Care Quality Commission

Voyage 1 Limited

Hadrian Court

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection which took place over two days, 2 and 3 March 2015. The last inspection took place on 24 December 2013. At that time, the service was meeting the regulations we inspected.

Hadrian Court is a specialist service for people with an acquired brain injury, located in Wallsend, Newcastle upon Tyne. The facilities are purpose built and fully accessible throughout. It offers accommodation including therapy rooms, 12 en-suite bedrooms and two transitional living flats. There were nine people living at the home at the time of the inspection.

The home 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was warm, clean and well maintained. There were sufficient staff to support people with activities as well as providing support in carrying out domestic activities within the service. The provider had processes to recruit, supervise and train staff, including access to specialist training.

Summary of findings

Medicines management was reviewed and a medicines round observed. Where refusals of medicines occurred, these were respected and checked over time to monitor any possible impact with an appropriate professional.

Meals were served at times that suited people and staff supported ad hoc activities and the carrying out domestic activities within the service. Staff were always on hand and were friendly and engaging towards people. One person was very hard of hearing so staff used a whiteboard to communicate with them and were able to converse for long periods of time.

We observed positive interactions between people and staff, with staff defusing episodes of behaviour which challenged in an appropriate manner. Staff described people in a positive way throughout the inspection.

Care plans and health plans showed evidence of pre-placement assessments, care and goal planning and regular review with key workers and external professionals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. All but one person was subject to a Deprivation of Liberty. One person's deprivation of liberty was found to have lapsed and required urgent attention by the registered manager. We have made a recommendation in relation to this recording of capacity, best interests and DOLS. Some of the plans constituted best interests decisions, but not all plans were in line with the principles of the Mental Capacity Act 2005.

The provider's computerised training record showed that staff training was in line with the provider's expectations. The service also took part in external training provided locally when this was available.

Safeguarding records were kept and any safeguarding concerns were reported to the local authority. There was some evidence of comprehensive review of these alerts, many of which were episodes of behaviour which challenged.

Staff at the service all enjoyed the work they did and showed a positive attitude towards the people who used the service. This was demonstrated by their interactions and through the language they used to describe them to us. One staff member said, "To see the positive change we can assist to bring to their lives is what this job is all about."

We saw the registered manager and area manager carried out regular checks and audits of records, incidents and accidents and reported on these internally and externally. The manager also looked to adapt care plans and the service in response to these audits.

The service has been accredited by Headway (the brain injury association) and had been inspected by them in November 2014.

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

This service was safe. Staff knew how to act to keep people safe and prevent further harm from occurring. The staff were confident they could raise any concerns about poor practice in the service. People in the service felt safe and able to raise any issues they had. Medicines were managed effectively and people were supported with medicines.

The staffing was organised to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Requires improvement

Not all aspects of the service were effective. Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. We found however, that detailed records were not always available to demonstrate that staff had followed the principles outlined in the Act.

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. They attended training, as well as accessing local resources, as required.

Arrangements were in place to request health and social care support to help keep people well. External and internal professionals' advice was sought when needed.

Is the service caring?

Good

This service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their families, to provide individual care.

Is the service responsive?

Good

This service was responsive. People had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made to respond to requests from people who used the service and external professionals.

Summary of findings

People who used the service and visitors were supported to take part in therapeutic, recreational and leisure activities in the home and the community.

Is the service well-led?

Good

This service was well led and had a registered manager. There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and other investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The provider had notified us of any incidents that occurred, as required.

People were regularly consulted on the service provided to influence service delivery.

Those people, relatives, professionals and staff spoken with all felt the manager was approachable.

Hadrian Court

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 unannounced inspection took place on 2 and 3 of March 2015. The inspection was undertaken by an 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.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. There had been some recent deprivation of liberty applications, as well as a number of other notifications about incidents and issues at the home. We also contacted the local authority safeguarding adult's team and the local commissioners to inform our inspection.

