Good.

Risks had been identified and most risks had been assessed that provided information on how to mitigate risks to keep people safe. Some risks had not been assessed in full in regards to diabetes and safety of members of the public. Updated risk assessments had been sent after the inspection.

Staff members received training in safeguarding and knew how to identify abuse and the correct procedure to follow to report abuse.

Medicines were being managed safely.

There were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good

The service remains Good.

Staff had received training and were supported to provide the care people needed.

Staff received regular one to one meetings and appraisals.

People were encouraged to eat healthy.

Staff understood people's right to consent and the principles of the Mental Capacity Act 2005. Capacity assessments were completed.

People had access to healthcare professionals, when needed.

Is the service caring?

Good

The service remains Good.

People had positive relationship with staff and told us that staff were caring.

People's privacy and dignity was respected.

People's ability to communicate was recorded and we observed staff communicated well with people.

Is the service responsive?

Outstanding ☆

The service is very responsive.

People were supported with applying for jobs and each person did voluntary work within the local community for charity and care homes. People told us they enjoyed doing this and made a positive impact in their lives.

People participated in regular personalised activities, which included drama sessions, attending Autism Adult Social Groups and supported to travel abroad every year.

Care plans were person centred and reviewed regularly. Staff had a good understanding of people's needs and preferences.

Complaints had been managed appropriately.

Is the service well-led?

Good ●

Some aspects of the service was not well-led.

Quality assurance systems were in place to make continuous improvements. However, the audits had not identified the issues we found with risk assessments. We made a recommendation that audit process are made robust to identity issues we found with risk assessments.

People and staff were very positive about the registered manager.

The service sought feedback from people and staff through meetings and surveys.

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 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 inspection was carried out on 16 May 2017 and was unannounced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider such as safeguarding notifications.

During the inspection we spoke with three people, three staff, the registered manager and the operations manager. We observed interactions between people and staff to ensure that relationships between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans, which included risk assessments.

We reviewed five staff files which included induction and supervision records. We looked at other documents held at the home such as medicine records and training records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am well cared for and well looked after." A health professional told us, "My reviews did not raise any care concerns and [the registered manager] seems to maintain regular staff who get to know the service users well." Another health professional told us, "I have no concerns about the home and the care they are providing."

Risks had been identified with health, nutrition and weight. There were also risks that were specific to people's circumstances such as eczema and obsessive compulsive disorder. Risk assessments provided information on how staff should mitigate these risks. However, we found some instances where risks had not been updated in full and did not contain enough specific detail to keep people safe. For one person with an identified risk, assessments did not include specific details about strategies to mitigate the risk and keep the person, and others in the community, safe. Assessments did not include information about how to minimise risks to visitors to the home. The person's care plan listed that they had pre-condition diabetes. However, risk assessments had not been completed to support staff to manage the risks related to this serious medical condition when supporting the person. This left the person at risk of serious health complications should their diabetes not be managed appropriately. After the inspection, the registered manager sent us evidence to demonstrate the risk assessments had been updated and now contained enough specific detail to ensure staff knew what to do to keep people safe.

There was a behavioural support plan for each person, which listed how people behaved when they were calm or the triggers that could lead to behaviours that may challenge. De-escalation techniques had been included on how to calm people when they demonstrated behaviours that challenged.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. There was an up to date safeguarding and whistleblowing policy.

There was procedures in place to ensure any accidents or incidents involving people who lived at the home were recorded and action taken. Staff were aware of these procedures, and the need to record and report any such events without delay.

We saw evidence that demonstrated appropriate gas safety, electrical safety and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns. Regular fire tests and evacuation were carried out. Personal Emergency Evacuation Plans had been completed for people on how to evacuate them safely. Staff were trained in fire safety and were able to tell us what to do in an emergency.

Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were able to work with people safely.

There were sufficient staff on duty to meet people's needs. During the inspection we observed staff were not rushed in their duties and had time to take people out and spend time with them inside the home. During the inspection there were three people living at the home, one person had travelled abroad. Staff and people we spoke to had no concerns with staffing. During the day the home employed two care staff and one care staff during the nights. The registered manager, deputy manager and operations manager were on call 24 hours if needed.

Medicine records were completed accurately for all four people and were stored securely in a locked trolley. People told us that they had access to PRN medicines (medicines prescribed to be taken when needed such as paracetamol) and staff would administer PRN medicines upon request. Staff received appropriate training in medicine management and told us that they were confident with managing medicines.

Good

Is the service effective?

Our findings

People told us staff were skilled and knowledgeable to provide care and support. One person told us, "It's really good here, I get the support I need" and another person told us, "They [staff] are good."

Records showed new staff had received induction training. Staff had completed mandatory training that was needed to support people. Specialist training had also been provided such as behavioural support, autism and Asperger's syndrome. The registered manager had access to a training matrix to keep track of training and records showed training was up to date.

