Voyage 1 Limited

Mountearl

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

This inspection took place on 20 and 27 November 2015 and was unannounced.

Mountearl is a residential home that provides accommodation and support for up to ten people with mental health conditions and learning disabilities. At the time of the inspection there were seven people using the service.

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

People received their medicines as prescribed and in a safe manner. Staff demonstrated good practice with medicine management. Staff received on-going training and support in medicine administration, recording, and storage.

Staff treated people with kindness and respect by sufficient numbers of staff who met their needs.

Summary of findings

People were protected against the risk of abuse. Staff and the registered manager were able to demonstrate their knowledge of identifying abuse and the appropriate steps they would take to raise their concerns. The service had comprehensive policies and procedures relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These aim to make sure that people in care homes, hospitals, and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner.

People were protected against identified risks. Risk assessments were comprehensive and gave staff information and guidance on how to minimise risks and what to do when faced with behaviours that others find challenging.

The registered manager undertook necessary checks before staff worked and supported people. The service had in place comprehensive induction programme to ensure skilled and knowledgeable staff supported people. Inductions were tailored to people's specific needs and gave staff the skills and knowledge on how to meet people's needs. The registered manager held regular supervision, and appraisal with staff to identify their training and development needs.

The service had care plans that were person centred and reflected people's wishes, likes and dislikes, history and aims/goals. Care plans were regularly reviewed and updated to reflect people's changing needs and where possible people were involved in the development of their care plans.

People were given information and explanations about their care in a manner they understood and were supported to make decisions about the care and support they received.

People's health and wellbeing was regularly assessed and people were supported to access health care facilities within the local community.

People received personalised care that met their needs.

The registered manager operated an open door policy whereby people, staff, and visitors could approach her for support and guidance. Both people who used the service and staff told us they could approach the manager at any time.

People, their relatives, staff and other health care professionals were given the opportunity to feedback on the delivery of care. This happened through meetings and quality assurance questionnaires.

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. People were protected against identified risks through comprehensive risk assessments.

Medicines were managed safely. People had their medicine in line with company policy and as prescribed.

People were protected against abuse by staff that had sound knowledge of Safeguarding procedures.

There were sufficient staff on shift to ensure people's needs were met.

Is the service effective?

Good

The service was effective. People were supported by skilled and knowledgeable staff. Staff received ongoing training to enable them to meet people's needs.

People had access to services, which met their healthcare needs.

Meals provided met people's needs and preferences.

People were protected from having their liberty restricted. The service had policies and procedures in place to ensure people were not unlawfully deprived of their liberty.

People's consent was obtained prior to care being delivered. Staff sought permission from people at all times and respected their decision.

Is the service caring?

Good

The service was caring. Staff treated people with kindness, dignity and respect at all times.

People were given information in a way they understood.

Staff were aware of the need to maintain people's confidentiality and knew the impact to people if this was breached.

People were encouraged to be as independent as possible. Staff supported people to do things for themselves but were on hand should support be required.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and tailored to the needs of people.

People were supported to participate in activities. People were supported and encouraged by staff to access the local community.

People were given choices about the care they received.

Concerns and complaints were listened to and acted upon in a timely manner.

Is the service well-led?

Good

The service was well-led. The registered manager operated an open door policy whereby people could speak with her at any time throughout the day.

Summary of findings

People were supported to play an active role in their local community wherever possible.

The registered manager sought feedback on the service provision by quality assurance questionnaires, which were completed annually. The service carried out regular audits of the service to ensure the safety and well-being of people and the safety of the service.

The provider informed the CQC of notifiable incidents at the service.

Mountearl

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 took place on 20 and 27 November 2015 and was unannounced. The inspection was carried out by two inspectors.

Prior to the inspection, we reviewed the information we held about the service. We looked at statutory notifications the service had sent to us, the previous inspection report, safeguarding enquiries and other information shared with us.

During the inspection, we spoke with four people, four care workers, the registered manager and the area manager. We also carried out observations of staff interacting with people. We reviewed three care records, three MARS (medicine administration recording sheets), six staff records, and other documents related to the management of the service.

