

Voyage 1 Limited

12 Channel Lea

Inspection report

12 Channel Lea
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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

This inspection was carried out on 4 October 2016 and was announced. Twenty four hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

12 Channel Lea provides accommodation and personal care for up to three people with a learning disability. The service is a converted house. There were three people living at the service at the time of our inspection.

The service had a registered manager in post; however, they were not currently in charge of the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was led by a senior support worker with support from an acting deputy manager.

Staff were kind and caring to people and treated them with dignity and respect at all times.

The provider had oversight of the service. Staff felt supported by the senior support worker and were motivated. They shared the provider's vision of a good quality service.

There were enough staff, who knew people well, to provide the support people wanted. People's needs had been considered when deciding how many staff were required to support them at different times of the day. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

People had been involved in selecting staff who worked at the service. Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training and development they needed to provide safe and effective care to people and held recognised qualifications in care. The senior support worker met regularly with staff to discuss their role and practice. They supported staff to provide good quality care.

People's care and support was planned and reviewed with them, to keep them safe and help them be as independent as possible.

Plans were in place to keep people safe in an emergency. Staff knew the signs of abuse and were confident to raise any concerns they had with the senior support worker, the provider and the local authority safeguarding manager. Complaints were investigated and responded to.

People were supported to manage their own medicines and received the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were encouraged to eat a balanced diet.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Arrangements were in place to apply to the supervisory body for a DoLS authorisation when necessary. People were not restricted and went out when they wanted to. Some people went out without staff support.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. Staff supported people to make decisions and respected the decisions they made. When people lacked capacity to make a specific decision, decisions were made in people's best interests with people who knew them well.

People enjoyed a variety of activities, with support when needed. Possible risks to people had been identified and were managed to keep them as safe as possible, while supporting them to be independent.

The senior support worker worked alongside staff and checked that the quality of the service was to the required standard. Any shortfalls found were addressed quickly to prevent them from happening again. People and staff were asked about their experiences of the care and their feedback was acted on.

Accurate records were kept about the support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Risks to people had been identified and action was taken to support people to remain independent and keep them safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were given the medicines they needed.

Good ●

Is the service effective?

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

Staff were supported and had the skills they required to provide the support people needed.

People prepared snacks and meals for themselves. Staff encouraged people to eat healthily.

People were supported to have regular health checks and to attend healthcare appointments.

Good ●

Is the service caring?

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

Good ●

Staff knew how to communicate with people and responded to people's questions and requests.

People were supported to be independent.

Is the service responsive?

Good ●

The service was responsive.

People had planned their support with staff. People received their support in the way they preferred.

People were involved in their local community and participated in activities they enjoyed.

Systems were in place to resolve any concerns people had to their satisfaction.

Is the service well-led?

Good ●

The service was well-led.

Staff shared the provider's vision of a good quality service.

Staff were motivated and led by a senior support worker. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed. People and staff shared their views and experiences of the service and these were acted on.

12 Channel Lea

Detailed findings

Background to this inspection

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

This inspection took place on 4 October 2016 and was announced. Twenty four hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

The inspection team consisted of one inspector. This was because the service was small and additional inspection staff would have been intrusive to people's daily routines. Before the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we met three people who used the service. We spoke to two people, a senior support worker, acting deputy manager and two staff. We looked at two people's care and support records and associated risk assessments. We looked at three people's medicine records. We looked at management records including staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff.

We contacted three people's case managers before our inspection but did not receive any feedback from them.

This was the first inspection of 12 Channel Lea.

Is the service safe?

Our findings

People appeared relaxed and happy in the company of each other and staff. People told us they felt safe at the service.

Staff reminded people regularly how to raise any concerns they had about their safety, and were confident that people would raise any concerns they had. Staff knew about different signs and types of abuse and were confident to raise any concerns they had with the senior support worker or the provider. Staff were aware of safeguarding procedures and had met with the local authority safeguarding manager to develop working relationships. Staff told us they were confident to contact the local authority safeguarding manager to discuss any concerns they had. Reminders about responding to abuse were displayed in the staff office.

