Voyage 1 Limited

Westleigh House

Inspection report

20 Chip Lane
Taunton
Somerset
TA1 1BZ

Tel: 01823284198
Website: www.voyagecare.com

Date of inspection visit:
22 March 2018

Date of publication:
16 April 2018

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

Westleigh House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection. 10 people with learning and physical disability were receiving residential care at Westleigh House. One was in hospital at the time of the inspection. People using the service were over 64 years of age. Westleigh House has been adapted to provide accommodation over two floors, with a vertical lift between floors.

The care service is aware of the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. There were currently no plans to reduce the size of the service or amend the current registration at Westleigh House but people using the service were living as ordinary a life as any citizen.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

Why the service is rated Good.

Safety arrangements protected people. This included recruitment, staffing, preventing infection, medicine management, and maintaining the premises. Staff knew how to recognise and protect people from abuse and discrimination.

Systems for risk management were not fully robust. Although risk from pressure damage was mitigated, this risk was not formally assessed and staff said they had not received training in pressure sore prevention in recent years. We recommend the provider to review the arrangements for protecting vulnerable people from pressure damage.

People received a caring service, which recognised their need for privacy and respect. All engagements between staff and people using the service were friendly, relaxed, gave people value and showed they were cared for. People's family members said, "I've always felt it was a very family atmosphere."

People lived full lives according to their preference and ability. The premises were adapted so that people had equal access to shared areas, and their private rooms were personalised.

Staff skill, competence, and effectiveness helped them provide the care and support people needed. Staff described their training as "High Standard". People's family members said there was a consistent team of staff, who knew people very well.

Staff upheld people's legal rights. This included gaining their consent to care and treatment and upholding

the principles of the Mental Capacity Act 2005.

People received a nutritious, varied diet, meeting their individual health care needs. Attention was given to health monitoring, particularly as people's needs changed with age. This included appropriate requests for advice and treatment from external health care professionals.

Detailed, well organised, care and support plans provided staff with the information they needed to provide person centred care. An understanding by staff of people's communication helped them provide that care because they knew what people wanted.

Staff felt well supported and praised the approach of the registered manager. Audits, and monitoring, carried out in-house and through the provider, ensured any problem could be identified and rectified. People, their families and others were encouraged to offer their thoughts and ideas.

The registered manager understood and met their legal responsibilities.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Westleigh House

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 a comprehensive, unannounced inspection. It took place on 22 March 2018.

The inspection team included one adult social care inspector.

Prior to the inspection, we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

People using the service could provide only limited verbal feedback about their experience of life there. During the inspection, we used different methods to give us an insight into people's experiences. These methods included both formal and informal observation throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not comment directly on their experiences. We were able to observe how staff interacted with people to see how care was provided.

We spoke with one person using the service. We received feedback from three people's family members, seven staff and the registered manager.

We reviewed two people's care records. We saw records of staff meetings, and looked at quality monitoring information, and the action plan, relating to the management of the service. We saw the premises safety records. We received feedback from one health care professional.

Good

Is the service safe?

Our findings

The service continued to be safe. People's family members said, "I have never seen anything worrying," "There is safer moving and handling with lots of additional equipment" and, "It is completely safe."

Staff protected people through risk assessment and management. For example, risk from choking, included in people's support plan. However, although people had no pressure damage to their skin and steps to prevent this were in place, no assessment of the risk had been undertaken. This meant that the hazard of pressure damage was not under regular, formal review. In addition, staff confirmed that they did not receive training in how to prevent pressure damage "For some time."

We recommend the provider to review the arrangements for protecting vulnerable people from pressure damage.

Records showed that there were very few accidents. The registered manager and provider organisation monitored these and swift and appropriate actions had followed all serious accidents.

The safe management of medicines protected people. No person was able to manage their own medicines and so staff did this for them. Medicines were safely stored, records were clear and detailed, and we observed people receiving their medicines in the manner, best suited to them.

Staff protected people from abuse and harm. All staff had received regular, updated safeguarding training. They were able to describe how to respond if they had any concerns about people and the registered manager knew how to inform the safeguarding team appropriately, in line with local protocols.

Staff protected people from discrimination. The registered manager had a good understanding of the Equality Act 2010 and understood how to ensure people using the service had equal rights. For example, equal access to the community.

