

Voyage 1 Limited

351 Maidstone Road

Inspection report

351 Maidstone Road
Wigmore
Gillingham
Kent
ME8 0HU

Date of inspection visit:
20 September 2017

Date of publication:
20 October 2017

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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

The inspection was carried out on 20 September 2017, and was an unannounced inspection.

351 Maidstone Road is registered to provide residential care for a maximum of seven people with a learning disability. At the time of our inspection, four people lived in the home who had learning disabilities, autism and some with limited verbal communication abilities. People were fairly independent and involved in the way the service was run.

There was a registered manager at the home. 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.

At the last Care Quality Commission (CQC) comprehensive inspection in 04 June 2015, the service was rated overall Good with Requires Improvement in Safe domain. We carried out a Focused inspection on 30 March 2017 and rated the Safe domain Good.

At this inspection we found the service remained Good.

People continued to be safe at 351 Maidstone Road. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

Medicines were managed safely and people received them as prescribed.

There were enough staff to keep people safe. The registered manager had appropriate arrangements in place to check the suitability and fitness of new staff.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services. Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff were caring and treated people with dignity and respect. People's privacy was maintained particularly

when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The registered manager made certain that the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

351 Maidstone Road

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 checked 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 20 September 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using similar services. They had worked with people who have a dual diagnosis of learning disability and mental health and people with autism.

Before the inspection, we asked the provider to complete 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with three people who used the service. We spoke with one senior support worker, two support workers, the deputy manager and the registered manager. We also requested information by email from healthcare professionals involved in the service. These included professionals from the community mental health team, care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included two people's care records, which included support plans, health records, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, minutes of meetings and business continuity plan. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

One person said, "It is good here, I feel safe with staff". Another said, "I like living here. The staff are nice to me, they help me out. I feel safe living here". We also observed that people felt safe in the service and were at ease with staff.

A healthcare professional said, "They do provide safe care. They involve healthcare professionals such as mental health nurse and others".

Since our last focused inspection on 30 March 2017, the registered manager continued to ensure that the service was consistently safe.

People continued to be protected from abuse or harm. Since our last inspection some staff had received refresher training in safeguarding adults in June and July 2017. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated multi-agency safeguarding adult policy, protocol and practitioner guidance dated April 2016. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns. A member of staff said, "This is about reporting bad practice anonymously higher up the company or outside the company to CQC". The provider also had information about whistleblowing on a notice board for people who used the service, and staff. Records showed that whistleblowing was encouraged through formal discussion held with staff in their supervisions.

People continued to be protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Staff had been trained in Management of Actual or Potential Aggression (MAPA), which had proved to be successful in the management of challenging behaviour in the service from time to time. Records provided staff with detailed information about people's needs. Staff knew people well and had a good understanding of their different behaviours. People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's support plans. Risk assessments were specific to each person and had been reviewed in June 2017.

The risk assessments continued to promote and protect people's safety in a positive way. Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. Support plans included relevant risk assessments, such as nutrition and hydration, and medicine administration. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

Staff maintained an up to date record of each person's challenging behaviour incidents, so any trends in health and behaviour could be recognised and addressed. Staff told us that they monitored people and checked their support plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the service in detail, and people's support plans confirmed this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There continued to be enough staff to support people. Staffing levels were planned to meet people's needs. In addition to the registered manager and deputy manager there were three support workers and one senior support worker available to deliver the required support throughout the day. Support workers were managed by a senior support worker. At night, there were two waking night support workers delivering required support. This level of staffing meant staff were able to monitor people so they could immediately engage with them if they needed support or if they become anxious. We noted an air of calm in the service and staff were not rushed.

The registered manager and provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely. All staff received training on medication administration in 2017. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. The senior staff member administering medicine to people did so safely and with people's consent. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines.

The service continued to have plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk, for example, in the event of a fire. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of an emergency.

The service also had an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. Risks associated with the premises continued to be assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

A business continuity plan continued to be in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the service.

Is the service effective?

Our findings

One person said, "Chinese is my favourite food and staff always provide this. The food here is good".

A healthcare professional said, "They are good at referrals. Very good at seeking support from multi-disciplinary teams".

Since our last comprehensive inspection on 04 June 2015, records showed staff had undertaken training in all areas considered essential for meeting the needs of people in a care environment safely and effectively. Areas included advanced MAPA training, mental health awareness, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This helped staff keep their knowledge and skills up to date.

All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of regular supervision (one to one meetings) and an annual appraisal of staff's work performance. This provided opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they felt well supported by the registered manager.

Since our last inspection, staff had undertaken mandatory training and refresher trainings in topics and subjects relevant to their roles. The provider had also implemented the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. This also helped staff keep their knowledge and skills up to date. For example, as some people could display behaviours that could be challenging, staff had received training in managing behaviours, de-escalation, diffusion & breakaway techniques every year. Following this training, the registered manager and the deputy manager had developed individual behavioural plans with an in house behaviour specialist for each person who lived in the service. These plans included specific strategies that worked effectively for each person so the use of physical restraint was minimal.

The Mental Capacity Act 2005 (MCA) 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were

involved to make sure decisions were made in their best interests. Staff understood their responsibilities under the act.

People were supported to have enough to eat and drink and given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there was helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. There was a picture based food menu available to people. During our visit, we saw people had lunch prepared with their involvement. Both cold and hot drinks were available throughout the day and we observed people getting these themselves. Staff gave people suitable support with their nutritional needs. For example, the dietician was involved with one person in order to lose weight for health reasons. The registered manager told us that the dietician and other healthcare professionals gave guidance to ensure that they met people's nutritional needs.