People's money was protected. Staff supported people to budget, to make sure they had money to spend on things they enjoyed such as trips to the pub and days out. People always had the money they needed when they wanted it. Systems were in place to record any money people spent. Receipts were kept and the balances were checked at the beginning and end of each shift. Audits were completed frequently to double check people's money was accounted for. People had locked drawers and cupboards in their bedrooms and held keys for these.

Risks to people had been assessed and staff followed agreed processes to keep people safe while maintaining their independence. Detailed guidance was available for staff to refer to. For example, one person liked to go out on their own. Staff had identified that there was a risk of them becoming lost or anxious when they went somewhere new. They supported the person to go to new places until they were familiar with them and comfortable to go alone. Another person was at risk of crossing the road without looking. Staff reminded the person to 'Step back onto the pavement and wait until the car has passed'.

A fire risk assessment had been completed and plans were in place to support each person to leave the building during the day and the night. Practice drills were held regularly so people and staff got to practice leaving the building in an emergency. Fire equipment was checked to make sure it was working properly. Risks posed to people from the environment had been identified and assessed. Measures were in place to reduce risks. Any accidents or incidents were recorded and monitored by the senior support worker and the provider so they could identify any patterns or trends and take action to prevent further incidents.

People received their medicines safely and on time. Staff were trained to manage people's medicines safely. Their competency was regularly checked to make sure their practice remained safe. Medicines competency assessments records had been completed for most staff. Two staff had been observed supporting people with their medicines but the provider's competency assessment had not been completed. This was an area for improvement. No concerns had been identified about staff's practice when giving medicines.

People received as much or as little support as they wanted to manage their medicines. One person had asked staff to store their medicines and signed each day to say they had received them. Other people preferred staff to administer their medicines. Medicines were stored securely and accurate records were

kept of the medicines people were given. Regular checks were carried out on medicines and the records to make sure they were correct. Medicines were stored at the correct temperature.

People were involved in selecting the staff who worked at the service. They were introduced to potential new staff and spent time in their company, showing them round the service and having a chat. The senior support worker observed people's interactions with candidates and used this feedback along with what people told them as part of the selection process.

Checks had been completed on new staff to make sure they were honest, trustworthy and reliable. Information had been obtained about staff's conduct in their last employment and their employment history, including explanations for gaps in employment. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff had been completed.

Staffing levels were planned around people's support needs, appointments and activities. Many staff had worked at the service for several years and knew people very well. There were always enough staff around when people needed them, and staff had time to spend with people. Cover for vacancies, sickness or holidays was provided by the staff team or a bank of staff employed by the provider who knew people well. The senior support worker and other managers were on call out of hours to give advice and support.

Is the service effective?

Our findings

People were given information to support them to make choices about all areas of their lives, including how they spent their time and who with. During our inspection people were offered information to help them make decisions. People told us staff helped them when they needed support. Staff told us they respected people's decisions, including any unwise decisions they made, such as smoking or eating an unhealthy diet.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA and it was.

People living at the service were able to make day to day decisions, such as how they spent their time and what they wanted to eat and drink. Staff supported people to make decisions in ways they preferred, such as giving people time to think about the information before making a decision. Staff checked people understood the information they had been given by asking people to repeat it back. Staff knew that some people changed their mind often about how they spent their time. Staff respected people's decisions and offered them alternative activities they may enjoy. A person had recently given up smoking and told staff they might go and buy some cigarettes. Staff reminded the person of how much they had achieved, including not smoking and saving money and praised them. The person decided not to buy any cigarettes.

People's ability to make complex decisions was assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and care manager. Staff were aware of their responsibilities under MCA and knew who people preferred to support them to make decisions, including their family member or particular member of staff.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff were aware of their responsibilities under DoLS. People were not restricted. Some people had their own keys to the service and went out and returned home when they wanted. They told us they enjoyed being able to do this. Staff supported other people to go out when they wanted. During the inspection two people took part in an activity in a local town. Staff supported one person to return to the service afterwards. Another person decided to have lunch out with their friends and returned to the service later on their own.

Staff supported people to maintain good health. People had health action plans to tell staff and health care professionals about their health care and communication needs. Staff supported people to attend health care appointments, including health checks and GP appointments, staff helped people to tell their health care professional how they were feeling and offered them reassurance. Staff made sure any recommendations were acted on when they returned to the service. People had regular health care checks

including dental check-ups and eye tests.

