Care Quality Commission

Voyage 1 Limited

Croft House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 18 November 2016 and was unannounced. At our last inspection of the service on 13 November 2015 the service had been rated as requires improvement.

Croft House is a residential service for six adults with autistic spectrum disorders and challenging behaviours. The property is an extended detached house comprising of six en-suite bedrooms and sleep-over room. It is set in the village of Thurcaston close to amenities and bus routes. There is ample car parking and a large mature garden with wooden cabin, conservatory and patio area. At the time of our inspection there were five people using the service.

There was a registered manager at the service. 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 felt safe at the service. People and their relatives were happy with the care they received. People were supported to have their medicines in their preferred way and people received their medicines as prescribed.

People were supported by a staff team that was kind and caring towards their needs. There were not always enough staff that were suitably qualified and skilled to meet people's needs and support people appropriately. The registered manager had was going through a period of recruitment to ensure that they had staff with the right skills and knowledge to meet people's needs.

Staff felt supported within their roles but they had not always received regular supervision and support to complete their induction training.

People were supported to be involved in decisions about their care and support. People were supported to have a varied and balanced diet.

People's care plans contained information of people's likes, dislikes and the things that interested them. This ensured staff had the knowledge they needed to assist people do the things they enjoyed doing. Risk assessments were also in place to effectively identify and manage potential risks.

People and relatives knew how to make a complaint. Complaints were recorded and investigated.

Systems were in place to monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. However there was still some work to be completed to ensure that these were used as an effective feedback source.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

People felt safe. People's medicines were managed safely.

Risks associated with people's care were assessed and measures had been put in place to reduce them.

People were supported by enough staff but they did not always have the appropriate skills and knowledge to meet their needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff felt supported in their roles but had not received regular supervision. Staff did not all have the skills, knowledge and experience to meet people's needs.

People were involved in choices about their meals and received a varied and balanced diet.

People were supported to access health professionals as required.

Is the service caring?

Good

The service was caring.

People were respected and treated in a kind and caring manner.

People were involved in decisions about their care and support.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good

The service was responsive.

People contributed to the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to participate in a varied range of social activities within the home and the broader community.

People were supported to make complaints and concerns to the management team.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Staff felt supported and shared the provider's vision and values for the service. These included improving people's quality of life and having a passion for care.

There were effective and robust systems in place to monitor and improve the quality of the service provided, however at the time of our inspection there were a number of areas that required further work.

Processes were in place to gather feedback about the service. Actions that were identified in staff meetings were continuing themes.

Care Quality Commission

Croft House

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.

This inspection took place on 18 November 2016 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of caring for someone with a learning disability and supporting them to use services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service and contacted the local authority to request feedback from their quality monitoring visits to the service.

During our inspection visit we spoke with two people that used the service, three relatives of people that used the service, the registered manager and two staff members who worked at the service. We looked at two people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 13 November 2015 we had identified some concerns in relation to the safe management of medicines. At this inspection we found that these concerns had been addressed. We found that people were supported to have their medicines in their preferred way and people received their medicines as prescribed. People's medicines were stored and recorded in line with professional guidance. We found that when and if people's medicines were no longer required this was recorded and they were returned to the pharmacy without any delay. However we did find that the controlled drugs storage cupboard was not secure. There were no controlled drugs at the service at the time of our inspection and the registered manager advised that she had reported it to the maintenance team. They were due to visit and ensure that it meet the required standards in the event of controlled drugs being required.

Relatives told us that there had been a lot of changes within the staff team at the service. One relative told us, "It's been difficult times recently, lots of changes." The registered manager confirmed that there had been a number of changes within the staff team and they had been going through a period of recruitment at the service. They told us that during this time they had used agency staff to ensure that there were sufficient numbers of staff on duty, so there had been times when staff where not familiar with people's behaviours and routines. However they acknowledged that staff needed to be consistent and understand people's needs to enable them to be confident in their approach to be able to support people's complex needs. The registered manager told us that they had regular bank and agency staff that now had an understanding of people's needs but they were not all able to support people out in the community. This meant that the staff at the service did not always have the right skills and competencies to meet people's needs. A staff member told us agency staff were used regularly but they went on to say, "they know the [people that live here]."