Staff had received regular supervisions and had received an appraisal for 2017. Staff told us that they were supported.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

The registered manager and staff had a good understanding of the MCA and understood the principles of the act. Records showed assessments had been carried out, where necessary of people's capacity to make particular decisions. People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything.

Two people required support with cooking but were able to go outside to shop for ingredients. There were two kitchens, one for people that could cook independently and one for people who required support with meals. One person was on a specific diet and records showed that this was catered for. The person also confirmed this. Weight was being monitored and the home held a healthy eating session to encourage healthy eating as some people were overweight. The home also undertook activities such as walking to help manage people's weight. Staff told us that people did not have any major weight issues and if there were any concerns, they would be referred to a GP and encouraged to eat regular nutritious meals.

Records showed that people had access to a GP, dentist, nurses and other health professionals. Staff confirmed people had regular access to health care services and knew the signs if people were not well and who to contact.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us "They [staff] are nice and friendly." We observed that people had a positive relationship with staff and regularly engaged in conversation with people.

People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. Staff told us that they would always knock and wait for a response before entering. Staff told us that when providing particular support, it was done in private and we did not observe specific support being provided in front of people that would had negatively impacted on a person's dignity.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. They understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

We observed that people were independent. People came up to the office to collect their post and made tea and offered us tea as well. We observed people were able to go outside when they wanted for shopping. Staff told us they encouraged independence and people were always encouraged to do personal care themselves and people's level of independence was also reflected on their care plans.

The service had an equality and diversity policy and staff were trained on equality and diversity. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. People confirmed they were treated equally and had no concerns about staff approach.

There was a communication plan for each person. The plan detailed people's communication abilities in areas such as reading, writing and verbal. There was information on how to communicate with people and we observed that staff communicated well with people at the home.

Outstanding ☆

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and staff listened to them. A person told us, "They [staff] help you with your problems" and another person told us, "They [staff] are the best." A health professional commented, "The feedback I have had from families has been very positive and I remember one set of parents said that [the registered manager] and her team don't just say they are doing something but are pro-active in meeting needs of the residents."

The home provided flexible, responsive support to assist people to live full and independent lives.

Each person did voluntary work within the local community every week. Voluntary work was arranged through speaking with people to find out if they wanted to work and the benefits of work were discussed with people at the Autism Adult Social Group people attended from members of the group that were already working. Voluntary work ranged from working in a charity shop and helping residents in a care home arranged by the home. The registered manager told us that working voluntarily helped build people's confidence and skills and provided a platform to then go into paid jobs.

The home also supported people to look for paid jobs and then made contact and supported people to attend an agency that helps people with learning disabilities to get a job. The agency helped people apply for jobs and build a work portfolio through developing a CV, gaining references, training and work experience. A comment received from the employment agency to the home included, "Can I congratulate you and all staff at Sheringham for the support you have provided [person], in enabling [person] to have as full a life as possible." The registered manager told us that this person had an interview for a permanent job and had been supported with voluntary work to build their confidence and skills and now was ready to go into permanent employment. The person confirmed this and told us they were looking forward to the interview and hope to work regularly. The person previously held a permanent job and a risk assessment was completed to ensure the person would be safe, which included staff supporting the person to the workplace and supervising whilst the person worked. The registered manager told us the person enjoyed doing particular tasks around the home and an interview had been arranged with an organisation for paid employment through researching the type of organisations that specialised in the areas of the person's interests. The registered manager told us that the person would be supported by staff again, if required should the person be successful with the role. This meant that the home was flexible and responsive to support the person into employment.

People told us that they enjoyed going to work and it made a positive difference in their life as they were able to meet people, help the community and develop their skills. The registered manager and staff told us about one person who, prior to moving into the home, needed a lot of support to ensure they and other people were safe, including having their liberty restricted. They told us that the person's health and social life had improved significantly since staying at the home. The person did voluntary work within the local community. We spoke to the person, who was very positive about the home and the positive impact working had on their well-being. The person told us, "Yesterday I went to work in the charity shop and I also help the elderly in [care home]. Its gives structure in my life and structure is the best thing to have. This has helped

me improve a lot" and "When I came here I could not do half the things I can do now." The person told us they very much enjoyed going to work and would not have been able to work without the support and help from the home. Another person told us about their job working in a charity shop. They told us, "I enjoy doing it because it is different. They have me involved in all different bits. I really like it." A comment from a person in a recent survey included, "When I came into Sheringham Avenue I had no skills in what to do but the staff give me care and support for me to progress." There was an action plan in place for one person, who was looking for job opportunities. The registered manager informed us that the person was being supported to attend the employment agency to help look for employment.

Staff told us that working had a positive impact on people as it helped build people's confidence and communication and interpersonal skills as well as providing a routine for people especially with autism. A staff member told us, "They [people] are able to learn so much when working. It helps them with their communication and advancement and budgeting."