During the inspection we spoke with seven people, eleven staff including the registered manager and deputy and three relatives of people who used the service. Additionally we spoke with five external professionals including, two district nurses, a social worker, a neuro psychologist and a mental health advocate. The internal and external communal areas were viewed along with the kitchen/ dining area, laundry areas, bathrooms and sluice rooms and, when invited, some people's bedrooms and the independent living flats.

During the inspection we reviewed, three detailed care and health plans, complaints records for the last four years, safeguarding adults records supplied to the local authority, medicines plans for three people, health and safety records for the last year and eight deprivation of liberty applications. We also reviewed three keyworker files, where people's progress towards goals were reviewed, staff meeting minutes for the previous year, house meetings for three people and supervision files for three staff. The staff training records were also viewed on the provider's computer system. The mid-day meal time was observed as was a medicines round.

Good

Is the service safe?

Our findings

During our inspection all the people we spoke with and their families described themselves as feeling safe. Staff showed an awareness of what constituted a safeguarding adults alert and records of all possible alerts were logged and shared with the local authority. A recent incident had been reported externally to the local authority and investigated by the provider and they had taken appropriate action.

The service supports the needs of people with an acquired brain injury. There was evidence of behaviour that challenged and incidents between people and staff, which included verbal and physically challenging behaviours. There was evidence of learning and review of these incidents with internal behaviour support specialists and external professionals such as GP's and neuro psychology. An example being where medication had been changed and staff monitoring showed this had a positive effect.

The premises were secure and had a secure garden area. The doors to cupboards and rooms not in use were locked and all objects that may pose a risk were stored safely. One bedroom upstairs did not have a lock and was used to store old furniture. When we raised this issue, the lock was replaced and the old furniture disposed of quickly. We noticed from sitting in various communal areas that some of the furniture was old and seats uncomfortable, people also commented about this to us. This was noted by the manager who advised new furniture was due soon.

Records were reviewed which showed that various health and safety checks were carried out. These included personal evacuation plans along with legionella checks, lift safety checks and hot water temperature checks. There were risk assessments for profiling beds, bed rails and bumpers, where these were used. Additional checks were undertaken on wheelchairs, hoists, slings and bath chairs. Fire safety, vehicle and emergency lighting checks were carried out regularly. Where issues arose in these audits they were dealt with promptly. For example the security fencing and gates were updated recently and learning from fire evacuation drills.

The home was kept clean by the care staff. They supported people to carry out domestic tasks as part of their daily activities. We saw people doing their own laundry independently and some with support, as well as people using the kitchen to make snacks and drinks.

There was sufficient staffing with a staffing assessment tool used by the provider. People told us there were always staff available when they needed them. There were seven staff on duty in the morning and six on the later shift. At night there were two waking and one sleep in staff member. The service was run in a very flexible way with high staff numbers to respond to the complex needs of people. There had been some recent turnover of staff and new staff were supported through induction and training. Staff recruitment and personnel files showed an appropriate recruitment procedure had been followed. We saw evidence of an application being made, references taken up, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks. Staff confirmed they had been subject to a proper application and interview process before starting work at the home. This confirmed the provider had appropriate recruitment and vetting processes. Some staff that were leaving were doing so to enter professional training such as nursing or social work.

Medicines management was reviewed and a medicines round observed. One person managed their own medication and this was risk assessed and managed collaboratively. Where people's medicines were managed by the service, the records gave detailed information to support staff administer medicines safely. Staff dealing with medicines had received training to specifically manage medicines. Additional details had been written into the records by the deputy manager to assist staff and reduce the likelihood of errors. Audits and checks were undertaken daily. Medicines were given in a supportive manner and if people refused, they would be approached again later or the refusal noted and reviewed if a regular occurrence. The medicines room was clean and well organised.

Requires improvement

Is the service effective?

Our findings

All the people we spoke with at the service told us they had confidence in the staff and trusted them.

Staff went through a planned induction that included shadowing experienced staff and attending role specific training. One staff member stated, "I feel the induction helped me overcome my initial anxiety about the challenging behaviour." All staff we spoke with felt they were offered support when needed. Another staff member said "I am confident if I raise issues they will be dealt with" and another said "The manager has an open culture."

