

Voyage 1 Limited

Markham 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Markham House is a residential care home providing personal and nursing care to 13 people with an acquired brain injury. The focus of the care is rehabilitation, so people can become more independent. This style of care and support was designed to help people regain their independence by building cognitive and practical skills. Some of the accommodation was designed as flats and there were two bungalows at the location. At the time of our inspection 12 people were using the service.

People's experience of using this service and what we found

The provider had a range of audits in place to monitor the service delivery. However, whilst issues raised during our inspection had previously been identified by the registered manager, they had not been resolved and there was no date for expected completion. Care was planned in a way that promoted people's independence. Staff were committed in providing a high level of care to people who used the service. People who used the service had the opportunity to express their views.

Risks associated with people's care and support had been identified and actions taken to minimise risks. Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. Staff confirmed that they had been safely recruited and had DBS check and references prior to commencing employment. Accidents and incidents were analysed, and trends and patterns were identified. Medicines were managed in a safe way; although the medication store room temperature was often recorded as being above the recommended temperature. However, the registered manager began to address this during our inspection.

We completed a tour of the home with the registered manager and found some areas of the home required attention. Some store rooms needed more shelves to prevent storage on floors and one store room required decluttering. The freezer required defrosting and the kitchen was in a poor state and required action. We discussed these issues with the registered manager who was aware of them and agreed to send confirmation of actions taken to address the issues.

Staff we spoke with did not always feel there were enough staff working with them to meet people's individual needs. The registered manager was in the process of appointing more bank staff so more staff would be available.

People's needs were assessed, and care was delivered in line with their preferences and choices. Staff received support, induction and training to ensure they had the skills to carry out their role. Staff were complimentary about the provider and felt they were very supported in their role. People were supported to eat and drink enough to maintain a healthy and balanced diet in line with their dietary requirements. People had access to healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained. People were involved in planning their care and were able to make decisions about the care and support they received. Staff enjoyed their role and were happy to know they had made a difference and supported people to meet their outcomes. Staff were keen to support people to be as independent as possible.

Care plans were organised and easy to follow detailing people's needs and how these were to be met. People who used the service had access to a complaints procedure and were encouraged to make complaints where required. Complaints were followed up and responded to in line with the providers policy. People had access to various activities although this was limited due to the staffing issues.

We spoke with the registered manager who confirmed via email what actions had been agreed as a result of this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was Good (report published 28 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Markham 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Markham 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection visit we gathered information from several sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with five staff including support workers, deputy manager and the registered manager. We looked at documentation relating to two people who used the service and information relating to the management of the service. We spoke with three professionals who regularly visit the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from abuse.
- Staff we spoke with confirmed they received training regarding safeguarding. Staff knew what actions to take if abuse was suspected.
- People we spoke with told us they felt safe living at the home.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and actions taken to minimise the risk.
- Staff knew people well and knew how to minimise hazards to keep people as safe as possible.
- We saw personal emergency evacuation plans (PEEP's) were in place to ensure staff knew how to evacuate people from the building in an emergency.

Staffing and recruitment

- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.
- Staff we spoke with told us there were times when there were not enough staff working with them to meet people's social and rehabilitation needs. We spoke with the registered manager and they agreed that there were times that people could not access the community due to low staff numbers. The registered manager told us they were in the process of recruiting staff.
- Staff we spoke with told us they felt supported by the management team. Staff worked well as a team to prioritise their workload.

Using medicines safely

- People's medicines were managed in a safe way and administered as prescribed.
- Each person had a medication administration record (MAR) in place. We looked at a sample of these records and found them to accurately reflect medicines administered.
- Medicines were kept in a store room and temperatures were taken daily. However, the temperature recorded was very often recorded as being above the recommended temperature for storing medicines. The

was also impacting on the temperature of the medication fridge. We spoke with the registered manager who told us they would consider an alternative air conditioning unit or look at relocating the store.

- Staff we spoke with confirmed they received training in medicine management. Staff told us they were trained to handle medicines safely and had completed competency assessments to ensure their knowledge remained up to date.

Preventing and controlling infection

- We conducted a tour of the service with the registered manager and found people were not always protected from the risk and spread of infections.
- Some areas required attention. The main kitchen area was worn, and very old and dirt/food debris was embedded in to the wooden cupboards. The side of the cooker had a large build-up of crumbs and food debris. The shelf used to store pans was dirty and required cleaning. The freezer was in desperate need of defrosting.
- The registered manager told us that the kitchen had been identified as requiring repair. However, there was no expected date for this to take place. Following our inspection, the registered manager informed us of a meeting which would take place on the 5 August to consider a date for a new kitchen to be fitted. The registered manager also sent evidence that cleaning had taken place and the freezer had been defrosted.