On the day of our inspection due to unique and unforeseen circumstance the registered manager was not scheduled to provide direct support but had to do so as nobody else was able to cover the shift at short notice. Although the shift was covered with enough staff members we saw that one person was unable to attend college as the staff on duty were not able to drive to take them and they did not feel confident supporting another person out in the community. The registered manager told us that she was working to ensure that the staff team had the right skills and abilities to meet people's needs and support people. She also told us that she had recently recruited more staff who were starting over the next few weeks. A relative told us, "things have settled down," and they went on to tell us, "regular staff are improving."

The provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to care for people. This included obtaining employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. All staff had a probationary period before being employed permanently. This meant people and their relatives could be reassured that staff were of good character and were fit to carry out their work.

People told us that they felt safe at the service. One person told us "I feel safe." Relatives told us that the environment was safe and they would be able to speak to staff if they had any concerns. One relative told us "I have never had any concerns," they went on to say, "I would feel confident to speak to staff [about

concerns]."

Weekly house meetings were held with people that used the service. There was a discussion during the meetings about people's safety and this was a standard agenda item. See something say something posters were on display with contact numbers of where people could report concerns to. Staff recognised the signs of abuse and knew how to report and escalate any concerns. We saw that when a recent safeguarding incident had been raised it had been reported appropriately and was being investigated at the time of our inspection.

Risks associated with people's care were assessed on a 'stop, think, go' basis. This ensured that people were supported to do the things they wanted to do but made staff think about the actions they should take prior to them going ahead. These assessments had recently been reviewed to ensure that they were up to date. Staff were aware of risks relating to people's behaviours and made visitors to the service aware.

We saw that where accidents and incidents had occurred they were recorded and shared with staff members appropriately. However it was not always clear from people's care records what action had been taken in response to them. For example, where an incident had occurred in the community an action identified in the report was that a review of the persons needs was to be carried out. The registered manager told us that this had occurred but this was not evident from the records we saw.

Requires Improvement

Is the service effective?

Our findings

People told us that staff understood their needs. One relative told us, "I can tell when he's anxious, staff manage his anxiety." They also told us, "New staff will ask what helps [to manage anxiety]." Staff told us that they received training to support them to carry out their roles. We saw records that confirmed that staff had completed training to assist them in their roles. Staff had attended had attended a practical training session in the management of actual or potential aggression (MAPA). This trained staff to identify behaviours that indicated an escalation towards aggressive or violent behaviour and to take appropriate measures to avoid and de-escalate crisis situations. The majority of staff training was computer based and was not all staff members preferred learning style. Staff told us that more face to face training would be beneficial to them. The registered manager told us this was something she was looking into.

Staff received an induction when they first started at the service. They then had a period of getting to know people and their individual needs. Although staff had received training they needed additional time to get to know people's individual routines and become familiar with their behaviours. We observed a situation where the lack of knowledge and experience of a staff member meant that the registered manager had to intervene. If the registered manager hadn't of intervened this could have resulted in a person who used the service sustaining an injury. The registered manager discussed this with the staff member and reiterated the importance of this not occurring again. Not all staff had the skills, knowledge and experience to meet people's needs.

New staff were working through the care certificate as part of their induction during their probationary period. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. However, where they needed support with this the registered manager had not had the capacity to support staff with this although this was something she was planning to do. Staff told us that they were able to talk to the registered manager whenever they needed to but regular supervisions had not been being carried out. The registered manager was aware of this and had plans to ensure that were in place when the new deputy manager commenced their role.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that where there was a reasonable doubt that a person could be presumed to have capacity to consent to a decision a mental capacity assessment had been carried out. Where appropriate a best interest decision had been

made and a referral sent to the local authority if the decision deprived people of their liberty in any way. The applications that the service had made under DoLS had been authorised. This was because the decisions were the least restrictive options and agreed. People were being supported in line with the DoLS authorisations. However when we spoke with staff members their knowledge around MCA and DoLS was very limited.

