Voyage 1 Limited

Welland House - Occupation Road

Inspection report

1 George Hattersley Court
Occupation Road
Corby
Northamptonshire
NN17 1EA

Tel: 01536403817
Website: www.voyagecare.com

Date of inspection visit:
21 June 2016

Date of publication:
19 July 2016

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

This unannounced inspection took place on 21June 2016. This residential care service is registered to provide accommodation and personal care support for up to 12 people with learning disabilities at two separate properties; Welland House and The Coach House. At the time of the inspection there were 10 people residing across both properties. Both Welland House and Coach House are registered as one service; in the report we will talk about the service as one location.

There was a registered manager in post at the time of our inspection. 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.

People felt safe in the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks. People were supported to take their medicines as prescribed and medicines were obtained, stored, administered and disposed of safely.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person and people were actively involved in decisions about their care and support needs.

There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to maintain good health and had access to healthcare services when they were needed.

People received care from compassionate and supportive staff and people and staff had positive relationships with each other. Staff understood the needs of the people they supported and used the information they had about people to engage them in meaningful conversations. People were supported to make their own choices and when they needed additional support relatives advocated on behalf of people.

Care plans were written in a person centred manner and focussed on giving people choices and opportunities to receive their care how they preferred. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where

they spent their time and what they did. People were able to raise complaints and they were investigated and resolved promptly.

People and staff were confident in the management of the home and felt listened to. People were able to provide feedback and this was acted on and improvements were made. The service had audits and quality monitoring systems in place which ensured people received good quality care that enhanced their life. Policies and procedures were in place which reflected the care provided at the home.

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.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and

promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and
complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they offered staff regular support and guidance.

There were systems in place to monitor the culture, quality and safety of the service and actions were completed in a timely manner.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Welland House - Occupation 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 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 21 June 2016. The inspection was unannounced and was undertaken 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

Many of the people who used the service were limited in their ability to recall their experiences or express their views; in these circumstances we used the Short Observational Framework inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with four people who lived at the home, six care staff, the deputy manager and the registered manager. We also spoke with a health professional who was visiting the home. We observed people interacting with staff and being supported in day to day activities.

We looked at care plan documentation relating to four people and four staff files. We also looked at other

information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. It was clear through observation and general interaction that people felt safe and comfortable in the home. One relative said "It is always nice to see how well the staff get on with [my relative] and other people living there; the staff make sure everyone is safe and looked after." The provider had procedures for ensuring that any concerns about people's safety were appropriately reported. Staff said they had not needed to report any concerns but would be confident to report abuse if they saw or heard anything that put people at risk. One care staff said "I wouldn't hesitate to report any concerns and I know the manager would take it seriously and act on it straight away." Staff had received training on protecting vulnerable people from harm and abuse and records we saw confirmed this.

People were assessed for their potential risks such as risk associated with epilepsy. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had decreased their risk assessment reflected their changing needs and any changes in mobility equipment. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, there were clear plans to mitigate the risks of fluctuating blood sugar levels as staff took regular readings and informed the district nurse of the results.

The provider regularly reviewed environmental risks, we saw that the environment supported safe movement around the building and that there were no obstructions. People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. People had personal emergency evacuation plans in place in case of an emergency; fire safety systems were in place and appropriate checks were conducted; these included weekly fire alarm tests and regular fire drills. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order.

There were enough staff to keep people safe and to meet their needs. People told us that staff were available when they needed them as they were allocated specific staff for the day which provided them with continuity of care. Staff felt confident that there were enough staff available to meet people's needs and to ensure people received good support throughout the day. We observed that the levels of staffing allowed each person to receive appropriate support from staff.

People's medicines were safely managed. Staff had received training in the safe administration, storage and disposal of medicines. Each person had one allocated member of staff working with them and only this member of staff administered medicine to them; this practice had proved its effectiveness as their had been very few medicine errors. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. They followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits where actions had been taken to improve practice and all staff had undertaken competency assessments.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on moving and handling, first aid and nutrition and hydration. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "I was really impressed with my induction, I got to know everyone's routines and shadowed other staff for a few weeks before I worked on my own; and then I was always able to ask other staff if I wasn't sure of something."