The manager showed us the computerised records which showed that staff training was up to date and any updates were flagged so they could be attended to promptly. Staff attended the provider's in house training (much of which was face to face) and were encouraged to access training through the local authority and local training providers. These included training on safeguarding and mental capacity. Staff supervision records indicated staff were supervised every two months and detailed records taken of the discussion which included training needs. Staff had an annual appraisal which was detailed and looked at what external training might be available for staff to attend, as well as reviewing their performance and any issues arising through their work. Staff felt the registered manager and deputy were approachable for discussions about their work. One staff member told us how well they had been supported after an injury at work and how the registered manager and team worked together to support them.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All but one of the people who used the service were subject to a deprivation of liberty, and of these, one DOLS authorisation was found to have lapsed due to confusion about its expiry date. We saw the documentation from the local authority was confusing and this had led to the review date being missed. This meant a person was unlawfully deprived of their liberty without the safeguards being in place. When this was brought to the registered manager's attention, action was taken immediately.

The service operated a non-violent crisis intervention technique of physical restraint which all staff were trained and supported to use as a last resort. This would only be implemented when other diffusion and distraction techniques had failed. The service did not have a formal review mechanism for the use of restraint to ensure that any learning occurred from such incidents. The principles of the MCA need to be considered when developing a restraint care plan, and be subject to regular review.

Given the complex nature of the people's needs and their variable mental capacity, there was only partial evidence that all care planning was carried out following the principles of the MCA. There was limited evidence of an assessment of people's capacity to make decisions, and where decisions were made, the records could not demonstrate that the best interests decision making process had been followed. An example was where a relative's visits had been restricted as well as the person's access to alcohol, but there was limited evidence of this decision being reviewed over time. The manager felt the decision was still relevant but a review process should be in place for all such decisions.

People who used the service and staff were regularly consulted about the choices for meals and people were offered alternatives about what to eat and when, during the day. The kitchen was similar to a household kitchen and people were encouraged to assist in the preparation of meals, as well as choose were they took their meals in the home. When asked, one person said, "I am enjoying my lunch, thank you." Meal plans were also discussed in the team meetings. Some people needed support to eat adequately to maintain their well-being. During lunch, staff were observed to encourage a person to eat sufficient. One person was being encouraged to consume more as he "had not had much." He replied, "I don't want much" in a forceful manner, however staff were very patient and supportive with him and he continued to eat his meal.

People were supported to access health care services and therapeutic services to assist in their recovery from brain injury. Two district nurses who were at the service commented, "We have a very good working relationship with the home." They felt they were always made welcome and had a good rapport with staff and people using the service. We noted in care plans that referrals were made to external professionals and services such as GP's and specialist psychological support. Care plans were adjusted to include their advice which was followed by staff.

Requires improvement

Is the service effective?

The service was purpose built with a lift and bathing equipment to meet the needs of the people who used the service. Facilities were clean and well decorated and people's bedrooms were personalised to suit their needs and tastes.

We recommend that the provider reviews the guidance for consent to care and treatment in The Mental Capacity Act 2005.

Good

Is the service caring?

Our findings

People told us that staff promoted their privacy and dignity. One person told us, "Staff always knock on doors before entering and always ask if it's okay to give medication or other help." We observed staff interactions with people to be positive and respectful. Staff we spoke with also told us about their ethos of valuing the person, whilst recognising their behaviour and challenge maybe as a result of their acquired brain injury. One staff said, "We give him space and help him", when talking about one person's behaviour support.

Relatives were involved in the care of the people. One person went home every day if they chose to spend time with their family. One family member commented, "I am over the moon with the care my husband receives and could not imagine any better. I often call in and am always made welcome and I am thrilled how much his condition has improved since he came in. I am always kept informed of any changes and involved in any decisions that have to be made." Another commented, "They are brilliant. The improvement in my son's behaviour and his lifestyle has been marvellous. He now uses cutlery rather than his hand for eating and can find his own way back to his room unaided, which he could not do originally" and "Yes, I am always consulted about anything and everything to do with his care and trust the home implicitly."