Staff protected people's finances, with secure storage and regular checks and balances in place. There had been a theft of money in the previous 12 months. A review of the arrangements had led to changes to improve the procedures and increase the safety. People's family members said they had no concerns about the financial management of people's money.

Recruitment arrangements protected people. There were recruitment processes in place coordinated through the provider organisation. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people. Staff did not work with people until all recruitment checks were complete, as they confirmed.

Sufficient numbers of staff ensured people were safe, in accordance with their assessed needs. We observed

staff able to spend time with people as needed, for example, to support them to go to the shops. The atmosphere was relaxed and staff had time to be attentive to people's needs. Staff confirmed there was enough staff to keep people safe and meet their needs.

Staffing arrangements were flexible. For example, staff supported people when in hospital. This showed that staffing was adjusted according to individual needs.

Staff protected people from infection. Staff received training in infection control and food hygiene and the premises were clean and fresh. A colour-coded system was in use for mops and kitchen chopping boards. Staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Some people had continence issues but the laundry equipment was suitable for the needs of people using the service.

Arrangements were in place should there be an emergency. For example, a grab bag by the entrance contained equipment and details of each person's support needs should an evacuation of the building be required.

The premises and equipment were in a safe condition because a programme of maintenance and servicing was in place. For example, on a weekly basis, bedsides checked for safety. Devon and Somerset Fire and Rescue service had visited in July 2017 and found a 'reasonable standard of fire safety'. A sprinkler system plan is in place for the near future. This showed a commitment to people's safety.

One person said they knew some light bulbs needed replacing and they would be showing this to a maintenance person, due the following day.

Maintenance ensured vehicles were in a safe condition and roadworthy before used.

Good

Is the service effective?

Our findings

The service continued to be effective.

External health care professionals supported staff to meet people's needs. For example, physiotherapy, speech and language therapy, continence, general, and learning disability district nursing. Comments from health care professionals included, "Carer's are always accepting of what we suggested and seem to know residents well." People's family member said they had no concerns about how care was provided one saying, "Absolutely no concerns."

Staff completed an induction when they started work at the service This meant they had the skills to start providing support to people. The nationally recognised Care Certificate was included in induction as required. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles.

A staff team, which had the necessary skills and knowledge, met people's needs. One staff member described the training as "High standard." The provider organisation provided regular training for staff and records showed this monitored. Training was both on-line and face to face. Staff said they found both methods suited them.

Supervision and support helped staff in their role. Staff described receiving a lot of support in their role and kept appraised of where improvement could be made. One said, "We're quite open to being checked but we never get complacent either."

People's consent to care and treatment was in place, mostly through offering choice and understanding individual communication methods.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). No person using the service had capacity to make all necessary decisions relating to their care and support. The MCA provides a legal framework for making 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. Decisions made, following assessment, did relate to people's capacity to consent. Where their capacity demonstrated they lacked capacity to consent, records showed people who knew them best did this for them on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A DoLS application was in place for each person using the service. This was for their protection. The registered manager had a system for ensuring they reapplied for DoLS authorisations within timescale.

Where people did not have capacity to consent, staff, and people that knew the person best, made decisions on their behalf. This had included forms of restraint, such as the use of bedrails and wheelchair harnesses, to prevent falls. These decisions were under regular review as part of support plan reviewing.

Staff helped people meet their different dietary needs and preferences. For example, some people were at risk of choking and staff needed to prepare their food and drink appropriately. One person's family member described how staff would liquidise the person's favourite food so they did not miss out, adding, "(The person) really likes this." One person said that the food was "Nice."

Records of people's diet helped staff monitor their input, as necessary. Drinks were frequently offered. Supporting people with menu choices was discussed in staff meetings. Staff were observed assisting people to eat and drink at their own pace.

The premises met people's diverse needs and equipment specific to individual needs helped people maintain their independence. The registered manager described not letting any opportunity to improve people's lives be missed. This had recently included a standing aid for one person.

Varied, shared space at Westleigh House included a television room and quiet room. A large garden, with raised beds, was available to people. A vertical lift helped people with limited mobility move between floors.

Where people moved across services, staff had worked hard to safeguard people's best interests. This had included hospital admissions.

.

Good

Is the service caring?

Our findings

The service continued to be caring.

People were not able to tell us if the service was caring but family members said, "We're quite happy with everything. Staff are very friendly" and "(The staff) are (the person's) family." One person's family described staff being with the person over 11 days of hospital admission. They said, "I really can't fault it at all."