Learning lessons when things go wrong

- The provider responded to accidents and incidents and systems and processes were put in place to help minimise them reoccurring.
- We saw accidents and incidents were monitored to identify trends and patterns. Incidents were analysed and where lessons were learnt these were shared with the staff team.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We looked at care records and found they considered people's needs, choices and preferences.
- Support plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- People we spoke with told us they felt involved in their care.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they received appropriate training which gave them the skills and knowledge to carry out their roles. Training records we saw confirmed this.
- Staff confirmed they received one to one support from their line manager and felt supported by the management team.
- New staff received an induction which included shadowing experienced staff.

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

- People were supported to be involved in preparing and cooking meals.
- Staff ensured people received a balanced diet which was in line with their choices and preferences.
- Support plans contained relevant information regarding people's dietary requirements.

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

- The service was designed and decorated to meet the needs of people living at the home.
- People had access to outside space. The service had a large, well maintained garden and people enjoyed using this space.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and health professionals were available when necessary.
- Specialist health support was provided, including occupational therapy and physiotherapy, which was funded by the provider. Speech and language therapy were available from the local community support teams.
- Care records confirmed people's health was promoted and they had regular access to healthcare

professionals such as GP's dietitians and dentists, occupational therapists and psychologists. In one care plan we saw evidence of a health action plan and staff told us they reported illnesses straight away if someone was unwell.

- We spoke with three health care professionals during our inspection. They were all complimentary about the service and felt their advice was followed. One health care professional said, "It's lovely to come here, very welcoming. Good partnership working with the staff. Staff follow our advice and communication is good. Staff ask questions to ensure they get it right." Another professional said, "It's very homely here. The staff want to do a good job."

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

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA. Where people lacked capacity, decisions had been made by relevant people and in accordance with the person's best interests.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us they enjoyed living at the home and felt they were supported by staff who were caring and understanding. One person smiled when they saw staff and interacted well with them indicating that they liked their company. They continued to chat and laugh together.

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

- We observed staff interacting with people and found they were keen to support people to make their own decisions about their support.
- Staff supported people to meet their goals and provide opportunities to rehabilitate people. One staff member said, "The reason we are here is to rehabilitate people and to help them achieve their potential."

Respecting and promoting people's privacy, dignity and independence

- We observed staff interacting with people and asking permission to enter their bedrooms and explaining why they needed access to their private space.
- Staff we spoke with told us they promoted people's independence by ensuring curtains and doors were closed when delivering personal care.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which met their needs and supported them to meet their goals.
- Support plans we looked at contained information to guide staff in promoting independence and helping people to develop independent living skills.
- Person-centred reviews were in place and the views and opinions of people were clearly recorded.
- The service had a therapy co-ordinator who was responsible for liaising with therapist and ensuring their advice was followed.
- Therapists visiting the home were complimentary about this role and felt it was beneficial in ensuring support plans were accurately followed. One visiting professional said, "The therapy co-ordinator role is great. There's always that link and someone who knows what plans are working and which need amending." Another visiting professional said, "They (therapy co-ordinator) holds it all together and positive outcomes are achieved."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider worked within the guidance of AIS. Information was accessible to people and in a format which people understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and be involved in activities and social interests. However, staff told us that the reduction in staffing had impacted on this. One support worker said, "Sometimes staff are plentiful, but at the minute we are struggling, you can get what's needed to be done completed but it impacts on flexibility of social outings."
- On the day of our inspection we saw some people accessed the local community and others stayed at the service.

Improving care quality in response to complaints or concerns

- The provider had a system in place to monitor complaints.

- The registered manager informed us they had not received any complaints about the service. However, they stated that complaints would be used to develop the service.
- Complaints were discussed at service user meetings where people were asked if they had any concerns and informed of the process.

End of life care and support

- At the time of our inspection the service was not supporting anyone who was receiving end of life care.
- The registered manager told us they asked people for their views and opinions and recorded any details within their care documents.
- The registered manager gave an example of when they provided this support. Staff attended appropriate training to be able to support the person and worked with district nurses and the local hospice to support the person well.

Is the service well-led?

Our findings

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems in place to monitor the service were not always effective. The registered manager conducted a range of audits and identified the concerns we raised as part of this inspection. However, the provider had not taken timely action to ensure the concerns were acted upon.
- Following our inspection, the registered manager sent us information stating how the provider would address the concerns.
- The registered manager worked alongside staff to ensure they received the support they required.

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

- The service had a registered manager who was supported by a deputy manager and a team of senior staff.
- All staff we spoke with were clear about their roles and had systems in place to save duplication of tasks. Staff felt supported by the registered manager and felt able to speak openly with them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was keen to ensure people received person-centred care and support. There was a positive culture where staff were dedicated to ensuring people's goals were achieved.
- The management team were committed in providing high quality care and understood their duty of candour.

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

- People were involved in the service and had the opportunity of attending regular meetings to discuss the service.
- The provider also sent out annual quality questionnaires to people, professionals and staff. Any issues raised were discussed at residents' meetings.

Working in partnership with others

- The provider worked in partnership with others to ensure people received optimum care and support.

- Healthcare professionals were requested as required and staff followed the advice they gave to meet people's needs.