

# Voyage 1 Limited

# Chard Manor

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Chard Manor is a care home providing personal care for up to 10 people. Care is provided to autistic people, people with a learning disability and/or a physical disability. There were 10 people living at the home when we inspected.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

People had choice and control over their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care and support built around their needs and wishes. They had a staff team who they knew and trusted, although staff changes had affected them.

Staff were trained to support people. People were relaxed and comfortable with the staff who supported them. Staff now supported people with their medicines in a safe way.

### Right Care

People's care plans described the care being delivered by staff and people's chosen lifestyle. The staff team had a good understanding of people's needs and were flexible to enable them to meet changing needs and wishes.

People were once again enjoying regular activities and interests outside of the home. Staff had worked with people to help re-establish routines and activities, try new things and achieve their goals. People's achievements were recorded and celebrated.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff were understanding and responded well to people's needs.

People were kept safe from avoidable harm because the service had a clear policy to support staff to recognise and report abuse or poor care. Staff spoken with did not have any concerns about possible abuse

or poor practice. Relatives had no concerns about people's safety.

Staff recognised signs when people experienced emotional distress and knew how to support them.

People's individual ways of communicating had been focused upon recently. The training in, and improved use of, sign language by staff had been particularly beneficial. People interacted confidently with staff because staff had the necessary skills to understand them.

Staff felt well supported. There was ongoing training and supervision for staff to make sure practice always followed best practice guidelines.

#### Right culture

There had been significant changes in the home's management team over a period of time. This had led to instability and a decline in the quality of the service. The service had been steadily improving since the current registered manager had been in post.

Relatives told us they had renewed confidence in the management of the home. Most relatives were closely involved with the service and had regular contact with staff.

People were supported by a small management team. The provider and registered manager consistently assessed, monitored and improved the quality of the service where possible. There had been cultural issues within the team, but these had been addressed and the culture had improved.

People and those important to them were involved in planning their care. Relatives told us they were involved in their loved one's life and they were now being listened to once again.

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

#### Rating at last inspection and update

The last rating for this service was outstanding (published 26 April 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to good following this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Chard Manor

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector and 1 assistant inspector carried out the inspection.

#### Service and service type

Chard Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chard Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 June 2023 and ended on 7 July 2023. We visited the home on 14 June 2023.

### What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed all the information we had received about the service.

### During the inspection

We met 8 people using the service. We spoke with 4 people about the care and support they received. Other people did not talk with us about their service directly, but we saw they communicated and interacted confidently with staff they knew well and trusted. We spent time observing staff supporting and communicating with people. We spoke with 5 members of care staff and with the registered manager.

We spoke with 1 relative on the same day as our visit to the home. We also spoke with 7 relatives on the phone to gain their views of the service.

We reviewed 5 people's care plans, risk assessments, medicine records and medicine storage facilities. We also reviewed various quality assurance reports, staff training and supervision records, complaints, compliments and 2 staff recruitment records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person said, "Yes, I feel safe. Staff are nice."
- Relatives told us staff kept their family member safe. One relative said, "[Name] is safe. Yes, I would say it is definitely a safe place for people to live."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us it was a safe place to live and work in. One staff member told us, "Yes, it's definitely safe here. I have no concerns. If I did I would report it straight away."
- The service worked well with other agencies, such as the local authority safeguarding team, to ensure people's safety.

Assessing risk, safety monitoring and management

- Risks to people and to staff were assessed and plans put in place to reduce or eliminate risks where possible. One relative told us about changes staff had made to the environment to help their family member manage a particular health condition. They said due to these changes, "Risk of harm has been dramatically improved."
- Staff recognised signs when people experienced emotional distress and knew how to support them. There were care plans in place for emotional distress which staff understood and followed. There were incidents between people, but these were often minor disagreements which staff helped to resolve. One staff member said, "People sometimes annoy each other, but that's quite normal when up to 10 people live together. It's never serious."

