

Voyage 1 Limited

16 Balnacraig Avenue (The
Leaves)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

16 Balnacraig Avenue (The Leaves) is a home for seven people with a learning disability and physical disability. There were six people using the service on the day of the inspection.

At the last inspection on 23 April 2015, the service was rated Good.

At this inspection we found the service remained Good.

People who used the service were protected from abuse and staff were clear about what to do if they needed to report allegations or if they had witnessed abuse. Appropriate risk management plans ensured that people were protected from avoidable harm. Sufficient staff were deployed to meet the needs of people who used the service. Medicines were managed safely and people could be confident that they received their prescribed medicines safely. The home was clean and free of any offensive odours.

Staff had received a wide range of training and were knowledgeable and skilled to ensure that people's needs were met. 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 who used the service benefitted from a varied, nutritious, well-balanced and healthy diet. Close links with a wide range of health care professionals and clinicians ensured that people's health care needs were met.

People and staff had formed positive caring relationships and people were well cared for. Their dignity and privacy was respected and people were supported to follow their faith and maintain their cultural identity.

People's care was planned with putting the person's needs in the centre of the treatment or care provided. Regular reviews of care plans meant that changes in people's needs was responded to swiftly and ensured people's needs were fully met. People who used the service and visitors were encouraged to raise concerns.

The service promoted a positive open and inclusive environment. People, their relatives and care workers were encouraged to regularly contribute to improve the service provided. A robust governance system ensured that any shortfalls were responded quickly and people were provided with good person centred care.

Further information is in the detailed findings below.

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

16 Balnacraig Avenue (The Leaves)

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 comprehensive inspection took place on 23 June 2017 and was unannounced.

The inspection was carried out by one inspector.

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 reviewed our records including previous inspection reports.

People using the service at 16 Balnacraig Avenue (The Leaves) had limited verbal communication skills which meant it was difficult for us to speak in detail with them. We spoke with two relatives, one senior care worker, two care workers, the temporary manager and the operations manager during this inspection. We spent time observing care and support in communal areas. We also looked at a sample of two care records of people who used the service, five staff employment records and records related to the management of the service.

Prior to the inspection we contacted and asked visiting health care professionals' for feedback we received responses from three health care professionals'.

Is the service safe?

Our findings

One relative told us that Balnacraig Avenue is, "A safe and caring place", and another relative told us, "The staff do their best; they look after [person's name] well and make sure he is safe." This relative further told us, "[Peron's name] is blind and the staff make always sure that the home is free from clutter." A staff member told us when we asked what they would do if they witnessed abuse. "I would talk to the manager, but I can also contact the Care Quality Commission (CQC), police or social services. However we make sure that people are always safe."

Training records showed us that all staff had received safeguarding adults at risk training. Care workers spoken with were able to explain the different forms of abuse and told us that would always report if they had any concerns. This meant that appropriate actions and systems were in place and people were protected from abuse or avoidable harm.

People were able to take risks and systems were in place to ensure risks to people were minimised. One health care professional told us "People in the care home were allowed plenty of freedom and staff were not risk averse." Care records showed that risk management plans were detailed and based on peoples' assessed needs.

Robust recruitment procedures ensured that only staff safe to work with vulnerable adults' were employed. Care workers spoken with told us "I had to provide documents' and they did a police check on me before I was offered the job." Staff records showed that all potential employees had to provide evidence of their identity, their address, two references and a criminal records check was undertaken. One relative told us "There is always enough staff around and I come almost every day." The rota showed us that five care workers worked in the morning, three during the afternoon and two at night. Staff told us that they had enough staff during the morning, but could do with some more in the afternoon to be able to take people out. The temporary manager told us that recently a permanent driver had been employed, which will be shared with another nearby service. The manager told us "This will allow us to take people out more regularly."

We saw that medicines were managed safely, which meant people could be reassured that they received their medicines safely. All staff had received medicines administration training. Medicines were stored safely in a lockable cupboard and the key was with the shift leader at all times during our inspection. Medicines administration records had no gaps and stock levels recorded corresponded with actual medicine stored at the home.

One relative told us "The home is always clean when I come and smells nice, this is very important." Staff had received infection control training. We observed staff using gloves and washing their hands regularly to minimise the risk of infections being passed on between people. The home was very clean and free of any offensive odours.

Is the service effective?

Our findings

One relative told us "The staff are very good and they know what they are doing." One visiting professional told us, "Staff were knowledgeable about the needs of people and were skilled in what they do." One care worker told us "There is a lot of training available and you get paid if you want to do your online training at home."

Staff received regular supervisions and appraisals and told us that they were well supported. One comment made by a newish member of staff was, "Everybody is so supportive and the manager takes time to help me and teach me new things." The majority of training was provided electronically, which was accessible to staff at home. Training around manual handling or managing behaviours that challenge the service was class room based. Training records showed that all staff had completed 96% of the training provided. We saw that the temporary manager had a training plan in place to ensure that staff were reminded to attend refresher training if and when required. This meant that people were supported by an experienced and skilled team of staff.

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). Care records showed that appropriate DoLS authorisations were in place and action had been taken to review and renew authorisations with the supervising local authority. Staff demonstrated good understanding of the five principles of the mental capacity act and told us that they had received appropriate training. Training records viewed confirmed this.

