

Voyage 1 Limited

# Millstream House

## 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 ●

# Summary of findings

## Overall summary

About the service: Millstream House provides care and support for up to 22 people who have a diagnosis of Huntington's Disease and acquired brain injury. The home is set out over three floors, with lift access throughout. Some people had mobility difficulties, sensory impairments and some received their care in bed. At the time of our inspection, 20 people were using the service.

People's experience of using this service: The service had improved since we last inspected it. Everyone we spoke with was positive in their feedback. Comments included; "I feel safe living here, yes very safe. The staff and other people living here make me feel safe", "The staff make me feel good. I like them" and "I would give it 9/10 [when 10 is excellent and 1 is poor]. The best thing is that all the people are friendly. I wouldn't change anything."

People were safe at Millstream House. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices. One person said, "I feel safe here because the staff are all very good."

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them. They felt a part of their local community and were supported to use local resources to their advantage.

Staff understood the importance of promoting people's choices and provided the support people required while promoting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life.

People were involved in the running of the service and were consulted on key issues that may affect them.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Requires Improvement (Report published 14 March 2018).

Why we inspected: At our last inspection, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to our finding, which showed that records keeping had not improved in the service. We also made recommendations in relation to inadequate medicine administration record keeping and that the provider and manager seek advice and support, for the organising of stakeholders' meetings within the service.

We asked the registered provider to take action to meet the regulations. We received an action plan on 05 April 2018, which stated that the registered provider would take action to meet the regulations by 30 August 2018.

At this inspection, we found that improvements had been made in relation to the requirement made above and the recommendations.

Follow up: We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Millstream House

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

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 similar services.

#### Service and service type:

Millstream House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

#### Notice of inspection:

This was a comprehensive inspection, which took place on 19 and 20 February 2019 and was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection in February 2018. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people using the service, one visiting relative, three care staff, the cook and the registered manager. We also spoke with the operations manager. We also requested feedback from a range of healthcare professionals involved in the service. We did not receive any feedback.

We reviewed a range of records. This included three people's care records and medicines records. We also looked at four staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- At our last inspection on 6 February 2018, we recommended that the provider seek advice and guidance from a reputable source, about medicine administration record keeping.
- At this inspection, we found that improvements had been made.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- Suitably trained staff followed arrangements in place to ensure people received their prescribed medicines. Staff competency was checked once a year.
- Medicines were stored safely. PRN (as required) protocols were in place and staff followed them.
- Covert medicine administration policy and procedure were in place. 'Covert' is the term used when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. All processes of covert administration of medicines were followed by management and staff.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes were in place. Risk of abuse had been minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.
- One person said, "Yes, I feel safe here. I feel safe because there is always someone around for me."

### Staffing and recruitment

- The registered provider had carried out sufficient checks to explore staff members employment history to ensure they were suitable to work with people who needed support.
- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records of checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There were enough staff to support people.

### Assessing risk, safety monitoring and management

- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.
- Appropriate risk assessments specific to each person were in place and had been reviewed when required.
- People were protected from risks from the environment. The environment and equipment were safe and

well maintained. Appropriate checks, such as gas safety checks, had been carried out.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.

#### Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The registered manager monitored these, so any trends could be recognised and addressed.
- The registered manager used the information to make improvements to keep people safe. This meant that people could be confident of receiving care and support from staff who acted on changes to their needs.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being.
- Records relating to food and drinks people had eaten and drunk had been completed accurately.
- People were fully involved in decisions about the menu. People had control over what time they ate and any snacks and drinks they wished to have through the day. One person said, "We have a choice of food. I enjoy the Sunday roast. I can help myself to snacks between meals."
- People were supported to eat a healthy and balanced diet.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider continued to undertake an initial holistic assessment with people before they moved into the service. People and their relatives were fully involved in the assessment process.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to successfully carry out their role.
- Staff had regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager.

Staff working with other agencies to provide consistent, effective, timely care

- People had hospital passports in place. These are documents people can take with them when they go to hospital to provide useful information for healthcare staff.
- Senior staff liaised with professionals when assessing a person's needs, and kept those needs under constant review so they could provide information to professionals when needed.
- There was a close working relationship with the local hospice, district nurses, local GPs, occupational therapists, and physiotherapists.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's needs. The environment was pleasant, spacious and decorated with people's involvement.

