

Voyage 1 Limited

The Maltings

Inspection report

Brewers Lane
Shelbourne Road
Calne
Wiltshire
SN11 8EZ

Tel: 01249815377
Website: www.voyagecare.com

Date of inspection visit:
07 January 2016

Date of publication:
13 April 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This service provides accommodation and support to three people with learning disabilities. This inspection was unannounced and took place on the 7 January 2016. At the time of our inspection there were three people living at the service. The home was last inspected in April 2014 and all the standards we inspected were met.

A registered manager was not post at the time of our inspection visit. An application to register as manager was received at the Care Quality Commission. 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.

Members of staff said the team worked well together. They said the team was long standing and supportive of each other but there had been a period of instability with the three changes of manager in 12 months

Members of staff had some understanding of enabling people to make decisions. However, they were not clear who would be responsible for making decisions that may be made in peoples best interests. . Next of Kin without power of attorney had given consent inappropriately for care and treatment. Mental Capacity Assessments (MCA) 2005 were not developed for specific decisions, such as audio monitors.

DoLS procedures within MCA 2005 require providers of care homes to apply to the supervisory body for authorisation to deprive people of their liberty where they lack capacity to make decisions and subject to continuous supervision. Deprivation of Liberty Safeguards (DoLS) applications were not made by staff at the home to the supervisory body for people under continuous supervision.

People were referred to specialists such as Speech and Language Therapists (SaLT). Members of staff followed the guidance given by the specialists but care plans were not developed on how the recommendations made by specialist were to be consistently followed. The Care plans in place needed updating and they lacked detail on how staff were to meet the needs of people. Records were not personal and confidential for each person. Communication books held information about people's health and wellbeing. For example, outcome of GP visits and medicines administered.

Members of staff were knowledgeable on managing risk and the actions needed to minimise the risk to people's health and wellbeing. However, risk assessments were not always developed. For example, risk assessments were not in place for people at risk of choking or for people with low weight.

The views of relatives were gathered but their suggestions about activities were not always acted upon or used to improve the service. Quality Assurance systems were not effective. Where gaps in the standards of care were identified, action plans were not developed on improving the service for people.

We observed good interactions between people and staff. Members of staff were knowledgeable about

developing relationships with people to gain their trust and meet people's needs in their preferred manner.

We saw people approach staff and by their facial expression, the attention from staff was welcomed. We saw people use their preferred communication method to request specific activities. Members of staff knew the types of abuse and were clear on the responsibilities placed on them to report suspected abuse.

Sufficient staffing levels were deployed to meet people's needs but there were vacancies for bank staff to cover annual leave.

Staff attended training set by the provider as mandatory and other specific training to meet people's changing needs. One to one meetings with the manager gave staff opportunities to discuss concerns, the people they delivered care and treatment to and their performance.

Medicine management systems met people's needs. Individual profiles with pictures and words were in place which gave staff guidance on how people preferred to take their medicines. Protocols to administer medicines "when required" were in place.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 knew the actions needed to minimise risks identified but assessments were not developed for all risks.

Sufficient levels of staff were deployed to meet people's needs.

Safe systems of medicine management were in place. Staff signed medication administration charts to show they had administered the medicines. Protocols for administering "when required" medicines were in place.

Staff knew the procedures they must follow if there were any allegations of abuse.

Is the service effective?

Requires Improvement ●

The service was not effective.

People were assisted by staff to make day to day decisions. People's capacity to make specific decisions was not always assessed. Members of staff showed a lack of understanding of the principles of the Mental Capacity Act (MCA) 2005 when relatives without power of attorney were asked to give their consent for best interest decisions.

Members of staff attended mandatory training set by the provider and other specific training to support people's changing needs. Staff benefitted from one to one meetings with the manager.

Is the service caring?

Good ●

The service was caring

People received care and treatment in their preferred manner which respected their human rights.

Members of staff were respectful and consulted people before they offered support.

The interaction we observed between people and staff were positive.

Is the service responsive?

The service was not responsive.

Care plans were not developed for all aspects of people's needs. Some care plans had not been updated and lacked detail on how to meet people's needs.

People were not always supported to participate in community activities.

No complaints were received from relatives and members of the public since the last inspection.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Records for each person were not personal to the individual or confidential. Quality assurance systems in place were not effective, as action plans were not developed to address shortfalls and improve standards.

There had been a period of instability with three changes of manager in 12 months. Members of staff worked well together to provide a person centred approach to meeting people's needs. This meant people's care was delivered by staff who knew them but the lack of direction from a registered manager created uncertainty.

Systems were in place to gather people's views.

Requires Improvement ●

The Maltings

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 the 7 January 2016 and was unannounced.

The inspection was completed by one inspector. Before the inspection we reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with the manager, the registered manager of another service and two members of staff. 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 spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We also looked at records about the management of the service.

Is the service safe?

Our findings

People were not able to give us feedback about their experience of living in the home. People welcomed the attention they received by staff. Members of staff knew the procedures for safeguarding vulnerable adults from abuse. The staff we spoke with knew the types of abuse and the actions they must take for suspected abuse. They said if their concerns were not taken seriously by the manager, the procedure was to report their concerns to more senior managers or statutory agencies.