People told us they liked the food at the service. One person told us, "Staff's cooking is nice". People had enough to eat and drink. Everyone was involved in preparing meals and snacks for themselves. Some people prepared their breakfast and lunch without staff support and other people needed help with some parts of their meal preparation. For example, one person was able to prepare their own cereal but needed help from staff to butter their toast. People were supported to prepare the evening meal.

People planned the menu for the week with staff. Each person chose two evening meals. Everyone had agreed they would have a roast dinner on a Sunday, which they enjoyed. People had meals out or a takeaway occasionally. Staff monitored people's weight and encouraged them to eat a healthy diet, including fruit and fresh vegetables. People who wanted to had lost weight.

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the support they needed. They had received an induction when they started work for the provider to understand their roles and responsibilities and get to know people and their support needs. New staff worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. Staff who did not have experience of providing care to people completed the Care Certificate, (an identified set of standards that health and social care workers adhere to in their daily working life).

There was an ongoing programme of training which included face to face training and e-learning. Training that staff had completed was tracked and refresher training was arranged when it was due. The range of training completed by staff included subjects related to peoples' needs. Some staff held level 2 or 3 qualifications in social care. Staff had personal development plans in place which included their agreed development goals.

Staff were knowledgeable about people's needs and health conditions. The senior support worker assessed staff competency to undertake their role by observing staff and talking to them about their practice. Staff received feedback during their shifts and at regular one to one meetings. Any changes needed to staff practice were discussed at these meetings and were included in staff's development plans. All the staff we spoke with told us they felt supported by the senior support worker.

The staff team was small and most staff had worked at the service a long time. They knew each other and the people they supported well. Throughout the inspection staff gave people the support they needed in the ways people preferred.

Is the service caring?

Our findings

People had lived at 12 Channel Lea for a long time and told us they were happy living at the service.

Staff spoke with people, and each other, with kindness and respect. They were patient with people, worked at their pace and responded to their questions. Staff described people to us in positive ways, including their achievements. One person's care plan described them as, 'kind and helpful and will always be a gentleman'. The atmosphere was busy at times with people coming and going. Staff listened to what people told them about their day and reminded them of things they had achieved. One person had taken part in a sports activity and had scored 11 goals. They were extremely proud of this, staff told them how well they had done.

Some people preferred a quiet, calm and relaxed atmosphere. Staff told us one person would go to their bedroom when the service was busy and would spend time with other people later when it was calmer. Everyone liked to spend some time on their own and staff respected this. For example, when one person became angry they would go to their room. Staff told us the person would come out of their room and speak to staff when they were ready. They said the person could become angrier if staff went into their room to chat to them, so they waited for the person to chat to them about why they were angry. This information was available to staff about how to support the person in the way they preferred.

Everyone was able to chat to staff about the support they wanted. Not everyone liked to have meetings to talk about their support, so staff asked people for their views at different times. One staff member told us they chatted to people in a casual way, while they were walking to activities. They told us people were happy to chat about things in this way and they recorded the person's responses in their records later, so they were available to staff, the provider and visiting professionals. Guidance was provided to staff about to communicate with people, such as giving them time to think about a question and reassuring them they were not in trouble. We observed staff doing this and people responding during our inspection.

People were treated with dignity and were encouraged to do as much for themselves as possible, including bathing. People were supported to make decisions about their support at regular keyworker meetings. A key worker is a member of staff who is allocated to take the lead in co-ordinating someone's care. If people agreed, staff were in contact with their care managers, family and friends who were involved in helping people to achieve their future goals. People were supported to plan what they wanted to achieve and the way they wanted to do this and their views were listened to and acted on.

People had privacy and their private space was respected. Staff did not go into people's bedrooms without their permission. People told us staff always knocked on their bedroom door before going in and they had the privacy they wanted. People had chosen the way their bedroom was organised and decorated. People had their things out on display so they could look at them and enjoy them.

Staff were aware of the need for confidentiality. People's personal information was kept securely and people and staff had access to it. There was good communication between staff members with handover meetings held between shifts and a detailed communication book.

Is the service responsive?

Our findings

People had planned their support with staff and their relatives or care manager when necessary. People told us staff provided their support in the way they preferred.