- People had free access to the garden and all areas of the service, including the kitchen.
- People's rooms were personalised to suit their tastes and needs.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. One person said, "I see an optician regularly and I can see a doctor."
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- People's individual health plans set out for staff how their specific healthcare needs should be met.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. and found that they were. The registered manager had good systems in place to monitor and track DoLS applications. DoLS applications were made appropriately and relevant health and social care professionals were involved.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person said, "The staff are generally good and I feel cared for. I am quite independent, so I can do what I want." Another said, "The staff are very good and speak kindly to me. They are very caring towards me."
- Staff knew the people they were supporting.
- People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to give us details on people throughout the day, without needing to refer to their support plans.
- Staff helped people to stay in touch with their family and friends. People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome.
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- One person said, "The staff make me feel good. I like them. The staff knock on my door." Another said, "I feel respected as a person here. They treat me with respect. The staff know how I like things done. I don't have to tell them. I am encouraged to do things for myself."
- A visiting relative said, "I think the staff have respect for my husband and treat him respectfully when they are doing his personal care. I think they are caring. I can visit whenever I want."
- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way.
- Staff understood the importance of respecting people's individual rights and choices.
- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed

support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The initial holistic assessment of people before they moved into the service checked the care and support needs of each person so that the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately.
- People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed. People had support plans in place, which reflected their current needs.
- Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made throughout the day and night; ensuring communication between staff was good which benefitted the care of each person.
- The management of the service employed an activity coordinator who planned and facilitated a number of group and individual social activities. There was a plan of special events and activities and these were advertised on the notice board. We saw the activity coordinator encouraging people to take part.
- People were offered individual support according to their needs and choices. One person said, "I like spending time in the purple lounge. I am going to be assessed for going cycling in the future. Once a week I go to the pub. I play chess once a week at the local chess club." On the second day of the inspection, we saw people going for cycling according to their assessed needs.
- A visiting relative said, "[Name] comes home every month for a home visit. [Name] goes swimming when they are well enough." People were relaxed and comfortable with the staff. We heard laughter throughout the day from the people and staff.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The complaints procedure was on display on the notice board in the service.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).
- There had been three complaints received in the last twelve months. All were resolved satisfactorily.
- A visiting relative said, "I haven't had to complain about anything in the last six months or so. I feel I can talk to the manager now about anything and I will be listened to."

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these

plans in place.

# Is the service well-led?

## Our findings

At our last inspection on 6 February 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to maintain an accurate, complete and contemporaneous record. At this inspection, we found that improvements had been made and the regulation had been met.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There were systems in place to check the quality of the service including reviewing support plans, incidents, maintenance and health and safety. Medicines were audited weekly to check stock levels with a full audit of medicines being undertaken monthly. Where actions were needed these were recorded and completed in a timely manner.
- The provider also carried out a series of audits either monthly, quarterly or as and when required to ensure that the service ran smoothly. They used these audits to review the service. They included health and safety, checks on medicines, support plans, training, supervision, appraisals and environment. We found the audits routinely identified areas they could improve upon and the manager produced action plans, which clearly detailed what needed to be done and when action had been taken.
- Staff told us the operation manager visited regularly to monitor the service. Reports were maintained of the visits. The operations manager was present throughout our inspection as a support to the registered manager.
- The provider understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- At our last inspection on 6 February 2018, we recommended that the provider and manager seek advice and support, for the organising of stakeholders' meetings within the service.
- At this inspection, we found that improvements had been made.
- Staff told us that they were able to share their ideas and felt listened to. Comments from members of staff

included, "I can approach the manager if I have any concerns."; "If I have any concerns, I will happily go to the manager and it will be resolved." and "The manager supports us and work as part of the team. Things are working so well now. I am quite proud working here now."

- One person said, "The staff are very friendly, and they seem happy here. They all seem to get on. We have regular residents' meetings." Another said, "We have quite frequent meetings here and questionnaires. I haven't made any suggestions. It is well managed. I think he does a good job. I wouldn't change anything."
- Communication within the service continued to be facilitated through monthly meetings. These included, staff meetings, team leader's meetings, relative's meetings and resident's meetings.
- The provider had systems in place to receive people's feedback about the service. The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living at the service, staff, health and social care professionals and relatives and feedback received in January 2019. All responses received showed that they were satisfied with the service provided. A relative commented, 'Just so pleased with all the care you give on a day to day basis. Very happy with the management. Excellent, particularly in the last year. [Name] is looking the best they have for a long time.' Everyone who lived in the service stated they were happy with the service. The questionnaire for people who used the service was in a user-friendly format, which made it easy for people to understand.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There continued to be a management team at Millstream House. This included the registered manager and the operations manager. Support was provided to the manager by the operations manager in order to support the service and the staff. The operations manager visited to support the manager with the inspection. 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.
- Staff told us that the management team continued to encourage a culture of openness and transparency. Members of staff commented, "The management is really good. We can speak with them. They support us." and "The new manager is very thorough. They are good and really personate about care delivery."
- There was a positive focus on supporting people to communicate and express their views.
- Relatives were involved in people's care. Where things went wrong or there were incidents relatives were informed where this appropriate.

Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as speech and language therapist team to ensure people received joined up care.
- The management had developed links with the local community. For example, with local churches and other places of worship.