

Voyage 1 Limited

Branwell Manor

Inspection report

Heckmondwike Road
Dewsbury Moor
Dewsbury
West Yorkshire
WF13 3PG

Tel: 01924466800
Website: www.voyagecare.com

Date of inspection visit:
14 March 2016

Date of publication:
04 May 2016

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 took place on 14 March 2016 and was unannounced.

Branwell Manor provides accommodation for up to eight people with learning and physical disabilities. On the day of our inspection there were six people living in Branwell Manor. There was a registered manager in place, they had been in post since October 2015. 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 atmosphere in the home was warm and welcoming both from the people who used the service and the staff team. The service had safe recruitment processes in place and appropriate checks were undertaken before staff began work at Branwell Manor. This showed staff had been appropriately checked to make sure they were suitable and safe to work with vulnerable people.

We saw there was enough staff on duty to meet people's needs safely. The manager told us a dependency tool was used to calculate the number of staff required for each shift, however this was flexible and could be changed depending on what activities were taking place on a daily basis. This demonstrated the service considered the numbers of staff needed to ensure people's needs were met.

Appropriate arrangements were in place in relation to the safe recording, handling, storage and administration of medicines.

People were supported by, suitably qualified, skilled and experienced staff. Staff received regular training which equipped them to meet the needs of the people who used the service. Supervision from the manager was in place for all staff, to monitor their performance and development needs and ensure their skills and competencies were kept up to date.

People's human rights were protected by staff who had received training in the Mental Capacity Act 2005 (MCA). Staff were trained to manage behaviour that challenges others, whilst ensuring people's rights were protected.

People's food and drink met their religious or cultural needs. We saw each person was asked about any food preferences and this was documented in each person's care plan. People were supported to be able to eat and drink sufficient amounts to meet their needs.

We saw people were supported to express their views and were actively involved in making decisions about their care, treatment and support. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation

to their care.

There was clear documentation in each person's care plan about their likes and dislikes. Care plans were up to date and gave a detailed picture of how each person liked to be supported.

People were offered choices throughout the day including what activities they would like to do and when.

We saw the complaints procedure was followed and complaints were acted on in a timely manner.

The manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

The manager regularly worked with staff providing support to people who lived at Branwell Manor, which meant they had an in-depth knowledge of the people living there.

Robust auditing was in place. This meant the registered provider had systems in place to ensure they identified shortfalls and these were addressed in a timely manner.

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

Person centred risk specific assessments were in place for each person living at Branwell Manor

There were enough trained and knowledgeable staff to keep people safe .

Medicines management was safe

People were cared for in a clean, hygienic environment.

Is the service effective?

Good ●

The service was effective

Staff had the skills and knowledge to meet people's needs

Regular staff supervision was in place.

People's human rights were protected, where people were Deprived of their Liberty, the correct applications and authorisations had been put in place

Peoples nutritional and hydration needs were met

Is the service caring?

Good ●

The service was caring

Staff were kind and caring in their approach.

peoples individuality was recognised and supported

Privacy and dignity was maintained

Is the service responsive?

Good ●

The service was responsive

Care plans were detailed and person centred.

Care plans were reviewed regularly

Complaints were responded to in a timely manner in line with the companies policy.

Is the service well-led?

Good ●

The service was well led.

Management presence was evident in the service.

The organisations vision and values were evident in the way staff worked

Robust auditing in place carried out by the home manager and the wider organisation.

Branwell Manor

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 14 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to our inspection we reviewed all the information we hold about the service. This included information from notifications of significant events received from the registered provider, and feedback from the local authority safeguarding team and commissioners.

During our inspection we observed how staff interacted with people who used the service, both in the home and when preparing to escort them on planned outings. We spoke with three of the people who used the service, the manager, and three support workers. We looked at care records for two people who used the service. We reviewed how the service used the Mental Capacity Act 2005. We looked at documents and records that related to people's care, and the management of the home such as three staff recruitment and training records, policies and procedures, and quality audits.