People continued to be supported to maintain good health. Staff made it certain that people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. For example, one person was supported by staff to attend a scheduled blood test. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. This showed that the registered manager continued to meet people's health needs effectively.

Is the service caring?

Our findings

One person said, "I like the staff, particularly my key worker". We observed that staff were kind, considerate and aware of people's individual communication needs. People were relaxed, happy to approach and chat with staff. People responded positively when prompted by the staff. There was a calm and friendly atmosphere. People's bedrooms were decorated to their own tastes.

We observed that people continued to be supported by caring staff that were sensitive in manner and approach to their complex needs.

Since our last inspection on 04 June 2015, the registered manager continued to maintain people's individual records to provide up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

We observed that staff continued to respect people's privacy and did not disturb them if they didn't want to be disturbed. For example, people who lived in the service were asked if they would like to speak with us, and they gave their agreement before we could see them. All bedrooms doors were closed. Staff knocked on doors before they entered. Staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. A member of staff said, "We do not undermine anyone. It is their home and they tell us what they want and we support them". We found the staff team was committed to delivering a service that showed compassion and respect for people. Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in the registered manager's office, but were available to people and staff. We saw evidence that people were asked before information was shared.

Staff knew the people they were supporting well. They continued to show good insight into people's interests and preferences and supported them to pursue these. The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes and had used this knowledge to form strong therapeutic relationships.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen.

People and relatives were involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people or their relatives. Support plans were personalised and showed people's preferences had been taken into account. We reviewed daily records of support which demonstrated that staff continued to provide support as recommended in people's support plans during the day. The registered

manager told us that if people's needs changed and they required more support at any time, then this would be provided.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes. Advocacy information was on the notice board for people in the service. A healthcare professional said, "They are good at advocating for people they support. They try to be person centred".

Is the service responsive?

Our findings

One person said, "I like going to the local shops. I go to Chatham, Hempstead Valley, Gillingham, Rainham and Gravesend. I also like to see my mum. I travel by bus with staff, otherwise I would be a bit confused".

A healthcare professional said, "They do communicate very well with me. I do get required information whenever needed".

Since our last inspection on 04 June 2015, people continued to receive personalised support which met their specific needs. Each person had an up to date support plan which set out for staff how their needs should be met. Support plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided.

Support plans were reviewed annually with people, or sooner if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff.

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs. They said they also supported people to be able to take part in activities in the community. The staff showed in discussion with us they understood people's complex learning disabilities and how they impacted on their life.

People remained active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays and visited relatives. People continued to be supported to pursue personal interests such as art and craft, swimming or shopping. During our inspection, one person went shopping with staff as stated in their activities plan. Staff continued to help people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the service.

Where people had displayed behaviour that may cause distress to others, there was detail on what triggers may impact on the person and their mood. For example, one person could become distressed or agitated by noise from other people at the service and by too many people or unknown people. Behaviour support plans were in place which gave details of steps staff should take such as de-escalation techniques. The care records also contained detailed guidance to enable staff to support people according to their needs and wishes. The support plans showed people and their families or friends were involved in deciding what care and support they wanted to be provided with at the service. The records included pictures to make the records more accessible to the people who they were written about. The support plans were written in an easy to understand format and had been regularly reviewed and updated to make sure they were still accurate.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the service and used pictures and simple language to help people state who and/or what had made them unhappy and why. One person said, "I will talk to the manager to complain or a staff member if I'm not happy about something. If there is something I disagree with, then I would complain about it. Staff do listen". There had not been a complaint in the last 12 months.

Is the service well-led?

Our findings

Our observation showed that people knew who the deputy manager and the registered manager were, they felt confident and comfortable to approach them. We observed people engaging the registered manager in a relaxed and comfortable manner.

There continued to be an experienced management team at 351 Maidstone Road. This included the deputy manager and the 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. Support was provided to the registered manager by the operations manager, in order to support the service and the staff. The operational manager visited the service monthly or as and when necessary to support the registered manager and they supported the registered manager with the inspection. The registered manager oversaw the day to day management of the service. Both the registered manager and deputy manager knew each resident by name and people knew them and were comfortable talking with them.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so, and they worked as part of the team. A member of staff said, "Management is approachable". Another said, "We can talk to both the manager and deputy about anything". We observed this practice during our inspection.

We found that the registered manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, personnel, learning and development for staff. The provider also carried out a series of audits either monthly, quarterly or as and when required to ensure that the service runs smoothly. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, it was identified 95% of staff completed MCA training and safeguarding. The remaining 5% were immediately put on the training, which they have now completed.

Communication within the staff team continued to be facilitated through monthly team meetings. We looked at minutes of the August 2017 meeting and saw that this provided a forum where areas such as risk assessments, staff handover, activities and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This meant that people could raise issues about their safety and the right actions would be taken.

The provider continued to work well with other agencies and services to make sure people received their care in a cohesive way. Health and social care professionals reported that staff within the service were responsive to people's needs and they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met.

The provider told us that they continued with their accreditation schemes with Skills for Care's National Minimum Data Set for Social Care (NMDS-SC), which is an online database which holds data on the adult social care workforce. The provider continued to use this system to update information on staff training regularly. This helps authorities to plan resources for the local workforce and commissioning services. This also enabled the provider to refer to the data and employ trained, knowledgeable and skilled staff in order to meet people's needs.