Voyage 1 Limited

60 Bullpond Lane

Inspection report

Bullpond Lane
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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 took place on 19 February 2016 and was unannounced. We spoke with the relatives of people who lived at the home and care professionals who support people who supported them on 22 February 2016, to gather their views of the home. We last inspected this home in November 2013 and found that they were meeting the legal requirements in the areas we looked at.

60 Bullpond Lane is a residential care home that provides accommodation and support for up to six people with learning disabilities and autism spectrum disorder. At the time of our inspection there were six people living at this service.

The home has a registered manager in post. 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.

People using the service were safe as the provider had effective systems in place to protect them from avoidable harm. Risk assessments were in place for each person who lived at the home and for the environment. There was a sufficient number of staff who were trained and knew how to meet people'S care needs and keep them safe. People'S medicines were administered safely and they were supported to access other healthcare professionals to maintain their health and well-being.

People were involved in choosing their activities, menus and were supported to eat a healthy and balanced diet. They and their relatives had their views sought by the service and were involved in the planning and reviewing of their care. The service held monthly residents meetings, sent out annual satisfaction surveys and worked with other agencies involved in people's care to ensure people's needs were met.

People were treated with dignity and respect and were encouraged to maintain their independence, interests and hobbies. Staff understood the mental capacity act and associated deprivation of liberty safeguards (DoLs) and sought people's consent before providing care. The manager held regular supervisions and performance reviews with staff to provide them with the opportunity to contribute to the running of the service and develop their skills and knowledge.

The provider had a robust recruitment system in place and ensured new staff received a comprehensive induction at the start of their employment. Staff understood the provider's visions and values, their job roles and responsibilities.

The provider had a formal system for handling complaints and concerns. They encouraged feedback from people and acted on this to improve the quality of the service. They also had an effective quality monitoring process in place to ensure they were meeting the required standards of care.

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.

Staff were trained in safeguarding and knew how to keep people safe from avoidable harm.

People had individualised risk assessments in place that gave guidance to staff on keeping people safe.

The provider had robust policies and procedures in place for the safe recruitment of staff.

People's medicines were managed and stored appropriately.

The home had plans in place for handling emergencies.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs and were trained to meet these needs.

People were supported to access other health and social care services when required.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Is the service caring?

Good

The service was caring.

People were supported to maintain relationships with their loved ones and had their privacy and dignity respected.

Staff were kind, patient and supportive of people.

They were respectful and friendly in their interactions with people.

Is the service responsive?

Good

The service was responsive.

People were encouraged and supported by the staff team to follow their hobbies and interests

People's health and care needs had been identified and plans put in place to meet these needs in a consistent way.

There was an effective system in place for handling complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

The registered manager was approachable and supportive of staff and people who lived at the service.

The provider had systems in place for monitoring the quality of the service provided.

60 Bullpond Lane

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 was an unannounced inspection, which meant the provider did not know we were coming. It was carried out over a two day period by one inspector from the Care Quality Commission (CQC). We visited the home on 19 February 2016 and carried out telephone interviews with people's relatives and care professionals on 22 February 2016.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a recent local authority monitoring visit.

On the day of our inspection we spoke with one person who lived at the home, a relatives of a person who lived at the home, three members of staff and the home's area manager. We observed how care was delivered and reviewed the care records and risk assessments for three people who lived at the home. 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. We looked at people's medicines and medicines administration records. We also reviewed staff recruitment, training and supervision records. We also looked at information on how the quality of the service was monitored and managed.

After the inspection we spoke with two relatives of the people who lived at the home and one care professional who regularly visited the home.

Good

Is the service safe?

Our findings

People who lived at the home, their relatives and members of staff told us people were safe. One person said, "I am [safe].I like it here." A relative told us, "Yes, [relative] is comfortable and always happy to go back there." A member of staff said, "Service Users are definitely safe living her because we are all trained and someone's here around the clock."

Staff were trained on safeguarding and understood how to protect people from potential risk of harm. One member of staff told us, "If I was worried about anyone or suspected anyone was unsafe I would speak to the manager about it straight away, I have no problem with that." Contact details for agencies that were contactable in case of any safeguarding concerns were on display in various parts of the home. There were up to date policies in place for safeguarding people and whistleblowing. The safeguarding policy detailed guidance for staff on how to identify and report concerns about people's safety. Whilst the whistleblowing policy provided a way in which staff could report misconduct or concerns within their workplace without the fear of consequences in doing so. Staff confidently spoke about whistle blowing policy which was displayed in the entrance hall and in the offices. One member of staff said, "We have the poster called 'If you see something say something' so I would whistle blow if I needed to."

Individualised risk assessments were in place to safely manage all aspects of people's care. These risk assessments were part of people's care plans and the two documents worked hand in hand. They provided guidance for staff on keeping people safe and were reviewed and updated every six months or before if required. Staff told us they kept up to date with the identified risks to people and how these were managed by reading risk assessments and talking to each other at shift handovers. One member of staff told us, "They all have their risk assessments and if we see something new, we talk to each other about it and the manager so that they could update the risk assessment."