Is the service safe?

Our findings

We asked people living at Branwell Manor if they felt safe one person told us. "I am safe here, the staff keep me safe." Another person told us "I like it here the staff make sure I am safe and happy."

Staff we spoke with had undertaken safeguarding training as part of their induction training and had regular updates to this training. Staff had a good knowledge and understanding of safeguarding vulnerable adults. They were able to explain the process they would need to follow to report any concerns they may have, what signs of possible abuse they would look for and who they would escalate their concerns to if they felt appropriate action had not been taken. This meant that staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

We saw people were treated equally and fairly. Where people had particular interests or beliefs these were documented in care plans, respected and promoted. One person followed a particular religion and was supported to attend their place of worship. This was clearly documented in the care plan with guidance for staff on how to support the person during the service. The manager told us "we encourage people to attend activities of their choice if someone follows a religion we encourage following that and attending services. Staff will be available to ensure this can take place."

There were detailed robust risk assessments in place, which were risk specific. The risk assessments identified the risk, and described any precautions to take. One risk assessment we saw was in regards to someone with health needs which meant they should not drink more than a certain amount of liquid each day. There were clear guidelines in place on how to monitor the person's liquid intake and contact numbers for health professionals in case the limit was exceeded. All Risk assessments were reviewed six monthly or if any changes occurred. Risk assessments included areas such as accessing the community, managing finances and being allowed free access to the kitchen as well as more personal risks linked to health conditions and lifestyle choices.

There was a personal emergency evacuation plan (PEEP) in each of the care files we looked at. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency. The PEEPs we saw included detailed information on how to encourage the person to leave the building in case of a fire. In the three files we looked at the PEEP had been completed within the last six months. This meant that staff would be clear in an emergency situation how to safely evacuate people from the building.

We saw there were detailed accident and incident records kept in the service. This allowed staff to easily see how many incidents had occurred for each person. There was also a summary of the incidents which meant the registered manager could see if there were any patterns of incidents which were occurring that may require action to be taken to reduce the frequency

During the inspection we saw there were adequate numbers of staff on duty to meet people's needs safely. Staff were available to support people to undertake activities of their choice and encourage them to

complete tasks within the home. The manager told us a planning tool was used to calculate the number of staff per shift; however this was flexible as people chose when to go out and where to go, meaning more or less staff may be required on a particular shift. The manager told us "agency staff were not used as there are bank staff in place to cover periods of absence and annual leave." This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability.

We saw there was a robust recruitment process in place, and the registered provider made sure that all necessary pre-employment checks were carried out before people commenced their roles. The registered provider used disclosure and barring service (DBS) checks to help them to make safer recruitment decisions by checking that prospective employees were of suitable character to work with vulnerable people.

We looked at the policy and procedures which were in place for the handling of medicines. We found the policy was robust, detailed and covered all aspects of ordering, storing, administering and disposing of medicines safely. We found the policies and procedures were being followed by staff who had undertaken training in the safe handling of medicines. There had been competency assessments carried out on all staff who handled medication. We saw when people had PRN (as and when required) medicines there were clear protocols in place to tell staff what the medicine was for and when it was likely to be needed, including what the signs were that a particular person may be in pain if they could not verbalise this. We reviewed medicine records for people and saw that medicines were checked and signed as received by members of staff. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. This demonstrated the home had good medication governance.

The service was clean and well maintained. Staff told us they had access to gloves and aprons for tasks which required them. This meant that if any infections were present in the service they were less likely to spread.

Is the service effective?

Our findings

One person showed us their bedroom where they had chosen the colour for the walls and had picked a theme for their decorations they told us "I choose this it's my favourite colour." Another person told us "I like the food I help to cook and pick my favourite foods."