People told us the food at the service was good. One person told us about their favourite lunch, we saw at lunchtime that they chose to eat this. Relatives told us that they were pleased with meals at the service. When we asked one relative about the food they told us, "Very good and varied," they also told us, "[My relative] gets what he likes." Another relative told us how the service had supported their relative to have a more varied and balanced diet. They told us, "[The service] gradually introduced new food to increase the variety." A staff member told us that people at the service all ate their evening meal together which people enjoyed.

We looked at the weekly menus at the service. We saw people being offered visual choices of food at lunchtime. We saw menus and food available supported people to have a varied and balanced diet. People were supported to access food and drink as they required throughout the day.

People had health action plans in place. These provided details of people's health needs, appointments and any specific medical advice. Relatives told us they were also kept informed of any changes to people's health and the service took appropriate action. We saw that people had involvement from occupation therapists, the dietician, GP's, podiatrists and the dentist as required. We also saw that the provider employed a behavioural therapist that the service used to provide professional guidance and support in relation to people's behaviours. The registered manager told us how they had asked the behavioural therapist to review a person's guidelines following a change in their behaviours. Following this changes to their behavioural guidelines were made.

Good

Is the service caring?

Our findings

People told us that staff at the service were caring. Relatives spoke highly of the permanent staff at the service. One relative told us, "Staff attitudes are fine," they went on to tell us, "they are very nice." Staff told us that the whole staff team were caring.

People at the service each received one to one support throughout the day. This meant that staff spent a lot of time with people and needed to know them well. We saw that people had detailed care and support documents in place to ensure that staff were given the information that they needed to provide people's support. Staff were familiar with people's behaviours for example we saw that where a staff member needed to observe a person for their safety they remained near to the person but were careful not to invade their personal space.

We saw that when another person continued to ask staff the same question staff were consistent with their response and this was in line with the guidance in their support plan. We saw staff support another person who after deciding to go somewhere became anxious and changed their mind. Staff offered the person reassurance and were supportive of the persons decision. This was in line with the guidance in the person's support plan.

People were supported to be involved in decisions about their care and support. They were provided with information in their preferred ways. We saw that information was recorded about how people liked to be given information. This included what the best way was for it to be presented to the person, when it was a good time for the person to make a decision and when was a bad time for them to make a decision. For example, we saw that one person used visual choices to assist them to make decisions. Staff offered this person visual choices of lunch.

We saw that people rooms were personalised with things that reflected their hobbies and interests. One person was very interested in trains; we saw that they had a large train painted on the wall. Another person showed us a picture they had of place that they liked to visit. They told us about the place and staff all knew how important it was to them.

Relatives that we spoke with told us that staff treated their relatives with dignity and respect. We saw that staff treated people with dignity and respect. We saw that following lunch staff approached a person discreetly and escorted them to the bathroom to wipe their mouth. We saw that staff always knocked before entering rooms and were conscious of ensuring that people had their own private space.

People's independence was promoted. A relative told us, "I've seen positive steps [in relation to their son learning basic care skills]." We saw that staff supported people to be involved with their own care and in day to day household tasks, such as the changing of beds, cleaning, cooking and washing. We saw one person being supported to make biscuits and another person had stripped their bed.

Good

Is the service responsive?

Our findings

People told us that they were able to do the things they wanted to do. One person told us how they liked dancing and went to the disco every week. They also told us that they enjoyed attending a course at college once a week. One relative told us, "[My relative] does activities that he wants to do."

Relatives of people told us that they were aware of their relatives care plan and believed that it met their needs. People's care plans we viewed were detailed and up to date and reflected the needs of the people they were written for. The plans contained information of people's likes, dislikes and the things that interested them. This ensured information was available for staff to have the knowledge they needed to assist people do the things they enjoyed doing. We saw from one person's care records that they were no longer supported to attend a place that was described as being important to them and that they had attended for a period of time. We discussed this with the registered manager who was able to explain why they were no longer supporting the person to this place but this was not evident from the persons care records. We found that previously care records had not been reviewed regularly but the registered manager advised us that they were going to ensure that they were all reviewed on a monthly basis going forward.