People met with staff to talk about their expectations and wishes, before they moved in. An assessment was completed with people which summarised their needs. This helped the staff make sure that they could provide the care and support the person wanted. People were able to visit the service and spend time with other people and staff before deciding if they wanted to move in. No one new had come to live at the service for several years and there were no vacancies.

Staff provided the support people needed. They prompted and encouraged people to do what they were able for themselves and helped them to do other things. Information about people's abilities and the support they needed was included in support plans for staff and visiting professionals to refer to. Guidance was provided about all areas of people's life, including their daily routines and preferences.

Routines were flexible to people's daily choices, such as how they spent their time. People had explained their 'usual day' to staff and this information was included in people's support plans for staff to refer to. Staff respected people's choices and supported them to do what they wanted to do.

Detailed guidance was provided to staff about how to support people, to ensure that it was consistent and as they preferred. Staff knew what made people anxious or upset and avoided these triggers. They reassured people about what was worrying them and incidents were rare. Staff recorded any incidents that happened. This information was useful for any visiting behavioural support staff to review.

People's support plans were reviewed with them regularly to make sure the support continued to meet their wishes and preferences. People's family and representatives, such as their care manager, attended a yearly review. This review checked people got the support they wanted and that the service continued to be the best place for them to live.

People told us they had enough to do during the day, they followed their interests and took part in social activities. One person had a voluntary job which they enjoyed very much. Other people enjoyed taking part in activities near to where they lived, including visiting local zoos and castles. One person liked to spend time with their friends. Staff knew the types of activities people enjoyed and gave people information about activities so they could decide if they wanted to take part. Staff had supported people to save and plan for holidays with their family.

People liked to go out and used local pubs and restaurants. People liked watching films on the television and showed us their collections of DVDs. At times people watched films in their bedroom on their own, at other times people chose to watch films together in the lounge.

There was a complaints policy and procedure and staff were aware of the process to follow should anyone

make a complaint. An easy read complaints procedure was available at the service to support people to understand how to raise any concerns they had. Staff chatted to people frequently, asking them if they had anything that they were worried or concerned about. Any concerns were fully investigated and action was taken to reduce the risk of them happening again. No complaints had been made about the service.

Is the service well-led?

Our findings

Staff told us they felt the management and leadership at the service had remained constant since the registered manager had not been at the service. They told us there was always someone available either in person or by phone to give advice and support. The senior support worker had been working at the service for several years and was supported by the acting deputy manager who also knew the service and people well. The senior support worker told us the support they had received from other managers was "Wonderful" and "The service is running very smoothly". They led by example and supported staff to provide the service as the provider expected.

There was a culture of openness; staff and the senior support worker spoke to each other and to people in a respectful and kind way. The provider had a clear vision of the quality of service which was 'to provide high quality responsive and flexible support to meet assessed needs and personal aspirations. This was shared by the senior support worker and staff.

Staff told us they were supported by the senior support worker. One staff member told us the senior support worker had supported them during a difficult time in their life and this had helped them. Staff were motivated and enjoyed working at the service. Staff told us they worked well together to provide people with the support they needed. We observed staff working together to provide people with consistent support.

Staff understood their roles and knew what was expected of them. There were regular team meetings and staff told us their views and opinions were listened to. Staff held specific responsibilities such as managing medicines or checking health and safety risks. Staff completed these roles fully and were accountable for the own practice. A keyworker system was in operation at the service. Each person had a staff member who was responsible for planning and reviewing their care and support with them.

The provider had a system in place to ask people, their relatives and staff for their feedback about the service. This process had not been completed since October 2014. People were supported to share their views about the service with their key worker and the senior support worker regularly. Staff told us they made suggestions about improvements to the service at team meetings and supervision sessions. Everyone told us their views were listened to and acted on. We would recommend that the provider seek the views of a wide range of stakeholders, including visiting professionals and commissioners.

The provider completed an annual quality assurance audit. This process was last completed in October 2015 and a further audit was due. Other checks and audits of the environment, records and the support being provided had been carried out regularly. The senior support worker and an operations manager carried out quarterly audits of all areas of the service and produced action plans to improve if necessary. No shortfalls had been identified at the last audit. More regular checks were completed if the provider identified that the service was not at the standard they required.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty

safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.