People received their care and support in a friendly, family atmosphere. Staff demonstrated empathy in their conversations with people and in their discussions with us about people. They knew the people they supported very well and their communication showed respect for them.

Many examples of positive engagement with people showed how people were relaxed and settled in staff company. One staff member completed a craft activity for a person, who watched intently, engaged with what the staff member was doing for them. Staff knew when a person did not want to engage with other people, or an activity, and when they did want to.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability. Some were non-verbal and used varying communication methods, such as objects of reference. One person's family member said, "(The registered manager) is very good at doing pictures of things for people, such as pictures of food."

Staff, people's family, an advocate, or health care professionals liaised to make decisions too complex for the person using the service, for example, relating to buying equipment. This showed an intention to take the person's views and wellbeing into account.

The service promoted people's privacy. People had their own, en suite, bedroom. People communicated when they wanted privacy and staff complied with their request.

Record keeping complied with the Data Protection Act 1998. This meant they were only available to people with a need to access them and contained only necessary information.

Staff said, "We provide a caring service because we listen to what each individual wants. We have close relationships with people. It's a home from home." This is what we found.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People were unable to tell us if the service was responsive but one described the various helpful roles they undertook at Westleigh, such as helping in the office and around the home.

People engaged in activities of interest and within their capability. This included seated exercises, musical events, and arts and crafts, displayed throughout. One person's family member said, "(The person) has always rejected any organised activity." We saw the person preferred to observe from the side. The registered manager said, "Staff are encouraged to advocate for people we support and activities are not limited at all."

People were able to access the community, as they wanted, for example, to watch the trains. The registered manager said the activity rota ensured there was enough freedom for people to access ad hoc activities, such as a drive in the service vehicle, shopping or to eat out. We saw many in-house activities available to people and in use, such as jigsaws and building blocks.

People's needs were met following detailed assessment, care, and support planning. Support plans were clear and easy to follow. They included methods for communication, people's preferences, likes and dislikes, how to communicate and what certain communication would mean. This helped staff provide person centred care and support.

People care needs now included conditions relating to older age. There had been three deaths in 2017, affecting people, and staff. The registered manager described how challenging this had been but they had worked with people and staff to support them. People were unable to plan for their end of life care but family members said this had been discussed with them and the registered manager had helped, for example, sending funeral plan options.

Displayed were complaints procedures, including 'easy read'. One person pointed to the registered manager when we asked what they would do if they were unhappy. Staff described how they would know if something were wrong with a person. No complaints were received by the service and the Care Quality Commission had received no complaints about the service.

Good

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager at the service, registered with the Care Quality Commission in June 2016. 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.

Staff and people's family members were very positive about the registered manager's approach. Their comments included, "(The registered manager) is very open" and "The management has the people we support, and ours, best interest at heart – a good balance. The (Registered manager) is approachable and gets the best out of the team." One said, "If she can she will help and we have a laugh as well." One person's family described the registered manager as "Amazing." They said ideas were always listened to and acted on.

Supervision meetings and shared staff meetings kept staff up to date and informed them how to improve practice. Staff received information, such as the best way to prevent cross contamination in the laundry, for example. One staff member said staff meetings were "An open forum."

Staff received the support they needed, for example, new staff had a 'buddy' to support them in their role until they were confident and competent.

The service sought feedback through questionnaires, which included professional visitors and people's family members. People's views were also sought on a day-to-day basis, using staff communication skills, and at care reviews.

Service quality monitoring was both internal, and external through the provider organisation. Actions plans identified improvements, the person responsible, and a method to use. These were 'signed off' once achieved, for example, ensuring all new staff had completed safeguarding training. This showed improvement monitoring. Systems for auditing and monitoring the service were effective. For example, audits of medicine management and bed safety. Spot checks over the 24-hour period were completed. Staff said they understood why the registered manager would turn up in the middle of the night unannounced. They added that they always "put the kettle" on when they arrived.

The registered manager received support through the provider on line systems, such as recording accidents and incidents, reporting maintenance issues and through regular contact with their line manager in the organisation.

Appropriate funding through the provider organisation promoted people's independence and safety. Equipment to help people move safely and a sprinkler system as a fire safety measure, for example.

The registered manager understood and complied with their Duty of Candour and understood and met their regulatory responsibilities.