Staffing and recruitment

- People said they liked the staff who supported them. We saw people clearly knew and trusted staff. One person said, "The staff are nice. [Name] is my favourite staff." One relative told us, "There's always plenty of staff. We are happy with how [name] is looked after [by staff]."
- The service had enough staff, including for the 1 to 1 support people needed. There had been many changes in the staff team, with staff leaving and new staff being recruited. This had initially been unsettling but, over time, had helped improve the culture within the staff team. One staff member said, "There was a divide in the staff team before and that affected people's care here. The staff get along a lot better now and people's quality of life has improved."
- New staff were recruited safely. All required pre-employment checks were carried out including criminal record checks and obtaining satisfactory references from previous employers before new staff started work. Staff had a formal induction to the home. One staff member said, "I hadn't done care work before. My induction was really good. I have learnt a lot since I have been here."

### Using medicines safely

- Staff had not always followed effective processes to provide the support people needed to take medicines safely. This had led to errors being made over a period of time. This meant people did not always have their medicines when they needed them.
- Significant improvements had been made and errors were now rare. Staff were now following effective processes to assess and provide the support people needed to take medicines safely. One relative said, "They [staff] give [name] her meds. She is not capable of doing that herself."
- Staff followed systems and processes to record and store medicines safely. Checks were made on stock levels and storage temperature. There were two or three gaps in June's temperature record, but other checks had been completed. Medicine administration was audited each month.
- The service had ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and would ensure any medicines taken now or in the future were reviewed by prescribers in line with these principles.

### 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 saw staff supported people to make as many of their own decisions as possible. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff demonstrated good practice around assessing mental capacity, supporting decision-making and best interest decision-making. When people had been assessed as lacking mental capacity to make a certain decision, staff clearly recorded assessments and any best interest decisions. Relatives were consulted when best interest decisions were needed. One relative said, "We wanted to sort out [a particular medical issue]. They [staff] arranged for us to meet with the local GP practice who [resolved this] for [name]."
- Applications to deprive people of their liberty had been made to the appropriate legal authority and had been authorised.

### Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.



- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits in accordance with the current guidance.

#### Learning lessons when things go wrong

- People received safe care because staff learned from any accidents and incidents which occurred or where care was not effective. The registered manager reviewed records of any accidents, incidents or 'near misses'.
- If any changes were needed, these were discussed with people, and with family members if appropriate. Once implemented, they were discussed with staff and formed part of people's care plans. For example, one person's care had been changed to prevent damage to their skin. The outcome was their "Skin feels much better for it and [they were] much happier."

# Is the service responsive?

## Our findings

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

We found evidence that people were well supported by staff, communication was good and people were involved in their service. However, the service no longer met the threshold for the rating of outstanding. This did not indicate a serious decline in standards at the service.

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

- People received personalised care that reflected their individual needs. Care plans contained important information such as people's history, their likes and dislikes, family information and involvement of health professionals.
- People's care plans were current and up to date. However, some relatives told us formal reviews had been delayed. One relative said, "We haven't had a review for some time. We used to have a yearly one. Different people [staff] have changed there [at the home], so we haven't had one since before the pandemic."
- People were supported by staff who were keen to ensure people were at the heart of the care and support they received. One member of staff told us, "They [people living at the home] all get what they like. They lead it, not us [staff]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported with their communication in line with The Accessible Information Standard.
- Staff supported people with communication which reflected their individual needs. Some people spoke with staff. We observed communication aids such as pictures and picture symbols being used. People also could use objects, gestures, body language or lead staff to show them what they wanted or needed.
- Staff also used sign language; this had been a particular focus in recent months. This was originally to help 1 person but had also enabled other people to express and communicate their wishes. One staff member said, "The [sign language] training has been really helpful. It surprised us all how useful it would be."

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 important relationships with families and to be part of the community. One person said, "I [visit] dad at home and mum. I also visit my brother."
- Relatives told us that they visited people and that people also spent time at home with them. People had

been supported to attend special family occasions and holidays. One relative told us, "[Name] comes for the day. They [staff] drop him off in the morning and we take him back in the evening. If we can't, they [staff] will come and get him; they're always very helpful."