After the inspection, we spoke with one relative, a social worker and a health care professional from the mental health team.

Good

Is the service safe?

Our findings

People indicated to us by using Makaton (an adapted version of sign language) and verbally told us they felt safe living at Mountearl. One person told us, "Yes I feel safe here". A relative told us, "[My relative] is safe; there are no concerns from me." A health care professional told us, "I currently have no concerns at all".

People were protected against the risk of abuse. Staff demonstrated their knowledge on how to identify different types of abuse and how to report any instances of abuse and manage this. One care worker told us, "I feel really confident working here because they all take safeguarding so seriously. I'm by myself in this part of the building [Annex] but we have strict processes in place to make sure [person] is safe all the time." The service displayed the contact details of the local safeguarding teams, available to people.

People's medicines were managed safely. The provider had systems in place to safely manage people's medicines. We looked at four MARS and found medicines had been administered in line with good practice. MARS were signed with the dose and time medicine was administered. People's names, known allergies, were all clearly recorded. The service had robust protocols in place for staff to follow when administering PRN [as and when required] medicines. Protocols set out the decision making process and included a monthly review process involving the prescribing GP. The registered manager told us and records confirmed that regular audits for both daily medicines and PRN medicines were carried out to ensure any errors were quickly identified and acted upon minimising negative impacts on people.

People were protected against identified risks. A health care professional told us, "Staff support [person] as he engages in behaviours others find challenging, and they have supported him/her so to now have a stable placement". The service had robust and comprehensive risk assessments in place, which gave guidance to staff to manage risks. Risk assessments were reviewed regularly and updated to reflect people's changing needs. One risk assessment we looked at had pictures accompanying written guidance on how best to support one person during times of anxiety if they showed signs of aggression towards others. The registered manager showed us evidence that staff were trained in MAPA (management of actual or potential physical aggression). This training gave staff the skills to protect people, themselves and others against physical aggression. We spoke with the registered manager who confirmed the techniques were used as a last resort when all other preventative measures had been exhausted. Records confirmed what the registered manager told us, that there had been no instances of physical intervention being used, as staff knew the people they supported well and could identify and intervene when known triggers were presented to de-escalate the situation.

People were supported by staff that learnt from accidents and incidents. We reviewed the accident and incident records and found that here had been no incidents or accidents in the last 12 months. We spoke with staff that were aware of the correct procedures in reporting any incidents. The registered manager told us, "We have not had any accidents in the last 12 months as we know the people we support well, staff work closely with people to ensure they identify known triggers and can intervene to calm people before things escalate". A health care professional we spoke with told us, "The service have implemented systems to ensure they learn from historical incidents and can progress and improve".

People were supported by staff who knew how to safely respond during times of emergency. Staff knew how to keep people safe during emergencies. We looked at records the service held in the event of a fire and found that staff were provided with clear guidelines on how to support people during an emergency. Staff were able to explain in detail what the evacuation procedure was and told us they thought there was a clear and robust evacuation plan in place. Records showed that fire evacuation drills had been carried out. Staff were aware of who would require more assistance to leave the building in an emergency and this was based on risk assessments as well as their knowledge of people. A care worker told us, "There is one person who does not respond to the fire alarm before 9am as they have a rigid sleeping routine. All staff know that if a fire alarm went off overnight or in the early morning, [person] would need to be encouraged and escorted form their bedroom". Records showed that personal evacuation plans were in place which highlighted identified risks and guidance for staff to safe support people during an emergency and these were reviewed regularly.

The provider had undertaken appropriate checks to ensure staff were suitable to work at the service. The registered

Good

Is the service safe?

manager had a robust recruitment and selection system in place. We looked at staff records, which , showed staff had undertaken Disclosure and Barring Service (DBS) checks, two references were received, and a completed application form with personal photographic identification. Staff told us staff were involved in the recruitment of new staff and therefore could make sure new staff had the competencies, experience, and personal skills to provide appropriate care.

People were supported by sufficient numbers of staff. One person we spoke with told us, “Staff are here to help me if I ask them to.” A relative told us, “There are always enough staff to help [relative]”. We looked at the staff rota and found that there were sufficient numbers available on duty. The level of staff was dependent on the needs of people using the service. If there were an increase in someone’s anxiety then this would be reflected on the rota accordingly, for example additional staff would be placed on shift. Staff told us, “The staffing levels are safe and I don’t feel we are understaffed either during the day or at night”.