Health and safety risk assessments had also been carried out by the provider to identify and manage risks posed to the people by the environment. These included assessments in electrical safety of the building, Gas safety, moving and handling, first aid, safeguarding people and fire safety. We saw that these risk assessments identified hazards that could cause harm, those who might be harmed and what was being done to keep people. Emergency protocols were also in place to make sure people were kept safe in an event of fire, adverse weather or any other unforeseen circumstances. People also had personal emergency evacuation plan (PEEP) which detailed how they could be supported if there was a requirement to evacuate the building in emergency situations. This was accompanied by the home's emergency plan which detailed the steps the provider would take to ensure people's safety, in an event that stops the home running the way it should.

Staff were trained and their competency assessed by the provider before they supported people with their medicines. People's medicines were administered as prescribed and stored in a locked cabinet in the office. We reviewed the medicine administration records (MAR) for four people and found that these had been completed correctly. There were protocols in place for people to receive medicines that had been prescribed on an 'as and when required' basis (PRN). Guidelines were in place for staff on how people liked

to be support with their medicines. We checked the stock of medicines held for four people against the records and found them to be correct.

People, their relatives and members of the staff team told us the service was sufficiently staffed. One person said, "Yes, yes, there is staff. They help me." One relative told us, "Yes, they always have enough staff on when I go there." A review of the staff rota confirmed that the number of staff on duty corresponded to the number of staff the manager told us were needed to meet people's care needs.

The provider had a robust recruitment policy in place which included checks with the Disclosure and Barring Service (DBS), to ensure that applicants were suitable to safely care for people. Health questionnaires to ensure they were fit for the role applied for and previous employment references. This supported the provider to determine whether applicants were suitable for the roles they were being considered for.

Good

Is the service effective?

Our findings

People we spoke with were not fully able to tell us their opinion about staffs' skill because of the nature of their disabilities. However, one person said, "Yea they know me, they make my dinner." People's relatives told us the care provided to people was effective because the staff were trained and able to perform their roles effectively. One relative said, "Staff are very good, they are trained and they know exactly how to looking after [Relative]."

Staff told us they had received a full induction at the start of their employment with the home. A member of staff we spoke with told us, "The induction is very good. They give you time to understand things and if you need more time, they give it to you till you are confident." The home's induction programme gave new staff the opportunity to read through people's care plans, become familiar with the home's facilities and work alongside experienced members of staff on shift till they became confident to take up their full job roles.

Staff were trained mainly in the form of online learning in areas that were relevant to the needs of the people that lived at the home. One member of staff told us, "The training is brilliant, everytime we have supervision we are asked if we feel we need more training and if we do they book us on." Another member of staff said, "The training makes me carry out my role confidently. It makes me able to give advice and support to colleagues as well." we reviewed the home's training records which showed us that staff had received training in safeguarding people, medicines administration, mental capacity act, fire safety, first aid and positive behaviour support. New members of the staff team were given the opportunity to complete the care certificate as well.

Staff were supported in carrying out their job roles by way of six weekly supervision meetings with the home's management team and annual appraisals of their performance. We saw that the areas discussed in staffs' supervisions were safeguarding people, their training, health and safety and the mental capacity act. The home had a supervision schedule which was used to monitor and ensure all staff received regular supervision.

Staff had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA). 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). The home had provided the staff with information to help them understand these legislations, and all staff had received training in the MCA.

Assessments of people's capacity to make decisions had been completed in required areas. The home had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act. They found that three authorisations were needed and had been granted by the supervisory body. This was

because the front and kitchen doors were always locked and people were not allowed to leave the home unsupervised.

People, their relatives and members of staff told us that people's consent was sought before care and support given. One person said, "Yea they knock on my door before coming in." A relative we spoke with told us, "They are very good, they always ask [Relative's] consent before doing anything." A member of staff told us, "We always knock on people's doors and ask if it is ok before doing personal care." We observed staffs' interactions with people and saw they asked people's permission before going into their room or provided support.

People had enough to eat and drink. They were provided with a choice of food, snacks and drinks. One person told us, "The food is nice. We are having fish and chips to night with beans and my favourite is the meat pie." A relative told us, "The food is good, they involve them is choosing what to eat and also when doing the shopping." Weekly menus were in place and people's dietary needs, likes, dislikes and preferences around food and drinks were detailed in their care plans. We reviewed the previous three menus and found that people had a healthy and balanced diet that incorporated their individual choices.

People's healthcare records showed that they were actively supported to maintain their health and well-being. They had access to healthcare services when required and their known health conditions were recorded in their health plans. The service routinely monitored people's healthcare needs and supported them to access the right health care services when changes occurred. These were recorded with outcomes in each person's health plan.

