

Voyage 1 Limited

West Road

Inspection report

2 West Road
Hedge end
Southampton
Hampshire
SO30 4BD

Tel: 02380470557

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28 March 2017

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21 April 2017

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

West Road is a small residential care home for up to four people who have learning disabilities or autistic spectrum disorder.

This inspection took place on 28 March 2017 and was announced 24 hours in advance to ensure someone would be at the home.

At the last inspection on 17 April 2015 the service was rated Good. At this inspection we found the service remained Good.

There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

Staff had built caring relationships with people and demonstrated a commitment to ensuring that their needs were met in ways that made them feel they were valued and respected. People and their families were supported to express their views and be involved in making decisions about their care and support.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People could be confident that any concerns or complaints they raised would be dealt with.

Relatives spoke positively about how the service was managed. There was an open and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

West Road

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 checked 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 inspection that took place on 28 March 2017 and was carried out by one inspector.

The registered manager was given 24 hours' notice of the inspection because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law. We also contacted two community care professionals involved in the service for their feedback.

During the inspection we met the four people who used the service. Due to their difficulties communicating verbally, we were not able to seek in any detail their views about the care and support they received. We therefore spent time observing interactions between staff and people. Following the inspection we spoke with three relatives and obtained their views about the care provided at West Road.

We spoke with three support workers and the registered manager. We reviewed a range of care and support records for the four people, including care needs assessments, medicine administration records, health monitoring and daily support records. We also reviewed records about how the service was managed, including staff recruitment and training, risk assessments and quality audits.

We previously inspected the service in April 2015 and no concerns were identified.

Is the service safe?

Our findings

Relatives told us they thought people were cared for and supported safely and told us they had no concerns.

Staff received training in safeguarding adults and demonstrated understanding of the policies and procedures for safeguarding and whistleblowing, which provided guidance on how to report concerns. Staff were confident the registered manager would respond to any concerns raised. Staff were aware of the provider's policy and guidelines around not using any forms of control and restraint. They received training on the management of challenging behaviours, and told us that no person who used the service exhibited behaviours that would require more than verbal reassurance.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was appropriately recorded and reported. The registered manager analysed this information for any trends.

People's records showed that they were supported to take planned risks to promote their independence and staff were provided with appropriate information on how to manage these risks. Staff we spoke with demonstrated knowledge and understanding of people's support and risk management plans, including when accessing the community. Staff were able to tell us about the risks associated with certain situations and people, demonstrating they knew people well.

There was a consistent team of regular staff who were deployed according to the assessed needs of people using the service, including two to one staffing for one person when accessing the community. The staff rota was organised in advance but was also flexible to take account of people's planned activities and the level of staff support required. A relative said "Staffing is okay, people seem to go out quite a lot".

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. We looked at the records of two members of staff recruited since the last inspection. These included written references, employment histories, and satisfactory Disclosure and Barring Service (DBS) clearance. DBS checks are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

People's medicines were stored appropriately and managed so that they received them safely. There were detailed individual support plans in relation to people's medicines, including any associated risks. Medicine administration records (MAR) that we examined were completed correctly with no gaps or anomalies. Where one person was prescribed an 'as required' medicine for pain relief or high temperature, there were clear guidelines for when it should be given. Staff completed training and an assessment of their competence before they were able to administer medicines to people.

Staff received training in the prevention and control of infection. All areas of the home we saw were clean and hygienic including food preparation areas in the kitchen.

Is the service effective?

Our findings

People's relatives told us they felt care workers had the relevant skills and experience to meet people's needs. A community care professional said "I believe from the visits I have made, that the quality and the skill (of staff) is very effective and delivered safely".

Records showed staff completed a range of essential training that included safeguarding, equality and diversity, basic life support, moving and handling, and nutrition awareness. Service specific training such as a particular type of sign language was also provided to assist staff in supporting people effectively. We saw that staff cared for people in a competent way and their actions and approach demonstrated that they had the knowledge and skills to undertake their role.

New staff undertook a period of induction and shadowing experienced staff before they were assessed as competent to work on their own. The induction incorporated the Care Certificate, where appropriate, which is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. Staff were further supported through regular supervision and appraisal meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

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.

A community care professional confirmed that the service took people's mental capacity and consent into account at all times. Staff had been trained and showed an understanding of the MCA. Staff recognised that people could make some decisions but not others and empowered them to make as many decisions as possible. Support plans contained clear guidance for staff about how to support people to understand choices and be involved in making decisions. This included the use of pictures and the best ways to engage the person. Independent advocacy services were also being used to support two people.

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 interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate DoLS applications for people using the service.

People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan based on their requirements and preferences. Staff provided people with different food options, including the use of pictures, so that they were able to make an informed choice. A relative confirmed people were offered a choice of food and were supported to have a healthy balanced diet. People were supported by staff to shop for and prepare their own meals, at times that suited them,

which promoted their independence.

A community care professional told us "All the residents are supported to maintain good health. One particular resident is having a lot of treatment at the moment and I believe they are being supported very well". People had Health Action Plans and their records showed they received regular and on-going health checks and support to attend appointments. This included reviews of the medicines they were prescribed, GP, dental and chiropody appointments. People also had a hospital passport in readiness should they require hospital treatment. The aim of a hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

Relatives of people who used the service told us they were happy with the care provided by staff. One relative described the service as "Very homely. It really feels like a home". This was also reflected in comments from other relatives. One told us people were "All kept involved, like being at home". Staff and people using the service "All seem to muck in together and seem happy together". They confirmed that people's privacy and dignity was respected and upheld when staff provided personal care. A community care professional said "From all my visits the home deliver a high quality of care".