Staff were aware of the actions needed to minimise risks to people's health and wellbeing. Staff said for people at risk of choking, specific foods were omitted and textured diets were served. One member of staff said where people were at risk of malnutrition, they were weighed weekly. They said audio monitors were used in bedrooms for people who experienced epileptic seizures. However, risk assessments were not developed for people at risk of choking and for people at risk of malnutrition following advice from the speech and Language therapist. The manager said there would be progress by building on individual risk assessments and acknowledged risk assessments for audio monitors had to be developed.

Personal emergency evacuation plans detailed the support needed from the staff for the safe evacuation and relocation to another service should an event such as a fire occur.

Sufficient numbers of staff were on duty throughout the day and night. Staff said the staffing levels were good but bank staff to cover annual leave were to be recruited. The rota in place showed two staff were on duty throughout the day and there were two staff awake in the premises at night.

Safe systems of medicine management were in place. Staff said their competency to administer medicines was checked yearly. There were profiles in place that detailed the way people preferred to take their medicines. We saw staff give people their medicines according to the profiles. Protocols in place directed staff on the purpose of medicines to be administered "when required".

Is the service effective?

Our findings

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).

People were helped to make daily decisions. A member of staff explained the way people made decisions. For example, people pushed the meal served away to show refusal and took staff to the object they wanted. They said complex decisions were made by the team and families. Communication care plans listed the specific behaviours used by people to communicate and the guidance on how staff were to respond.

Decision making profiles gave staff direction on how they were to enable people to make decisions and when the person was best able to make decisions. The types of decisions that needed consent from decision makers were also included in the profile. MCA decisions were developed for dental care and appropriate best interest decisions were made by multi-disciplinary team including the dentist. However, members of staff showed a lack of understanding of the MCA and the appropriate decision makers for some best interest decisions. For example, a relative without power of attorney was asked to give consent for staff to use a wheelchair harness and to consent to flu vaccines. This meant the legal framework needed for making best interest decisions were not in place.

Consent forms for support and care treatment were held in people's care records. People's consent was gained for administering medicines, to develop health action plans and for staff to provide care and treatment. The forms stated "I" with a space for the person's name "give consent to sharing information and to the restrictions on health and safety". It was noted that people had not signed the consent forms and the manager had signed the forms on behalf of the person. We found conflicting information was recorded. For example, for two people decision making profiles stated they lacked capacity to make complex decisions such as participating in medicine profiles and to consent to flu vaccines. However, they had consented to support and care treatment. The manager said staff had been using old paperwork and there was to be a review of the documentation used. They said the training was to be embedded during one to one meetings with staff.

People were subject to continuous supervision from staff. A member of staff said people were accompanied in the community and had limited access to the kitchen. They said when people used wheelchairs, lap belts were used and audio monitors were used in some bedrooms. DoLS applications were submitted to the supervisory body, detailing continuous supervision of care and necessary restrictions. The three people are still waiting assessment from the supervisory body.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Members of staff used the least restrictive measures to manage behaviours others found difficult. Staff said one person at times became frustrated and on these occasions the person was asked to calm down in their bedroom. They said sometimes the person was able to recognise their behaviour was escalating and went to their bedroom to calm down.

People received care and treatment from staff that were skilled and well supported. Staff said the manager was organising one to one meetings with them. They said at these meetings they discussed the people they supported, household chores and issues of concern.

Staff attended training that increased their skills and developed their knowledge of people's needs. The staff said with the exception of moving and handling and autism awareness, training was mostly online. They said they preferred face to face training as this form of training generated discussions about specific issues that affected the care and treatment they delivered. The manager said new staff were to be offered the Care Certificate and more face to face training was to be provided. This included first aid.

The manager said the organisation expected 90 percent of staff to have completed the training set as mandatory, by the provider. They said currently 89 percent of the staff had completed the organisation's mandatory training. Training set by the provider included first aid, safeguarding vulnerable adults and Mental Capacity Act (MCA) 2005.

People's dietary requirements were met. Members of staff followed guidance given by Speech and Language Therapists (SALT) and served textured diets to people at risk of choking. Menus to meet people's dietary needs were devised. The wide range of fresh vegetables, fruit and tinned foods ensured people had a varied diet.

People were supported with their on-going health care needs. Staff said GP visits to the home were arranged. People had regular opticians and dental check-ups. Members of staff reported on the outcome of visits. Where people experienced epileptic seizures, profiles were developed on how to manage their medical condition.

Is the service caring?

Our findings

We used Short Observational Framework for Inspection (SOFI) where people were not able to tell us their views. We saw positive interactions between people and staff. We saw staff addressed people by name and offered people choices of refreshments.

Staff said building trust with people helped develop positive relationships. One member of staff said having empathy and compassion ensured people were made to feel that they mattered. This member of staff said "we spend so much time together, we know one another and trust each other". Another member of staff said "it is all about the guys. Some people take time to trust you and once they trust for example, they will approach staff when they feel comfortable".