Good

Is the service effective?

Our findings

People were supported by skilled and knowledgeable staff. One person told us, "They [staff] know how to look after me.". A relative told us, "Staff are skilled and know what my relative needs and how best to support them." Staff completed an induction programme upon employment in the service. We spoke with staff who told us, "The whole induction process was really good. I studied care plans and had the chance to ask the more experienced staff questions about anything I did not understand before I started working with people. The two weeks of shadowing was just enough time to get to know people before they felt comfortable enough with me." The induction included an orientation of the building as well as protected time to read the care plan of each person before spending time with them. The registered manager told us, "The induction of staff is flexible to ensure that staff understands what is expected of them. At the end of the induction, staff received supervisions with the registered manager to assess their competencies.

People were supported by staff who received on-going training. The service provided on-going training for staff so they properly trained to meet people's needs. Staff we spoke with talked positively about their training experiences. One care worker told us, "The training is in an open and supportive environment. The trainers encourage us all to share our experiences to discuss what's working well, share good practice, and learn from any problems or worries." Staff completed training in safeguarding processes within the last year and could explain their responsibilities under the Mental Capacity Act (2005). Staff had also been trained in infection control, food hygiene and first aid. Senior staff had been trained in allergen awareness, incident report writing, person-centred care planning and understanding complex behaviour.

People were supported by staff that received on-going supervisions and appraisal to enhance their caring role. One care worker told us, "The supervisions have been really supportive. They are focused on good practice and look at what we can share with each other [staff], and then look at what our areas for improvement are. It doesn't matter how long we've been here, there's always something we can do better." We looked at the supervision records of care staff. We found that supervisions were comprehensive and included the input of staff. Each member of staff was asked, "What's working and what's not working?" Additional training needs were identified such as understanding autism and the administration of medicines.

People gave consent to staff at all times. One person told us, "They [staff] ask me what I want to do." Another person told us, "Yes I get to choose." A relative told us, "Staff do ask what [relative] wants to do, they are clear on their decision and they [staff] respect that decision." Throughout the inspection, we observed staff interacting with people and found that staff sought people's consent prior to delivering support. For example, one person was asked if they wanted to engage in a community-based activity or if they wished to remain within the service. Other examples include if staff could enter someone's room, support them with meal preparation and if they consented to receiving their medicine.

People were cared for that did not deprive them of their liberty. Staff demonstrated knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS] and the registered manager knew their responsibilities within the legal framework. The service had submitted DoLS authorisations to the local authority and these were in progress. We saw evidence that confirmed the service had sought advice and support from the DoLS team to ensure they were not depriving people of their liberty. People could leave the service either unsupported or with direct support from staff, according to guidelines stipulated in their care plans and risk assessments. Health care professionals and relatives were involved in the decision making process to advocate on behalf of people who required support to make decisions about the care and support they received.

People had sufficient amounts to eat and drink and could request more if they wished. When we spoke with people about the quality and quantity of food, one person told us, "I like the food, I always want more. Yes staff want me to eat fruit." A relative told us, "[relative] likes the food provided but because of their health condition, staff make sure they eat healthily." The service had weekly menus in place where people contributed what they would like to see on the menu for the following week. People were given 5 options of different meals throughout the day to ensure they had something they liked. People were encouraged to participate in meal preparation where appropriate and safe to do so. We observed one person being supported in the

Good

Is the service effective?

kitchen to make themselves a snack. Staff verbally prompted them to use the correct utensils and to clean away the items after use. Staff were observed offering them a choice of snack and actively encouraged them to make healthy choices.

Good

Is the service caring?

Our findings

People were supported by caring, compassionate, and respectful staff. People told us, "I like them [staff], another person told us, "They [staff] are nice to me I like them." A relative told us, "They [staff[are very caring, they have a good relationship with [relative] and they like them too." A health care professional told us, "When I last met with [person], they seemed relaxed and they told us he/she liked living there". When speaking with someone who used Makaton sign language as a way to communicate they told us, they thought the staff were very nice and they were very happy.