The staff we spoke with were knowledgeable and felt they had the skills and knowledge they needed to support people who used the service. Staff told us they received an in-depth induction prior to starting work for the organisation, and they received regular refresher training sessions. During our inspection we saw one member of staff shadowing a shift prior to working as part of the team. A staff member told us "this helps us get to know peoples likes and dislikes and how to work with people." Staff told us they could ask for additional training they felt they needed and that this had been sourced for them. One staff member told us "I have had training in autism and diabetes as I didn't know very much about these conditions before working here. It is important to know about the conditions people live with." We looked at the training records which showed there was a good level of compliance in refresher training across the staff team and where needed training was booked to ensure all staff were up to date.

Staff told us, and records confirmed they had supervision sessions with more senior staff every eight weeks. The manager told us staff, "have supervision eight weekly, it used to be more frequent but it was too much and staff stopped bringing issues to the sessions. However, staff can request supervision more often if they feel they need it." Staff told us "the manager's door is always open I can go in any time if I have a problem they are so helpful." The purpose of the supervision sessions was for staff to explore their understanding of how best to support the people who used the service, to discuss any minor concerns and to look at their own performance by gaining feedback from the senior members of staff. Staff also received an appraisal with their line manager each year to allow them to look at areas for personal development and their aspirations for progression within the organisation.

Staff told us and the manager confirmed there were lots of methods of communication between staff within the home, which included communication books, daily handovers and changes to the care records as well as constant verbal communication which we saw during the inspection. We observed a handover which gave a very detailed account of what each person in the home had done during the day. The manager told us that if there was a change that needed communicating urgently she would attend handovers to ensure this happened. This meant that staff on each shift had up-to-date knowledge of each person.

Regular meetings were held for staff and people living at Branwell Manor. We saw the minutes of the last meeting for people living in the home, where activities and menu planning had been discussed. Staff told us people were involved in menu planning each month and were always asked what they would like on the menu. The minutes of the last house meeting showed how people had been involved in this and what choices had been made. One person told us "I can make suggestions and pick my favourite food."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw from the care records we reviewed there were people who used the service who had been assessed as not having capacity to make decisions relating to where they lived and the care they received. In all of the cases we looked at we saw there had been appropriate assessments carried out of their mental capacity. There were records of best interest decisions which had been made on their behalf to keep them safe and well and there were authorisations in place to allow their liberty to be restricted lawfully. This meant people's human rights were being protected in line with current legislation. We saw there had been consent to care gained as people who did have capacity to give consent had signed various consent forms. All the staff we spoke with had a good understanding of the MCA and DoLS. And were able to describe when best interest decisions should be made. People told us "the food is lovely." Another person told us "I help to make lunch". Each meal offered two options. People who used the service told us there was always an alternative available if they didn't like something or just did not want what was on offer. We saw this was the case during lunch when a soup had been made by staff and people living in Branwell Manor. Anyone who did not want the soup were asked what they would like instead. We saw throughout the day people were able, with support if needed, to help themselves to snacks from the cupboards and drinks. People who could not help themselves were regularly offered drinks and snacks throughout the day.

People were supported to access health services such as GPs, dentists and podiatry as needed. People were supported to attend these appointments we saw from care files that regular appointments had been attended as necessary.

Adaptations had been made to the home to enable people to make the most of their environment. There was a training kitchen which had been adapted so that people in wheelchairs could use the equipment. Tables and work surfaces were height adjustable enabling people to be involved in food preparation. The home was adapted for wheelchairs enabling people in wheelchairs to move themselves around easily. Bedrooms and bathrooms were spacious and had room for hoists if required. This meant the environment was conducive to promoting people's independence and improving their quality of life.

Is the service caring?

Our findings

One person told us "Staff are lovely; I love it here." Another told us "The staff care about us. They look after us and take us out." Another said "I want to leave the manager is helping me to do that." The manager told us "people move on we have to support people to live how they want to; we are working towards them [person] moving on to independent living."

All the interactions we saw between staff and people who used the service throughout the inspection were kind, caring and positive. A person who used the service told us "The staff are lovely I can talk to them when I need to." We saw that staff spent time with people and knew their likes and dislikes.

