Voyage 1 Limited

Woodside

Inspection report

2 Woodside Close
Minehead
Somerset
TA24 8RZ
Tel: 01643 709487
Website: www.voyagecare.com

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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

Overall summary

This inspection took place on 25 November 2015 and was an unannounced inspection.

Woodside specialises in providing care and support to adults who have a learning disability. The home can accommodate up to 11 people. There are eight bedrooms in the main home and three self-contained flats attached to the property. Woodside offers long term and short stays. The home is staffed 24 hours a day.

The people we met had complex learning disabilities and not all were able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were supported by a stable and very caring staff team who knew them well. There were sufficient staff to meet people's needs and people were supported to access the community and enjoy trips out and other activities when they wanted.

The service was well-led. The registered manager and staff team were committed to ensuring people received the care and support they needed and that they enjoyed a happy and fulfilling life.

The staff team received the training and support they needed and their skills and knowledge were kept under review to ensure they remained competent.

Staff knew about the procedures to follow to minimise risks to people and to help keep them safe. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

The procedures for recruiting staff helped to minimise risks to the people who lived at the home. Checks were carried out on potential staff to make sure they were suitable to work with vulnerable adults. Staff did not commence employment until satisfactory checks had been received.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them.

People's health and well-being was kept under review and staff liaised closely with health and social care professionals to ensure people received the support they needed.

The atmosphere in the home was very welcoming and relaxed. Routines were very relaxed and very much based around the preferences of the people who used the service. One member of staff said "The great thing is that I can support [Name of person] to do exactly what they want to do when they want to do it.

There were effective procedures in place to monitor and improve the quality of the service provided.

Summary of findings

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.

There were sufficient staff to meet people's needs and help keep them safe.

Risks to people were well-managed and understood by the staff team.

People received their medicines when they needed them from staff who were competent to do so.

Good

Is the service effective?
The service was effective.

People could see appropriate health care professionals to meet their specific needs.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good

Is the service caring?
The service was caring.

People were treated with great kindness and respect. Staff were committed to ensuring people enjoyed a happy and fulfilling life.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their lives.

Good

Is the service responsive?
The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Good

Is the service well-led?
The service was well-led.

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

People benefitted from a service which used an effective system to monitor the quality and safety of the care they received.

Good

Woodside

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 25 November 2015 and was unannounced. It was carried out by one adult social care inspector.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were three people living at the home on a permanent basis. Each person had their own self-contained flat. Two people were spending the day in the main house. During the inspection we met with four people, four members of staff and the registered manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

There were sufficient staff available to meet people's needs in a safe way. Some people had very complex needs and required one to one support from staff over a 24 hour period. We saw that people received the support they needed from staff who had the experience and skills to meet their needs.

People's care and support plans contained clear information about identified risks and how risks should be managed. Examples included supporting people to access the community and the management of health needs such as reducing the risk of choking. A plan of care had been developed to manage any identified risks in the least restrictive way. This meant that people could be supported with activities with reduced risks to themselves or to the people who supported them.

Risks to people were minimised because staff had been trained how to recognise and report any signs of abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to ensure people were safe.

There were procedures to ensure the safe management and administration of people's medicines and these were understood and followed by staff. We observed a member of staff administering medicines to one person who lived at the home. This was conducted in a safe and dignified manner. The registered manager told us there was nobody at the home who was able to manage their own medicines due to their understanding. Medicines were administered by senior staff who had received training and had regular observations of their practice to ensure they remained competent to carry out the task. Medicines were securely stored and there were accurate records for each person which gave details of their prescribed medicines and when they should be administered. Records showed that people had received their medicines when they needed them.

Some people had been prescribed their medicines on an 'as required' basis. There were protocols in place which provided details about when these medicines should be administered. This helped to ensure staff followed a consistent approach and that people received their medicines when they needed them.

One person required their medicines to be administered covertly because of their health conditions. This meant their medicines were crushed and mixed with a drink. Records showed that the decision had been made in accordance with the Mental Capacity Act 2005 and had been agreed by appropriate professionals and people who knew the person well, so the decision was in the person's best interests.