The records in place gave staff guidance on how people liked their care and treatment to be provided. Life stories described people's family histories, their early years, education and their background history before their admission to the home. This meant staff were given an insight into the person's early years before their admission which ensure people were perceived as individuals.

One page profiles in care records described the things that were important to the person. Daily routines plans described people's preferences and how they wanted their care to be delivered. One member of staff said knowing people and understanding their body language helped them deliver care to people in their preferred manner. They said people's care records told them about their preferred routines and about their likes and dislikes.

People's rights were respected by staff. A member of staff said before delivering care they discussed with the person the tasks they were about to undertake. They said people's care and treatment was always delivered in their bedroom.

One member of staff said people were supported to maintain relationships. They said people were helped to contact their relatives and staff kept relatives informed about important events. Records of activities showed during the Christmas period, people had contact with their relatives.

Is the service responsive?

Our findings

Care plans lacked detail and were not developed on all aspects of people's care needs. Care plans were not developed where risks were identified and staff used the communication book to record changes in people's care and treatment. A member of staff said the care plans were repetitive and not adequate. They said the layout was not practical. Care plans were reviewed six monthly and signed as ongoing. However, the care plans were dated 2013 and had not been re-written. This meant care plans were not written in line with current best practice. The manager said care plans were to be updated more often and a more person centred approach was to be developed.

Staff said the handover when shifts changed and the communications book kept them informed of people's daily care, treatment and wellbeing. We found information about people's current needs were recorded in the communication book.

One member of staff said enabling people to access community activities was a problem because not all staff were able to drive the home's vehicles. For example, activities were sometimes abandoned when staff had problems supporting people to access the vehicle. They said at times, taxis were used to support people with community activities and to visit pubs and coffee shops but they felt people were not going out often as they should. It was also noted a hospital appointment had been cancelled because the home's vehicle was not returned in time for the appointment. We saw records where a relative had given feedback about the lack of activities in June 2015. An action plan was developed for staff to support the person to access specific activities. However, this activity was not organised by the staff. Staff said they were investigating access to this activity.

Staff said a complaint book and procedure was kept in the kitchen and any concerns or complaints were investigated by the manager. One member of staff said people would tell staff if they were not "happy". They said staff would explore their issues and every effort to resolve the cause of unhappiness would be made.

Is the service well-led?

Our findings

Records for each person were not always personalised and confidential. The communication book in place was used by the staff to record all peoples' personal information such as outcomes of GP visits, application of creams and ointments and changes in care delivery. This is not in line with the Data Protection Act. The manager said recorded information was to be improved and placed in chronological order. Care plans and risk assessments were not developed to meet all aspects of people's care and to minimise the risk to people's health and their safety.

At the Annual Service Review all areas of the service were assessed by the provider. The areas for improving at the annual service review included staff's understanding of the principles of the Mental Capacity Act (MCA) 2005 and developing person centred care plans. We noted the manager involved in the review had ticked these areas as being met on October 2015. However during this inspection we found similar areas that required attention. A registered manager from another service present during our visit said there was an expectation that managers developed an action plan where standards were not fully met. The action plan in place of outstanding action to be achieved between October and December 2015 covered three areas which included the environment and purchasing equipment.

The operations manager reported on the service during their visit and the most recent visit occurred on 24 September 2015. At this visit there were observations of interaction between staff, the office systems were reviewed to ensure they were implemented and noted a relatives meetings was arranged. During this inspection we found staff lacked understanding of the MCA and people's capacity was not always assessed for specific decisions. DoLS applications had been submitted to the supervisory body in May 2014, the supervisory body have yet to complete an assessment. Care plans need to be developed to reflect guidance from social and health professionals. This meant the safety and quality of the service was not appropriately assessed and systems to drive improvements and ensure people were safe and their needs met were not effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

A registered manager was not in post. An application to register was received by the Care Quality Commission. The manager said an approachable, open and honest relationship with the team was the leadership style that they used. They said the challenge was creating trust and building relationships with people because of the recent changes in managers. For example, participating in reviews and meeting relatives.

The views of relatives were gathered about the service their family members received. The feedback received about the care delivered was positive but other comments were made about the home's vehicle and the lack of activities. An action plan was developed on replacing the home's vehicle but not on improving activities for people.

Staff had a clear understanding of the vision and values of the service. A member of staff said the vision was

to help people progress and grow and to keep a safe and secure environment for people.

Staff said the team worked well together. One member of staff said the team was strong and stable but there had been three managers in one year which had caused morale to deteriorate. They said morale had improved recently. Another member of staff said the team had to "pull together and work hard" during the 12 month period when there were three changes of managers. They said "the team is working well. We will be supportive of each other". Team meetings were held to discuss issues and pass information about changes in procedures and policy.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's capacity to make specific decisions was not always assessed. Members of staff gained consent for best interest decisions to care and treatment from relatives without power of attorney.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not personal and confidential to each person. Care plans and risk assessments were not developed for all aspects of people's care and treatment needs and to minimise the risk to people safety and health. Quality assurance systems were not effective as action plans were not developed where gaps in the fundamental standards were found.</p>