- People were supported to go out to avoid social isolation. One person said, "I like going out. I keep myself busy. I like to go anywhere. I'm going out today [to a garden centre to buy things for the garden]."
- People liked doing a variety of things and staff had worked hard to re-establish people's routines following the pandemic and the recent instability in the staff team. People went swimming, sailing, shopping, bike riding, for walks and meals out. One person was clearly very happy helping in the garden on the day we visited. A relative told us, "[Name] really enjoys the day-to-day structure of the house. They eat together, watch TV together, they go out on trips. Some I think she's been on her own with just a carer; lots of things."
- Staff told us they were working hard to ensure people got out more to do the things they wanted to do. One staff member said, "The guys here like doing lots of things. There has always been ups and downs with what and how much people do. This depends on the staff. There was a cultural problem in the team really. People were not doing much at all a while ago, but this has really improved and so has the culture."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. Relatives felt able to raise concerns with staff or the manager. Some relatives told us about their recent concerns, particularly changes in the staff team and the home manager post. One said, "It [the service] deteriorated a lot. I spent weeks worrying. I spoke with staff a lot. Now, it feels like we have got our home back. If you had asked me a few months ago about the home I would have given you a different story, but it's so much better now."

End of life care and support

- No one at the time of the inspection was receiving end of life support.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The service no longer met the threshold for the rating of outstanding. This did not indicate a serious decline in standards at the service.

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

- There had been significant changes in the home's management team over a period of time. This included the manager and senior members of the staff team. This had led to instability and a decline in the quality of the service. The service had been steadily improving since the current registered manager had been in post.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and good oversight of the service. It was clear they had significantly improved the service since they were appointed. The registered manager said, "Change is difficult. On the whole it's much better, but there is work to be done."
- Relatives told us they had regained confidence in the management of the home. One said, "It had become awful; I was worried. [The registered manager] and the senior team are doing a great job. They are very determined and passionate. I am sure they will get it [the quality of the service] back to where it used to be."
- Staff also talked openly about the decline and the improvements. One staff member said, "There were issues. I have seen lots of improvement. Seniors are more evident on the floor now, so that makes a big difference. The home is on the up again. It feels like Chard Manor is in a good place now."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect their rights and provide good quality care and support. There was a clear, up to date improvement plan for the service. This plan confirmed 16 improvement actions were in progress and 2 had not yet started. All 16 actions were due to be completed by the end of July 2023 at the latest.
- People's care plans accurately described the care being delivered by staff and people's chosen lifestyle.

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

- People, and those important to them, worked with the registered manager and staff to develop and improve the service. People were clearly happy and comfortable in their home and interacted and communicated confidently with staff and the registered manager. One person said, "I like it here. I like everything."
- Relatives told us they were involved with the service and were listened to. One relative said, "Yes, I think they communicate well. On the whole, I think they're very good; we can ring up and they tell us what we want to know." Another relative told us, "I would say we have a very good relationship. We're on their side."

We're not criticizing, it's all of us working as a team."

- Staff encouraged and supported people to be involved in their service as much as they were able to be. We saw staff listened to people and acted on what they said. Staff told us they had built a good relationship with people and felt they put their needs and wishes at the heart of everything they did.
- One person was a quality checker for the provider. Their relative told us, "They've got her a job with support going round to other homes and checking the quality, within Voyage homes. She got a little bit of money for it. She's very happy and they keep her busy."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had worked hard to improve the culture, to ensure staff felt valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The registered manager said, "There is still a little issue with culture, but overall it is much better. It's much more person focused now."
- The environment was being improved; people were fully involved. For example, 3 people had transformed the fireplace in the dining room. Lots of pictures were being taken and picture frames were waiting to go up. People had chosen new curtains and colour schemes. One person had bought new furniture for their bedroom. One relative said, "Yes, they asked what colour she would like [in her bedroom]. They liaised with the family so we could help her pick what might feel good. They [staff] used similar colours to those she had at home."
- The registered manager was visible in the service, approachable and took a genuine interest in people and what staff, family and other professionals had to say. They also worked 'on shift' to support people so had a good understanding of their needs, the quality of care staff were providing and what improvements were needed.
- Staff told us they felt respected, supported and valued. Staff spoke openly about the care they provided and about the service more generally. They were able to share their ideas and raise any concerns they may have with the registered manager without fear of what might happen as a result.

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 service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support and would apply the duty of candour where appropriate.

Working in partnership with others

- The service worked in partnership with other health and social care organisations, which helped to give people a bespoke service which supported and improved their wellbeing and quality of life.