Health professionals were complimentary about the home. One health professional told us, "My impression is that the home does a good job with an (at times) difficult clientele. The feedback I have had from families has been very positive." Another health professional told us, "During my regular visits and with my observation and talking to the service user, [person] is happy with the support [person] is receiving and I am also happy with the services they are providing for my service user." A comment from a survey from a health professional included, "Service users are encouraged to pursue things in life they wish to and independence is strived for in a positive way."

People attended regular therapeutic drama sessions which helped with their communication and social skills. People attended the local Autism Adult Social Group, which is a group set up by people with autism and involves meeting people, going out and speaker meetings by councillors and MPs speaking about adult social care and learning disability as well as asking group members' input. On an upcoming agenda, records showed that a political party manifesto would be discussed and input would be requested from members of the group on autism.

Activities were taking place that people told us they enjoyed. We observed that people went outside for a walk. There was a weekly activities timetable for each person in accordance with their preferences and interests such as bowling and pool. Each year people went on holidays abroad with members of staff and during the inspection, we were informed that one person was abroad on holiday with the deputy manager. The holidays were arranged by the home. Staff supported people to save for their holiday and the service also provided financial assistance. People told us with enthusiasm the number of countries they been to and where they were planning to go this year. One person told us, "Every year we go to foreign countries. I have been to so many places. This year we are talking about Portugal." Records showed people had been to France, Cyprus, Egypt, Morocco, Tunisia, Spain and Turkey. There were pictures on display at the home, which showed that people had celebrated birthdays, BBQ's and travelling abroad. People and staff confirmed that people took part in regular activities.

Care plans were individual and personalised according to each person's needs. There was a care and support assessment section that listed people's diagnosis, religion, language spoken and health professionals involved. This also listed the type of support people required. A resident's handbook provided information about the home, staff team, locality and rights and responsibilities of each person. There was a 'one page profile' that provided information on people's likes, what is important to them and what support people required. Care plans were separated into key areas such as daily life, health, medicines, night care, finance and activities. Care plans were very detailed and included people's daily routines, which is important for people with autism and Asperger's syndrome. This meant that the care plans provided staff

with information so they could respond to people positively and in accordance with their needs.

Reviews were carried out regularly with people that reflected people's changing needs and changes were included on people's care plan. There was a daily log sheet which recorded information about people's daily routines such as behaviours, meals, activities and the support provided by staff during day and night.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health, risks and support needs, which enabled them to provide a personalised service.

Records showed complaints received since the last inspection had been investigated and action taken. People told us that they had no concerns and were very complimentary about the home. Staff knew what to do if a complaint was made.

Good

Is the service well-led?

Our findings

People told us they enjoyed living at the home. One person told us, "I have been here 14 years and am happy here." Staff told us that they enjoyed working at the home. One staff member told us, "I enjoy it here, I like to talk to people" and another staff member told us, "I enjoy working here, it's very flexible."

Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff were positive about the registered manager and told us they were supported. One staff member told us, "Nobody can say she [registered manager] is not a good manager" and another staff member told us, "She [registered manager] is brilliant, she is very supportive." People told us that they liked the registered manager. One person told us, "She [registered manager] is lovely, she has supported me a lot" and another person told us, "She [registered manager] is a good manager."

There were systems in place for quality assurance. Regular health and safety checks were being carried out on fire safety, window restrictors and hot water to ensure the premises was safe and free of hazards. Audits were were based on CQC's key lines of enquiry and covered areas such as nutrition, care plans, risk assessments and medicines. The registered manager and operations manager carried out quarterly audits and the provider's internal compliance team carried out an annual audit. Records showed any concerns identified were followed up by an action plan to make improvements. However, the audits had not identified the issues we found with risk assessments particularly to ensure strategies to mitigate identified risks were in place to keep a person and others in the community, safe prior to the inspection.

We recommend that audit processes are made more robust to identify areas of improvements such as the issues we found with risk assessments.

Quality monitoring systems were in place to obtain people's, relatives and professional feedback. The results of surveys were analysed and action plan was in place to make improvements, if required. The outcome of the survey was positive. The survey focused on care and support, what is going well and not so well. Comments from the survey included, "All staff are very caring and helpful to both service user and family", "The house is well managed by [registered manager] and staff and I could not have asked for a better place for my [the person] to live in and they are also very kind and caring", "Very good staff and care at Sheringham" and "I would describe my support is good."

Regular staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes of meetings showed staff discussing people's weight, safeguarding's, infection control and quality of care. Residents meetings took place on a regular basis which enabled people who used the service to have a voice and express their views. Resident meeting minutes showed people discussed activities and food.

We saw evidence that the home had been a finalist in the British Care Awards in 2015. The award was a celebration of excellence across the care sector. The registered manager told us the home had not entered

the awards since then but would be looking to do so in the future.