There was a record of all medicines received into the home and returned to the pharmacy. Staff checked the stock of medicines every day and additional checks were carried out by the registered manager each week. This provided a clear audit trail of all medicines held at the home.

The home was well-maintained and regular health and safety checks were carried out to ensure the environment and equipment remained safe. These included checks on nurse call systems, fire detection and alarms, hot water temperatures and overhead tracking and hoists. Regular checks were also carried out on vehicles used by the home. External specialist contractors carried out fire, gas and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to help keep people safe.

Risks of abuse to people was also minimised because the provider had a recruitment process which ensured all new staff were thoroughly checked before they began work. Checks included seeking references from previous employers and carrying out checks to make sure new staff were suitable to work with vulnerable adults. Staff told us they were only able to start work once all checks had been received.

There were procedures in place to safely manage unforeseen circumstances or emergency situations. People had their own personal evacuation plans if there were a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system within the organisation; this meant they were able to obtain extra support to help manage emergencies.

Good

Is the service effective?

Our findings

Staff were very knowledgeable about the needs and abilities of the people they supported. They understood people's health care needs and how these should be met. For example, one person suffered from a rare degenerative health condition which meant they would gradually lose the ability to walk, communicate, eat and drink. Staff had received training in the condition from a specialist health care professional and specialised equipment had been considered. We observed this person being supported by staff in accordance with their plan of care and the person was supported to be as independent as possible. For example accessing the kitchen to choose and assist with the preparation of meals and drinks.

Procedures were in place to make sure staff had the training they needed to meet the needs of the people they supported. Staff were very positive about the training available to them. Staff had been provided with specific training to meet people's care needs, such as caring for people who have epilepsy and the administration of "rescue medication" autism awareness and nonviolent crisis intervention training. This training focuses on prevention and offers proven strategies for safely defusing anxious or challenging situations. Staff liaised closely with healthcare professionals to make sure people's needs were appropriately monitored.

Staff ensured people were protected from the risk of poor nutrition and dehydration. Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. People were supported by staff in accordance with their plan of care. A member of staff told us about the person they were supporting. They explained they had been seen by a dietician who had recommended the person followed a healthy eating plan. They explained how they supported the person to eat in accordance with the plan whilst enabling them to enjoy their chosen "treats" in moderation. They told us the person enjoyed their meals and snacks and had started to lose some weight. The care records for this person confirmed what the staff member had told us.

The registered manager and staff told us how people were supported to make decisions about what they would like to eat and drink. In the main house, where people stay for short visits, menus were developed with the people staying there. We were told people were supported to make choices in accordance with their needs and abilities. For example, some people could make their preferences known verbally; other people made choices from photographs or objects of reference. Three people lived in their own flats with staff support. One person showed us their fridge and freezer which had a good stock and selection of fresh and frozen foods. The member of staff supporting the person told us the person chose what they wanted to eat each day.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people's legal rights were protected.

Throughout our inspection we observed staff asking people what they wanted to do. They obtained people's consent before assisting them and they respected people's right to change their mind. For example, one person had agreed to go out for a drive but then refused to get into the vehicle. The staff member supporting them offered an alternative activity in the home which was accepted and enjoyed by the individual.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager knew about how and when to make an application. They knew about the recent changes to this legislation which may require further applications to be made. Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed.

Good

Is the service caring?

Our findings

Staff were extremely kind, caring and patient when they communicated and interacted with people. One person told us "I like the staff." People looked relaxed and comfortable with the staff who supported them and some exchanged friendly banter with staff. One person had photographs of the staff they preferred to support them and they pointed to the staff they like the most. Another person who had limited verbal communication smiled and followed a member of staff when they offered to assist them.

Staff spoke with great kindness and compassion when they told us about the people they supported. One member of staff said "It's like each person is part of your family. You don't stop caring when you have finished your shift and go home. I think all the staff feel like that here."