There was a good rapport between the registered manager, staff and people who used the service. The atmosphere throughout the home was friendly, calm and caring. The registered manager and staff spoke respectfully and with knowledge and understanding of the people living there. A member of staff said they felt all staff had the same caring approach and told us "It's like a family". People's relatives and/or representatives were encouraged to be involved in their care and support. There were no restrictions on when people could have visitors.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the care they received. People's care and support plans promoted their dignity and independence and included guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand the choices. The records showed and we observed that staff spent time with people, involving them in discussions about their goals, activities, care and support.

We saw staff communicating effectively with a person about when a family visit would be happening. They spoke about a forthcoming holiday and other activities, using a calendar and pictures. Another person used a folder of pictures to communicate to staff a wish to buy a book. Staff understood and confirmed that they would be supporting the person to go to the shop that afternoon.

For each person using the service there was an individual programme of activities and outings in place. People could select from a range of activities provided through the organisation's day centres and also more individualised activities of their choice. This included swimming, art and craft, fun cooking, personal shopping, cinema, football, days out and walks. Staff had supported two people on a holiday abroad and showed us photo books of the event. The books had been carefully and thoughtfully designed by staff and shared with people's relatives.

People were supported to maintain family relationships and their birthdays were remembered and celebrated. People's bedrooms were personalised with things that were important to them, such as photographs, ornaments and items of furniture. There were also pictures and photos in the communal areas of people on holiday or at parties.

People were supported to make decisions about how they wanted to be cared for at the end of their life. Two people's care records contained advance decisions regarding funeral arrangements. The registered

manager told us discussions were taking place with a care manager regarding the other two people.

Is the service responsive?

Our findings

Relatives told us they felt the staff were responsive to people's needs and any concerns they had. A relative said "I have been very impressed right from the word go". They had been "very involved" during the person's transition and move into the home, which had included a review after six weeks. They told us "We went to visit (the home) the first time and he made it quite clear that was his favourite". The person was now "very settled" and "seems to be thriving on the structure".

A community care professional involved in reviewing people's needs told us "The current manager is very flexible in supporting the staff and service users" including those with more complex needs.

A personalised approach to responding to people's needs was evident in the service. Before people moved to the service an initial assessment of their needs took place to help ensure the service was suitable for them. Following this initial assessment a care and support plan was developed that was tailored to the individual, reflected their personal preferences and how they expressed themselves and communicated with others. Care and support plans were written in a personalised way, including what and who was important to the person.

Staff demonstrated knowledge of people's individual needs, personalities and preferences. There was a relaxed atmosphere in the home and staff communicated well with the people and promoted an inclusive, supportive environment. Staff had a clear understanding of the support planning process and of the outcomes they were supporting people to achieve. This included social, emotional and health related needs and goals. Staff worked flexibly to enable people to achieve their goals and wishes. A relative told us "He mentioned he wanted a picnic and (member of staff) arranged it for the next day. It was spur of the moment, flexible". They added "There's never a day when he's not got something planned".

Staff monitored people's changing needs through a system of regular reviews and observation and this was clearly recorded. Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. This helped to ensure care and support plans were current and continued to reflect people's preferences as their needs changed. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. The registered manager told us one person was supported to continue to use a health service in another area because "That is where he is familiar with". Staff made the journey "because it's best for him".

Relatives told us they knew how to make a complaint but had never needed to. The registered manager confirmed they had received no complaints about the service. A complaints procedure was available in written and pictorial formats to assist people to make a complaint. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

Is the service well-led?

Our findings

Relatives spoke positively about the management, culture and ethos of the service. One relative told us the service was "Quite excellent" and "A well run and organised home". The registered manager and staff "All listen, they're honest, truthful and approachable". Another relative told us staff had contacted them in relation to a minor incident that had happened while the person was at a day service. They said "They were so open about it and explained the process".

A community care professional told us "I have been impressed by the support the manager has given to the residents and staff". They also commented "I feel from my visits they work really well as a team and in a person centred way, which has kept the staff there for a long period of time, which is extremely positive for the residents who live there".

The service had a registered manager. 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.

The registered manager promoted an open and inclusive culture in the home and demonstrated the skills of good leadership. Relatives and other stakeholders including community health and social care professionals were asked for their views and these were acted on appropriately. Staff understood the importance of team working and how this helped to ensure people received consistently good care. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. There were clear lines of accountability within the service with each shift having a clearly designated member of staff in charge.

Records of staff meetings showed that staff were asked for their input in developing and improving the service and staff confirmed this. On-going agenda items included policy updates, training, health and safety, discussions about issues affecting people who used the service and about ensuring good practice. Any actions identified at previous meetings were reviewed and updated at subsequent meetings. Registered managers' meetings were held each month and were used as an opportunity to share good practices with other registered managers.

Regular audits of the quality and safety of the service had continued to take place and were recorded. The registered manager sent a weekly service report to the organisation's quality assurance team, who contacted the manager for further details and provided support if and when appropriate. The quality assurance team carried out unannounced audits of the service to check on standards of quality and safety. The registered manager also undertook a quarterly audit of the service, which was checked and monitored by the operations manager. Where necessary, action plans were created and followed.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's

registration. The rating from the previous inspection report was displayed in the home and on the provider's website.