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring. One person said, "Yea, I like it here. Staff are nice, they do my laundry." We spoke with one relative who told us, "They are very good, we are fortunate [Relative] is there. The team are very caring and they really know how to talk to people." Another relative we spoke with said, "It's a very good home, [Relative] is happy living here, it's all just like a little family unit really."

People's care records contained information about their life history, preferences and things that were important to them. Staff were aware of these and were able to talk us through them.
We saw them interacted with people in a caring and positive way. They were knowledgeable about people care needs and were able to tell us the ways in which they ensured people were well cared for. One member of staff said, "This job to me is a blessing, the Service Users are lovely and the team also. I like it here."

The atmosphere within the home was very relaxed. People were comfortable and at ease with staff. We saw that the home had provided the people who lived there with 'one page profiles' of all staff. This was an easy read document that had pictures of individual members of staff and gave people information about who were, what their role was and what their interest and hobbies were. We observed staff supporting one person bake a birthday cake for another person who lived at the home. They were very patient, encouraging and very upbeat when they communicated with the person. They spoke with the person appropriately and called them by their preferred name. They supported this person to take the lead on this exercise and respected their choices. This and the end result made the person very happy.

People's bedrooms were spacious and decorated to their own taste. Each person's room was personalised with pictures and items that were important to them and they all had their own bathrooms. People were encouraged and supported to maintain relationships with their families and loved ones. Their relatives were able to visit them when they wanted. One relative told us, "I can visit anytime they don't restrictions on the times I can visit."

People's privacy and dignity were respected by the service. One member of staff told us, "We always knock on the door before we go into their rooms, not talking about their needs to other unless they need to know and listening to their views." We observed that people were given opportunities to spend time in their bedroom when they wanted. Staff understood the need to keep people's information private. Information about people was kept securely to ensure that sensitive information was confidential. People were provided with a service user guide which was in an easy read format and detailed information about the home, the provider, who to contact in case of any concerns, what services were available to them and how staff would support them in all areas of their care and well-being.

Good

Is the service responsive?

Our findings

People and their relatives told us the home were responsive to people's needs. One of the relatives we spoke with told us, "They know [Relative] very well and pick up any changes in [them]."

We found that the provider had worked with people and their relatives in carrying out assessments of people's care needs before they moved into the home. These assessments identified the level of care people needed to determine if the home could safely meet them. These assessments formed the basis upon which people's care plans were developed alongside information provided by them and the people that were important to them.

Each person that lived at the home had a personalised care plan that followed a standard template used within the home. People's care plans held information about their history, their preferences, interests and hobbies. They also detailed guidance for staff to follow on how people wanted to be care for. We saw that people and their relatives were involved in the development and review of these care plans and one person who lived at the home wrote their own support plan.

People were supported by the staff team and their relatives to take part a range of hobbies and activities that interests them. A relative of a person who lived at the home said, "They always make an effort to provide activities." One member of staff told us, "We are all about giving them the best, we always try and think outside the box." We saw that activities including going to pubs, going out to a disco and seeing relatives.

The home had a system for receiving and handling complaints. People and their relatives told us they knew who to raise concerns if they needed to. One person said, "I will talk to staff." A relative we spoke with told us, "I have no complaints at all but if I did I will speak to the manager." The provider's policy for handling complaints stated that complaints were to be acknowledged immediately after they were received by the home and dealt with within 28 days.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. They were supported by a deputy manager, the staff team and the provider's area manager.

People and their relatives told us the manager was visible, approachable and supportive. One person said, "Yea, I see [Manager], yea [they] talk to me." A relative told us, "[Manager] is very open you can talk to her about anything. She's very good." A care professional we spoke with told us the manager had tightened processes and procedures since they started working at the home. Staff told us the manager was knowledgeable about their work role and was supportive. One member of staff said, "She is very good. She is approachable and she is very open, you can always talk to her she is fair."

Staff told us they met regularly as a team to collectively discuss issues that affected the home. This ensured they were involved in the development of the home. We reviewed the minutes of the staff meeting held in January 2016 and found that the areas discussed involved safeguarding people, the health and safety of staff, infection control and staff training. Staff meetings took place on a monthly basis.

Monthly 'Service Users' meetings were also held. The topics of conversation in these covered people's relationships with their family and friends, how they felt living at the home and if they liked the support they received from staff. Annual satisfaction surveys were also completed. These gave people and their relatives the opportunity to formally give the provider their feedback of their experiences of the service. We found that the feedback received was by the provider was positive with people and their relatives saying how pleased they were with the level of service.

The provider had a robust quality monitoring process in place. This included weekly and monthly audits carried out by the home's management team around people's finances, medicines, activities, staffing levels and training needs. This is coupled with unannounced audits of the home by the area operations manager who reviewed the checks carried out by the home's management team and ensured everything was as they said it was. All these audits were feed into an online quality monitoring system which was accessible to the provider's behavioural psychologist and other relevant people within the organisation for analysis. The area manager told us that this system ensured accountability within the organisation. We saw that the Local authority had also carried out an audit of the service and had given them a score of a hundred percent in the areas they looked at.