One relative told us "I usually come around lunch time and my relative and all the other residents enjoy their food." We observed lunch time which was very calm and people were given sufficient time to enjoy their meal. The menu was planned in advance and based on what staff and relatives knew about people. The fridge was well stocked and we saw fruit and vegetables were available. The day of our inspection was a warm day and we observed staff offering drinks to people regularly. This meant that people were supported appropriately to eat and drink and maintain a balanced diet.

The service had good links with the local learning disability team and responded quickly to people's changing health needs. Care records showed that a wide range of clinicians had been involved which included a diabetes nurse specialist, epilepsy nurse, speech and language therapy, podiatrist, psychologist and physiotherapist. Feedback from health care professionals was very positive and included, "The staff were helpful and attentive in following my recommendations regarding the patients I saw." This meant people were supported appropriately to maintain good health and had access to healthcare services and received on-going health care support.

Is the service caring?

Our findings

One relative told us "Staff have always been remarkable, very tolerant and patient. My relatives like to do things independently and do things her own way and the staff respects this." One health care professional told us "There is a positive and caring environment provided by the team." One care worker told us "What matters is the attention to detail, for example today is a warm day and [person's name] does not wear socks in the house to be more comfortable."

We observed very good and caring relationships between people and staff that supported them. The atmosphere was calm and quiet yet people were active and everybody went for a walk. Staff spoken with demonstrated good understanding of people's history and care records we viewed documented likes, dislikes, people who play an important part in people's lives and detailed guidance how people want to be cared for.

We observed staff knocking at people's doors, closing rooms when providing personal care and covering people to ensure they were not exposed inappropriately. People were dressed in garments and clothing appropriate to the season and their cultural and ethnic background and were supported to visit and attend their chosen places of worship.

Were people did not have a relative to advocate on their behalf an independent advocacy service had been approached and people were provided an advocate to ensure their views were respected and taken into consideration.

The service currently does not provide end of life care, however their wishes of burial arrangements had been documented.

Is the service responsive?

Our findings

One relative told us, "I am invited twice a year for care plans reviews and I was always made welcome and felt that what I said mattered". One care worker told us, "We usually review care plans every month during planned key worker meetings and we have a person-centred review twice a year." One health care professional told us, "Care plans were current, clearly written and person centred." Another health care professional told us, "It is very nice to see residents sitting in the garden on sunny days. There is not much the home can improve on, people have activities on weekdays."

Care plans viewed were detailed and centred on the person. For example, all care plans had a one page profile stating what was important to the person and how the person preferred to be cared for. This was followed by information about people who were important to the person and information about how best the person communicated their needs and made independent decisions. All care plans had individual set objectives, which were reviewed monthly together with the person's key worker and every six months together with the manager and any person significant to the person. This meant that care plans were based and formulated around the person and their opinion was sought to change the care plan periodically or when the person needs have changed.

People were provided with in-house and community based activities. These included massage, aromatherapy and music sessions, walks, visits to the park and local cafes. However, the service acknowledged that people would benefit from more community based activities and had in response to this employed a driver for the minibus. This will allow people to go further afield and staff told us that they discussed during team meetings where to go. People told us that they spoke about visiting London Zoo or Kew Gardens. This meant people were provided with stimulating in-house and community based activities.

The service had not received any complaints in the last twelve months. Relatives told us that they would raise any concerns with the manager and staff echoed this. A complaints procedure was displayed in the kitchen and had been made available in pictorial form enabling people who could not read to access it.

Is the service well-led?

Our findings

Relatives spoke very positively of the management arrangements and told us that the temporary manager was visible and approachable. Care workers we spoke with confirmed this. Relatives told us "Since [manager's name] started things have really improved, not that it was bad before." Staff told us "[Managers name] is very supportive and her door is always open, I hope she will stay on, we had quite a lot of changes in the past and she brought stability back, we all know what we have to do."

The registered manager had left in October 2016 and the provider appointed a new manager at the beginning of March 2017, who left shortly after being appointed. The provider continues to recruit for a new registered manager. However the provider had ensured that appropriate management arrangements were in place until a successful suitable candidate had been employed. The provider informed us after the inspection that ongoing interviews had taken place and reassured us that if no suitable candidate can be appointed by July 2017, the temporary will be registered with the CQC. 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.

Care workers told us that they felt listened to and that their opinion was valued and taken seriously. Team meetings were held monthly and covered a wide range of topics, which included people who used the service, medicines, safeguarding and pending CQC visits.

The providers' website's mission statement states that Voyage's vision and aim is to provide good quality care to people with learning disabilities. Care workers spoken with were able to provide us with practice examples of what this meant. For example we observed care workers making people comfortable when they slipped in their wheelchair or spending time with people to have informal chats. One care worker told us "At night we put the blanket at one person a certain way, this is to ensure the person stays warm and the blanket does not move and the person is uncovered, it is the attention to the detail, which I like here."

Staff and relatives had regular opportunities to provide feedback. For example, in regards to the treatment or care provided and the information forms part of the provider's quality assurance system. The temporary manager undertakes a full review of the quality of care and service provided every three months, which was monitored by the operation manager. The review included a sample of care plans, medicines administration, staffing records, health and safety and maintenance. This ensured that quality of care was monitored and improvements to the treatment or care can be made where required.