External advocacy was sourced for people as and when needed. An external independent mental health advocate who had supported a person in the service commented, "My client is better from going to Hadrian Court." They also added that they had confidence in the registered manager and deputy to suggest ideas about how best to support the person and they would seek their input and advice.

The service had an annual "yearbook" created by people and staff to reflect upon the year 2014. This was full of details about the previous year's activities, trips out and significant events in people's lives. This was commented on by staff and people as a positive reflection of the service and was placed in reception with copies made available.

Staff comments throughout the inspection were positive and caring; one said "I am going to miss working here as it's such a positive place." Another said that when people exhibited behaviour which challenged the staff team, they were taught, "Give him space and help him and allow him space to relax". This non-confrontational response was reflected through the use of non-violent crisis intervention technique of physical restraint in which all staff were trained. This technique favoured de-escalation of behaviour that challenges over early intervention and avoids the use of restraint. Another staff member said "I love being here."

We observed throughout the inspection that staff spent time with people engaging with them, responding quickly to people's needs, always communicating and offering choice. Staff and people commented that the service was consistent in its approach and that staff knew the people and their relatives well, always speaking of them in a positive manner.

Good

Is the service responsive?

Our findings

We observed that staff were constantly aware of people's needs and monitored their mood. One person commented, "They seem to know when we need something." An external social worker also added, "They put the person at the centre of everything they do." They had placed a number of people in the service and felt the staff assessed people well, only taking those people whose needs they felt they could meet.

Traditionally a transition service was provided for those planning to live more independently in the future, but most of the people at time of inspection had longer term care needs. This meant the service focus was more on maintaining the person's skills and abilities, rather than developing independent living skills. The registered manager did this through the setting of goals and providing encouragement to support people to carry out as many daily living skills as they was capable of, to maintain that independence. The service was responsive and demonstrated this though their detailed care and behaviour support plans and clear goal setting with people. Prior to admission, an assessment of their needs and support planning were carried out. Following admission, monthly reviews of care plans and goal setting were undertaken with the keyworker and these were evaluated over time.

People met with their keyworker monthly to look at issues and go through any questions or concerns they had. Staff encouraged the person to say how they felt, if they wished to meet a senior manager and to raise other comments about their care or goal plan. There was evidence that feedback from these meetings was used by the keyworker in goal setting with the person and positive steps reinforced and rewarded.

Due to their acquired brain injuries people's needs were very diverse. However, staff were able to demonstrate how their response could assist the person. For example, one person in the service with a history of behaviour that challenged was now supported to make choices about money, smoking and their bedroom layout and design. Following these changes, their behaviour issues had declined. The service had its own gym and equipment to use, as well as accessing local specialist services such as Headway. Headway is a charity that works to improve life after brain injury.

A neuro psychologist commented that she was, "Always made welcome, and could pop in unannounced" and had "no concerns." She also commented on how, "The condition of residents improves" and referred to progress being made in people's goals.

Staffing levels afforded people the chance to have higher levels of support to undertake the activities they wished, both within and outside the home. Family visits to Hadrian Court were supported as well as community activities. One person went to their mother's home most days and another was being supported to maintain contact with their partner. During the inspection people and staff also engaged in leisure activities including, using the pool table and watching DVD's.

Choices that people made were respected, such as meal times, choices of activity and medicines being refused. Any potential impact on the person's well-being was evaluated to ensure that their choices did not have a detrimental bearing on their health.

People had transferred from secure and specialist challenging behaviour services and the provider worked closely with external teams to provide adequate support. Some of these placements had been successful, but at times placements were found not to be suitable and had broken down. The social worker who was involved in such processes stated, "They try their best, and will go that extra mile and look at what they can change to better support that person."