It was evident staff wanted people to have a happy and fulfilling life. One member of staff told us about one person they supported who had been reluctant to go out and who did not like any physical contact. They told us how they had worked closely with the person and had built up a trusting relationship. On a trip out, the person was happy, relaxed and had put their head on the staff members shoulder. The member of staff explained "I will never forget that moment as it meant [person's name] felt comfortable with me and they had really enjoyed the trip out. They are now doing more than they used to do."

The service had received numerous cards complementing them on the service provided. A health care professional had commented "Thank you and your team for your magnificent response in offering support." A relative commented "Thank you for making [Name of person] stay so enjoyable. It is so fantastic to see [name of person] so happy."

The registered manager had recently reviewed how the service communicated with people's parents and carers when people used the service for short stays. This had helped to alleviate concerns and anxieties which related to the timing of transport arrangements and how details about the person's stay and well-being were shared. The was clear information about each person which detailed the days and times they would be collected and taken home and the preferred method of communicating information about the person's stay. For example, some parents had requested a telephone call or email, others wanted the information to be recorded in the person's "handover book." The registered manager told us this had been working well and helped to ensure a smooth transition for people and their parents or carers.

Staff morale was very good and the registered manager and staff we met with told us they had a really good staff team. Staff turnover was low which meant people were able to build trusting relationships with staff they knew and who knew them well. Staff knew about the things and people who were important to the people they supported. This enabled staff to have meaningful conversations and interactions with people.

Staff respected people's right to privacy. Three people lived at the home on a permanent basis and they each had their own flat which had been decorated and furnished in accordance with people's tastes and preferences. Although these people required a member of staff to be with them in their flat, we observed that staff were mindful that people's privacy should be respected. For example, one person had chosen to have a rest on their bed. The staff member knocked on their door before entering. We met with two people in their flats. Before we were able to meet with them a staff member had requested their permission.

Bedrooms in the main house were used to accommodate people who used the home for short stay/respite stays. Bedrooms were decorated in neutral colours and were comfortably furnished. There were two people who stayed at the home on a regular basis and they had been provided with their own bedroom which they had personalised. The registered manager explained other people could choose which bedroom they wanted each time they stayed at the home. They told us the majority of people liked to stay in the same bedroom each time they visited and this had been facilitated. The registered manager explained people were encouraged to bring the things they wanted to make their stay as comfortable as possible. For example, one person liked to bring lots of cuddly toys, another person liked their own bedding.

People were treated with respect. Staff communicated with people in a very kind and respectful manner and people were able to choose which member of staff they wanted to assist or support them. The staff team was made up of a good mix of male and female staff which meant they were able to respond to people's preferences for a male or female carer.

Good

Is the service responsive?

Our findings

People received care and support which was personalised to their needs and preferences. Each person was allocated a keyworker who worked closely with them. This provided people with the opportunity to spend one to one time with staff who knew them well and to discuss their day to day lives. It also enabled people to explore other things they may like to do.

Care plans were personalised to identify and meet each person's individual needs, abilities and preferences. Care plans included information about who the important people in their life were, how people communicated, daily routines, preferences and how they made decisions. The staff we spoke with told us the care plans told them everything they needed to know about the people they supported.

Care plans had been regularly reviewed to ensure they reflected people's current needs. People and their relatives had been involved in reviewing their plan of care wherever possible. Staff told us they attended a handover meeting at the start of every shift. They said this provided them with current information about the people they supported. We saw staff recorded information about each person on a daily basis. Information included how people had spent their day and how they had responded to activities of daily living. This meant that the effectiveness of people's care plans could be fully reviewed.

Keyworkers completed a detailed "person centred review" for each person they supported each year. These reviews involved the person receiving the service, health and social care professionals and the person's family or carer. The reviews looked at what was working well and what was not working well. There was an emphasis on empowering people to develop/learn new skills as well as engaging in social events or activities which they enjoyed. The registered manager told us these reviews were discussed with the whole staff team as this enabled staff to express their thoughts or views and was an opportunity to make staff aware of any changes.

Staff responded quickly to any changes in a person's health or well-being. For example one person had been experiencing an increase in epileptic seizures. These had been monitored by staff and staff had requested a review with an epilepsy nurse. As a result their medicines had been reviewed and the seizures had stabilised.