Staff developed positive relationships with people they supported. The service had a staff team that consisted of three staff who had worked at the service for over ten years. Staff were well established within the service and with the people, they supported.

Staff used different communication techniques with people according to people's needs. We observed people physically reaching out to a staff member to hold hands as an indication of their comfortability with them. During the inspection, we observed staff interacting with people using active listening skills. Staff were observed being patient when waiting for people to respond to questions in a time and manner, they felt comfortable with.

People were supported by staff who knew how to meet their needs. On a daily basis, staff were assigned to look after a specific person or people. This was decided based on the individual needs of people, such as who needed one to one care and who needed care only from a male or female care worker. This was documented in people's care plans and through assessments. The registered manager told us, "We try to match staff to the needs of people, this includes religion, preferences and likes and dislikes. Staff recently went to play football with people who chose to participate, I knew that some staff really liked football and they would be best placed to support people who also enjoyed it".

People were kept informed of what was going on at all times and were encouraged to be involved. A relative told us, "Staff tell them what is going on all the time, they tell me too so we all know what is happening". Staff gave people explanations in a manner that people could understand. We observed staff talking to one person and were seen explaining the benefits of eating healthy foods and the consequences of not doing so. Staff were clear in their explanations and gave support to one person who did not appear to like the response given to them.

People's privacy and dignity was maintained at all times. One person who was, hard of hearing had a doorbell outside their bedroom which triggered a red flashing light in their bedroom. This indicated that someone wanted to speak with them. One person told us, "Staff do respect me and my room." When asked if staff knocked on the door to enter their room they told us, "Yes they always knock". Throughout the inspection, we observed staff knocking on people's room doors and waiting for permission before entering.

People were encouraged to maintain their independence. We saw that the support given to people to maintain their independence had improved because of staff suggestions during supervisions. People were asked what they wanted to do and where they felt they required support from staff, this was then shared with staff and reflected in their care plans. For example, people completed a cleaning rota with the help of staff, which had helped them to take pride in the appearance of their bedroom and communal areas. Other people had worked with staff to create a timetable to undertake exercise, for example going for a walk. This provided people with the stability and structure to exercise on a regular basis. This showed us staff were confident and empowered to make evidence-based suggestions about care and the registered manager supported them in this.

People were supported by staff that advocated for them. In all of the records we looked at, feedback from people and relatives was positive about the standard of care offered. Staff could also make requests for people, such as care workers who had requested new curtains to be provided for someone's bedroom. A relative told us, "I am involved in all aspects of [relatives] care; the staff ask me for my views regularly". People were also able to access external professional advocates should they require their support.

Good

Is the service responsive?

Our findings

People's care was planned in a way that met their needs Care plans were person centred and placed people's views and preferences at the forefront. A relative told us, "I am invited to be involved in planning, I can share my views and I know I'm listened to." A health care professional we spoke with told us, "I met with the registered manager and [person] at a review and [person] was encouraged to share their views".

People were supported by staff that had comprehensive knowledge of people's needs. People were encouraged where appropriate to participate in their care plan reviews and to share their views. Care plans had detailed information about people's history, likes and dislikes, health care needs, things that were important to them and other information that helped staff effectively support people. Care plans held clear guidance for staff on how to support people in a way they people chose and in line with good practice. Care plans were reviewed regularly and highlighted people's changing needs where appropriate.

People's choices were sought and listened to. People told us they were listened to by staff and that they could make choices about things that were important to them. One person told us, "I can choose what I want to do, then the staff help me do it". A relative told us, "He [relative] can make choices, they [staff] help him/her to make choices". Throughout the inspection, we observed staff supporting people to make decisions about the care and support they received. For example, we observed staff asking people to make choices about activities, what they wanted to eat and drink and if they wanted to spend time accessing the community.