We saw that people had planned activities in place that reflected their interests. These covered a range of activities such as going to college, the cinema or for a walk, carrying out arts and crafts and going to places of interest such as local beauty spots and the train station. People told us they were happy with the activities they had available and were able to choose whether or not they participated. However this was also dependant on a member of staff being available that had the skills and knowledge to support them. This was something that the registered manager was continuing to work on.

People told us if they were not happy they would tell staff members. Staff members told us that they would be able to recognise a change in a person's behaviour if they had a concern. We also saw that weekly meetings were held at the service where people were asked if they had any concerns. Relatives told us they felt able to raise concerns. One relative told us, "I would be confident to speak to staff with any concerns." We saw contact details of where people could raise concerns were on display at the service.

We saw that were any complaints or concerns had been raised they had been recorded, investigated and responded to in line with the services complaints policy. We saw that where a person had raised a concern in relation to a specific issue, the registered manager had taken action. They had discussed it with staff individually and at a staff meeting to try and prevent it from occurring again. They had also introduced a checking mechanism to reduce the possibility of it occurring again. The service had a detailed complaints policy in place that provided timescales in which people's complaints would be investigated within. It also provided details of where there complaints could be escalated to if they were not satisfied with the initial response.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives told us that the service was well managed. Staff told us they were able to talk to the registered manager about anything and felt supported within their roles. The registered manager knew people that used the service well and was able to share her knowledge with the newer staff at the service.

People attended weekly house meetings where amongst other things developments within the service were discussed. However, it was not always evident from the records that action points from the meetings had been followed up. Monthly meetings were held with staff members where action points were clearly recorded and followed up at the next meeting. One of the actions that had been identified was that staff were not signing the meeting minutes if they had not been present to confirm that they had read the minutes. Although this was discussed this appeared to be a continuing theme.

The registered manager attended monthly meetings with other registered managers that worked for the same provider from the local area. These provided the registered manager with support and were used as an opportunity to discuss the service, share good practice and receive organisational updates. The registered manager also told us that they received weekly communications from the quality team that provided them with updates on legislation, local policies and medical alerts. This enabled them to keep up to date with current practice.

The provider's vision was on display in the main hallway at the service. All of the staff that we spoke with were open and helpful and shared the provider's vision and values for the service. These included improving people's quality of life and having a passion for care. We found a positive culture, which was centred on the needs of people who used the service. The registered manager was aware of the impact on people of not having enough staff that could drive and was working to address the issue.

The registered manager was aware of their responsibilities and had notified the Care Quality Commission (CQC) of all significant events which had occurred. Services that provide health and social care to people are required by law to notify the CQC of important events that happen in the service. We saw that the services last inspection report summary and ratings were on display in the hallway.

There were effective and robust systems in place to monitor and improve the quality of the service provided. These included quality assurance audits of people's care and support documents, records maintained by the service and general maintenance of the building and equipment. We saw that following an audit being carried out an action plan was put together to address any issues that had been identified. We looked at the latest action plan that the service were working towards and we saw that the registered manage had a number of target dates that they had met and others that they were still working towards.

Relatives also told us that they used to receive a monthly newsletter which they had found informative. One relative told us, "I liked receiving them." Another relative told us, "It [the newsletter] told me what [my relative] had been doing and there were photos, I loved receiving them." This however had just been

stopped without any explanation given. We discussed this with the registered manager who advised this was something they were looking to reintroduce.

Relatives told us that they had received an annual survey about the service. The registered manager confirmed that these had been sent out in August 2016. They had put together an action plan to address the items that were raised. They planned to monitor the progress on these actions every three months.

Systems and processes were in place for the service to be well led, however at the time of our inspection there were a number of areas that required further work. These areas the registered manager had not had time to address. For example the staff supervisions and support with induction work and the consistent staffing levels of people who were suitably skilled and qualified to enable people to do the things they liked to do. The registered manager told us that a deputy manager would be starting at the service in early December and they would then be able to put more time into addressing the outstanding issues and moving the service forward. The registered manager was committed to her role and to providing a good quality of life for people that used the service.