The registered manager told us they had delayed a discharge of one person to the service. This was until such time as all their new needs had been assessed by an appropriate professional and equipment was in place to support them at Hadrian Court.

The service kept a complaints log, but no complaints had been recorded since 2010. The manager felt that as the service was always seeking feedback from people and families, issues were addressed before they reached a complaint. We examined monthly keyworker meetings records where people were asked if they had any complaints and were asked if they wished to meet the regional manager to discuss any concerns. One relative told us, "I am not 100% happy" but they recognised that the service was doing the best it could and was supportive

Good

Is the service responsive?

of the care their partner received. The registered manager acknowledged this relative's issues with the service and continued to work with them to gain access to external specialist health care.

Good

Is the service well-led?

Our findings

The home's present registered manager has been in position since 2010. The Commission had been informed of reportable incidents as required under the Health and Social Care Act 2008. The registered manager demonstrated they were aware of when they should notify the CQC of events and the responsibilities of being a registered manager.

The registered manager was respected by external professionals spoken with. One commented, "If he knows I am in the building he will seek me out to get feedback" and another commented, "I have an honest, open relationship with the manager and deputy." One professional who had placed a number of people at the service also commented that if the service did not feel able to manage the needs of a particular referral they would say so.

Feedback from staff was also consistent that the registered manager and deputy were approachable and would support the staff members. One staff member said, "There is a good rapport across the team, supported by the manager and deputy." Another commented that after being injured at work, "They (the manager) made sure I was supported and could get support if a similar situation arose again."

From observations and feedback from people, staff, families and external professionals, the culture of the service was consistent. All agreed that the person receiving a service was at the centre of their thinking and they would try and make any changes to meet their needs. The registered manager said, "I explain to residents and relatives that Hadrian Court is not the end of the line. It's a place where they could improve in behaviour, competency and enjoyment of life."

Records supported the positive culture of the service. Notes and records about episodes of behaviour that challenged were descriptive, without negative language, and staff always spoke in terms of progress made with people.

The service had links with Headway, the local brain injury association. Headway had recently undertaken an audit of the service which the manager was reviewing. This gave the home Headway accreditation/ approval, as well as some recommendations to improve further which the registered manager was reviewing.

The registered manager showed us the provider's comprehensive audit system, where regular feedback was sought about safety and quality. These included checks on the building and maintenance, as well as financial and other quality audits. These were reviewed by the regional manager and discussed at their regular meeting with the registered manager.

Staff meetings were held regularly and for those staff who did not attend, a feedback sheet was required so that staff could evidence they had read the notes and picked up any queries arising. Meetings of the 2014 staff meetings were reviewed and these were comprehensive covering a broad range of topics including such things as health and safety, safeguarding, care planning and training. Attendance rates at these meetings were high and staff we spoke with were all aware of what had been discussed at the recent meeting.

Records of staff meetings showed the positive direction of the service, and also demonstrated that the manager was clear about their values. Staff had been reminded about the importance of providing proper personal care and that personal mobile phone should not be used when working. These good examples demonstrated the importance of being attentive to the person.

The staff took on board the suggestions of professionals. Advice was sought when people needed support and staff were receptive to new ideas, such as use of language and tone of voice when supporting people. Staff also commented their practice had changed over time as new people moved to the service. One commented, "(Name of person) needs you to have time to spend with them, and they value that." Another stated that working at Hadrian Court, "Is not just a job, it's about them (people)."

Records reviewed were written in a positive manner and people's input was sought into their care planning. Audits and reviews of care were regular and involved people and their families. Specialist behavioural advice was sought from within Voyage. Records were stored securely.

The regional manager (who supervised the registered manager) told us that he had confidence in the service, the staff and manager. They said "The manager had stabilised the staff team and improved the ethos of the service." He also told us all incidents were reviewed either by himself or by a member of the provider's quality assurance team, and that they would intervene in issues to support the service

Good

Is the service well-led?

and registered manager. The regional manager told us he visited routinely to carry out regular checks as well as speak with staff and people and was satisfied the service was running effectively.