Staff told us they had received equality and diversity training; this was confirmed in the training records we reviewed. We saw people were treated equally and fairly, where people had particular interests or beliefs these were documented in care plans, respected and promoted. We saw several people followed a particular religion. The manager told us "They [people] are encouraged to attend their place of worship. This meant that staff were respecting people's human rights in respect and enabling people to follow their chosen faith."

We saw from people's care records people had been put in touch with an independent advocate when they needed support to make decisions and did not have anyone who could support them. An independent advocate is a person who supports a person who lacks capacity or may find it difficult to communicate their wishes to express themselves and exercise their right to be involved in the decision making process.

Staff we spoke with understood and could give us examples of how they would maintain people's dignity and privacy by knocking on doors before entering, keeping doors secured when they were being assisted to shower or bathe and ensuring people had time alone when families visited. Staff told us, "I always knock on people's door and wait for a response. I would never go in before they asked me to." People's privacy was respected. People said they could chose to stay in their rooms if they wanted to, or access community services or sit with other people in the lounge. People said they used the garden when the weather was better. One person said "I usually have tea with the others and then I stay in my room and watch the TV".

One person said "Staff always knock on the door first and I let them in."

Staff were aware of how people communicated their needs and responded appropriately. People had communication passports in place. Personal Communication Passports are a practical and person-centred way of supporting people who cannot easily speak for themselves. Passports are a way of pulling complex information together and presenting it in an easy-to-follow format. The passports we looked at were detailed and included guidance on how not to interact with people as well as how to interact with them. They included details on facial expressions and other non-verbal communication methods such as pictures. The plans were person centred and detailed people's preferences.

Our conversations with people together with our observations and review of records showed us that staff promoted people's independence whenever possible. For example, one person told us, "I go shopping with staff now I couldn't do that before." We saw that people were supported to develop their daily living skills. For example, we saw that one person was supported to use the laundry room. Another person returned from

work during our visit and told us "staff are helping me I want to work more I love it." One member of staff said "I helped one person enrol on a cooking course. I supported them to enrol and now they go every week and really enjoy it". The manager told us how staff had worked with one person who moved into the home as a very quiet person not wanting to interact with others and getting distressed when visitors came to the home telling us "staff have spent time with them [the person] and now they will make eye contact with visitors and spend time with others in the lounge. For some that's not a big thing but for them it's a massive achievement."

We saw that people were supported to maintain relationships with their families. One person told us they were counting down days till they next visited their parents. Staff encouraged this keeping a list on a white board to ensure the person knew when they would next see their family.

Is the service responsive?

Our findings

One person who used the service told us, "I am going on holiday soon. I am just choosing where to go I went abroad last year." Another person told us "I like visiting local towns I go as often as I want."

We looked at the care plans for two people who used the service. Both care plans were extremely detailed and person centred. The first section described how to support the person from getting up, through the day and throughout the night. Indicating how many staff would be needed for each activity, if there were any particular points in the day that might be more challenging for that person and how to respond to these. We saw there were individual support plans for different areas of people's support, including personal hygiene, eating and drinking, family contact, maintaining a healthy diet, weight, managing finances and any health conditions. This meant staff knew the best way to support each person.

We saw care plans were reviewed regularly to ensure they contained current information and had been updated to reflect any changes which had been identified. We saw the reviews of care plans resulted in relevant changes being made to the documentation. Staff were made aware when this had happened so they could refresh their knowledge by reading the care plan again. We saw that where possible people had been involved in their care planning and had signed each section of their care plan.

Staff we spoke with encouraged the individuality of people who used the service, and recognised that supporting them to be individuals was very important. People who used the service were supported to express their personalities for example in the way they chose to dress, decorating their bedrooms and the activities they wanted to take part in. People were encouraged to take part in their chosen activities and hobbies one person was writing a book and staff encouraged their writing and helped with this when asked. One person told us "I chose my own paint for the wall and have my own things in my bedroom; staff helped me choose things they know what I like."