Before people were offered a service at the home, they were assessed by the registered manager and a senior member of staff. This helped to make sure the home was suitable to meet the person's needs and expectations. The registered manager explained that they would always consider the needs and personalities of the people who regularly used the service as this would reduce the risk of incompatibility issues which may cause people increased anxiety. The registered manager told us the service occasionally had referrals from the local authority for emergency placements. They explained the referrals were only accepted once detailed assessments about the person had been received.

Where ever possible and where appropriate people who were thinking about using the service were offered visits or overnight stays to help them with the transition of using the service. The registered manager told us staff would also spend time visiting the person at their home or placement as this helped staff to understand the person's needs and daily routines. It also helped the person to get to know the staff.

Routines in the home were relaxed and were very much based around the preferences of the people who used the service. We spoke with two members of staff who supported two people who lived in their own flats. One member of staff said "The great thing is that I can support [Name of person] to do exactly what they want to do when they want to do it. The person told us they had been to the pub and on a drive. They told us they had really enjoyed it.

We met with two people who were staying in the main house for the day. One person was keen to tell us they were going out for lunch with a member of staff. On their return they were very happy and told us they had enjoyed themselves "very much." The other person had chosen not to go out. They were supported with their chosen activity within the home.

The registered manager told us they were in the process of organising more activities in the community which people using the service and people from the provider's other homes could access. This included activity sessions and regular discos with peers.

Good

Is the service responsive?

People were supported to maintain contact with the people who were important to them. For example one person regularly visited a pub and had lunch with their relative. Staff told us about another person who liked to meet up with a friend at a regular disco. People were also supported to telephone their families when they wanted to.

Good

Is the service well-led?

Our findings

The service was well-led by a manager who was registered with the Care Quality Commission. The registered manager said they participated in a range of forums for exchanging information and ideas and fostering best practice. They told us they had regular meetings with managers from the provider's other homes which they found useful for sharing ideas. The provider reviewed their policies and procedures to make sure they remained in line with current legislation and practices. The registered manager told us they were always informed of any changes and these were cascaded to staff and implemented without delay.

The registered manager stated her commitment to "empowering people" and "enabling people to experience new things and live a happy life and to be cared for as we would want to be cared for." Discussions with staff and our observations confirmed that this ethos had been adopted by staff. All demonstrated a commitment to enabling people to live a full and rewarding life.

Staff were very positive about the registered manager and of the support they received. One member of staff said "[Name of registered manager] is brilliant. She has a real open door policy and is very approachable and supportive." Another member of staff said [Name of registered manager is just amazing. The best manager I have ever had. If you have any issues they are always there for you. She listens and acts." The people using the service were not able to have a conversation with us; however they looked relaxed and comfortable in the presence of the registered manager.

The registered manager worked in addition to the care staff on duty. This meant they were able to provide effective management cover. They told us there were occasions where they would cover shifts which they found beneficial as this enabled them to work closely with the staff team and with the people who used the service.

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager and a team of senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. Staff morale was very good. Staff told us there were always senior staff available to support less experienced staff.

Staff told us they received regular one to one supervisions with either the registered manager or senior staff where they could discuss aspects of their role and any training needs. One member of staff told us "I have regular supervisions and I think they are good. They give you a chance to discuss things. If you feel you need training in something, it would be arranged."

There were quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. Detailed audits were completed by the registered manager. An operations manager from the company carried out regular visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive and well-led? Where shortfalls in the service had been identified action had been taken to improve practice.

Satisfaction surveys were sent to people who used the service, their representatives, staff and health and social care professionals to seek their views on the quality of the service provided. Surveys had been produced in an easy read format appropriate to the needs of the people who used the service. The results of the last survey showed a high level of satisfaction with the service provided. Some of the comments included "Staff are very well trained, welcoming, professional and approachable" and "A very caring and happy home. The staff cannot do more to care for my [relative] and support our family."

Significant incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. The registered manager reviewed incidents to see if there was any learning to help improve the service. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.