People were actively encouraged to engage in activities of their choice. People told us, "Staff take me out when I want to go." A relative told us, "[Relative] goes out a lot with staff, they let me know what [relative] gets up to and where they goes." A health care professional told us, "The service looked at historical behaviours however take these into account when planning activities, that doesn't mean people cannot participate in activities they once were unable to". Staff we spoke with demonstrated how they had worked to improve the social outcomes of the people they looked after. For example, one person had been supported to reduce their anxiety. As a result, they had been able to begin working one day a week for a local business. People engaged in a wide range of activities, such as, working in their local community, shopping trips, exercise classes, cinema trips, aromatherapy sessions and drama therapy.

People were protected against the risk of social isolation. Staff we spoke with told us they had spoken with the registered manager and staff that they wanted to encourage a person to engage with the local community facilities to reduce the risk of isolation. With their understanding of the person's needs, staff had proposed a plan to increase the variety of in-house activities first. This helped the person to feel less anxious about social activities before staff supported them to access the service vehicle to aid the reduction in their anxiety about being outside.

People told us they knew how to make a complaint. We looked at the complaints file and found no complaints had been received in the last 12 months. One person told us, "If I'm not happy I tell the registered manager." Another person told us, "I can talk to staff about anything I don't like." Complaint guidance for people was available in a format that they understood. A relative told us, "I have the information I need to raise a complaint, I know that I would be listened to and action taken". All staff we spoke with were aware of the complaints procedure and the need to ensure only those with authorisation were informed of people's complaints.

Good

Is the service well-led?

Our findings

People, their relatives, and staff told us they had confidence in the registered manager to continue to improve the service. We spoke with people who told us, "I like her [registered manager] she helps me to do what I want." Another person told us, "She [registered manager] is nice." A heath care professional told us, "The registered manager wants to improve the service and is taking steps to do so".

People were supported by an approachable and inclusive registered manager. People told us they could talk to the registered manager whenever they wished. Throughout the inspection, we observed staff and people accessing the main office to speak with the registered manager. The registered manager told us, "I have an open door policy, people and staff can access me throughout the day for whatever it is they require. I'm also contactable via phone when I'm not at the service."

People received support from care workers that were effectively supported by management. Staff told us they felt listened to by the registered manager and the senior management team. For example, staff.. there was a refurbishment of the service , which staff told us had been initiated because they had asked the registered manager to repaint some areas of the service. One care worker told us, "Head office managers are easy to contact if we need them and we see quite a bit of the new operations manager. She's visible and supportive. She will come in, have a chat with us, and see what's happening. Anytime there's a change in policy or some new guidance comes out, head office sends someone to see us. It's nice to feel involved."

People were supported by a hands on registered manager. One person we spoke with told us, "She [registered manager] takes me out for meals out and we talk and she does listen to me.". One care worker told us, "She [registered manager] is really working hard. She is very much a front line manager. She cooks with [people], spends time with us all, and is happy to work one to one with people when they need it." During the inspection, we observed the registered manager arranged planned activities with people whereby she would be present.

Where a member of staff had been involved in an incident or stressful situation, they told us that the manager had offered them counselling very quickly. A care worker told us the counselling was available on demand and that they were able to arrange this without any negative consequences from the management team. We saw that a member of staff had suggested a team-building day after a particularly stressful period, which had been supported by the provider. This had helped to ensure working relationships were positive and in the best interests of people.

The registered manager carried out quality assurance audits of the service to question practice and drive improvement. We looked at quality assurance questionnaires the registered manager had sent to people, their relatives, staff and other health care professionals. The questionnaires sought people's feedback regarding all aspects of the service including, staff, food and drink, environment and management. One questionnaire had asked people, "What do you feel does not work well at Mountearl?". The registered manager analysed the results, which were then developed into a plan to drive improvement of the service. Staff and people were encouraged to share their views so that they could help to develop action plans. For example, we saw evidence of work that had been undertaken following the direct comments made in a questionnaire. This meant that the service was responsive to highlighted issues and acted in a timely manner to address them.

The registered manager actively encouraged partnership working. We looked at records held by the service regarding involvement with external health care professionals and evidence showed the registered manager sought involvement from others to promote the needs of people at the service. We saw examples of referrals and requests made by the registered manager on people's behalf. This meant that people were supported by a wide range of health care professionals to ensure their needs were met on an ongoing basis.