We saw lots of choices offered to people throughout the day. This meant people were able to exercise their right to choice as part of their usual routine, which allowed them to be confident in their ability to make decisions. We encourage people to try new activities we don't know what people can and can't do until they try. We want the best for people we are not regimented if someone wants to try a new activity we arrange that."

We saw from people's care records people were supported to be as independent as possible in their daily lives. People were encouraged to take part in activities. People who wanted to and were able to had part time work. During the inspection we saw people go out to different activities including part time work in a charity shop, cooking classes and shopping. One person told us, "I can do what I want. I ask staff and they take me. I like my work and am going to do more." Staff told us "people are encouraged to go out." The manager told us "People choose what they want to do each day. We ask people where they want to go." We saw an activities list that had a list of local activities such as bowling and swimming time tables for people to choose what activity to take part in. During our inspection we saw a person choosing a concert to go, to staff

had printed a list of concerts and left the person with the list to choose which concert they would like to go to. One person told us "I like cooking I go to cookery classes they [staff] help me but I do what I can." Staff told us its "difficult for them to do some of the tasks we help if we need to but let them try first." The manager told us, "some people choose to go out more than others. Some people prefer routine and staying in the home." This showed that staff respected people's choices.

We looked at the complaints and concerns file for the service. The complaints which had been recorded were numbered which meant that it was easy to see how many had been received over a period of time. We saw the small number of complaints which had been received had been fully investigated and there had been a response sent to the complainant in line with the published timescales. This meant people's complaints were fully investigated and resolved to their satisfaction.

Is the service well-led?

Our findings

People who used the service told us "The manager is great; I can come I speak with them a lot." Another person told us "I like the manger they help me."

We saw the manager was visible in the service and staff and people living at Branwell Manor were able to approach them throughout the day. The manager was knowledgeable and had up to date information about the needs of people living at Branwell Manor, as well as any issues relevant to the service. Staff told us that their manager attended the daily staff handover when on duty in order to gain this information Staff told us, "The manager is brilliant, they get involved and their door is always open. "I feel safe working here as I am supported by the manager and the rest of the staff team." Another person told us "I had a career change I had never done this kind of job before; the manager supported me and I love it."

There was a registered manager in post at the time of our inspection. The registered manager told us they had been in post for six months. 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 atmosphere in the home was welcoming from people who used the service and staff team. The staff worked well as a team and communicated effectively to pass on information they needed to keep everyone safe without people who used the service feeling they were being talked about, or hearing information about others which would have been inappropriate. This meant that whilst confidentiality was maintained information was passed on in a timely manner.

Staff understood their roles and responsibilities which meant people were able to work together, as they were clear what was expected of them whilst they were on duty.

Communication throughout the staff team was open and staff demonstrated their understanding of the responsibility they had to make sure that people were safe and were supported to make decisions. The staff team were passionate about their roles and talked proudly of the service they provided.

Our review of records demonstrated that there was a system in place to continually audit the quality of care provided. This included a range of daily, weekly and monthly checks relating to all areas of the service. For example care staff undertook daily the medication and money checks which were undertaken during staff handovers.

In addition to the audits of the service was monthly audits were carried out by manager for quality assurance purposes; actions were recorded on a form for services to complete. The services also completed an annual quality audit to check it complied with the legislation and identify areas of improvement. Surveys were also used to obtain the views of people about the quality of the service they received. The provider also received compliments from the relatives of people by the used the service. These showed relatives were satisfied with the standard of personal care and support as well as the way staff treated

people. These quality assurance measures showed the organisation valued the people they supported and promoted quality and improvement.

Staff had access to policies and procedures held within the service in each house and this meant they could do their job more effectively. This was also available on the provider's electronic system. These included, whistleblowing, complaints safeguarding policies. These were reviewed and kept up to date by the provider. Staff said they regularly refer to policies and procedure to resolve any issues in regards to people's care and support. In addition they would contact the registered managers if they were unclear about the any policy