Training was delivered using face to face workshops and on line training; the provider's mandatory training was refreshed annually. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of online and classroom based training. One care staff said "We have just had health action plan training and we learnt that the learning disability liaison nurse can support people on GP appointments with us; that is really important because some GP's don't have in depth knowledge of learning disabilities." Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). The staff team also benefited from specialised training such as abdominal massage; this was delivered by the Community Team for People with Learning Disabilities.

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular supervision, I always find it useful because I am not confident in speaking up in a group so one to one supervision is the best way for me talk about idea's or concerns."

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).

The registered manager was knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS applications had been submitted from the local authority. All staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to

maintain their health and well being had had been identified, monitored and managed. Dietary and nutritional specialists had been involved when people required food to be given via a Percutaneous Endoscopic Gastrostomy (PEG). People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. Staff ensured people received foods that was at the right texture for people to eat safely; for example mashed or pureed foods. . Staff asked people about their food choices and were aware of people's wishes. The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. People had access to specialist cutlery and crockery to meet their assessed needs.

People were supported to maintain good health as they had access to healthcare services and received on-going healthcare support from a range of professionals. One visiting health professional said "I have no concerns at all with the level of care people receive; the staff are very responsive to people's changing conditions and they do not hesitate to call us if they have concerns." Care Records showed that people had access to GPs, community nurses, condition specific nurses and were referred to specialist services when required. People received a full annual health check-up and had health action plans in place. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments. We noted that referrals had been made promptly when there had been any concerns that people were becoming unwell so that treatment could commence quickly. Care staff knew people's routine health needs and preferences. One member of staff said "We know what to look for if [names] are becoming unwell as their behaviour sometimes changes." People's physical health needs were also kept under review as healthcare professionals visited regularly to monitor people's health conditions for example to manage their diabetes.

Good

Is the service caring?

Our findings

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed the interaction with staff in the home. One relative told us "The staff are lovely, very respectful; [my relative] would soon say if she wasn't treated right….the whole world and his wife would know about it!" We observed that staff had a caring attitude towards people and a commitment to providing a good standard of care. Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledged every one when they were in the same room or passing.

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. One person showed us their bedroom and it was decorated to the person's own choice with themed pictures on the wall and photographs of family members and other items that had meaning to them. Staff used their knowledge of people to support them to have their bedroom how they wanted which reflected their interests.

People were encouraged to express their views and to make their own choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example by male or female members of staff. Staff had a good knowledge of people's preferences and these were respected and accommodated by the staff team.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private.

Staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. For example; closing curtains when undertaking personal care and checking that people were comfortable with the process. The service had a dignity champion who monitored and observed mealtimes and conversations to ensure they were inclusive, respectful and person centred.

There was information on advocacy services which was available for people and their relatives to view. No one currently living at the home used an independent advocate but staff were knowledgeable about how to refer people to advocacy services and what advocacy services could offer people.

Visitors, such as relatives and people's friends, were encouraged and made welcome. The registered manager told us that people's families could visit when they wanted and they could speak with them in the lounge area or their bedrooms. People confirmed to us that people could visit them whenever they chose and people also went on overnight stays with their relatives.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People and their relatives were encouraged to visit the home to gain an insight into whether the home was right for them. During the admissions process the registered manager visited people in their homes or other care setting and gathered as much information and knowledge about people as possible. Staff encouraged people's relatives, advocates and care professionals to be involved to understand people's preferences and strengths. This ensured as smooth transition as possible once the person decided they would like to move into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices, they were written in an easy read format so that people could be involved and understand their plan of care. Information about people's past history, where they lived when they were younger and what interested them was detailed in their care plans. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's needs. We saw that care plans reflected people's current needs including changes in medication. One new care staff we spoke with said "The care plans are really detailed; it's so helpful to have all of the information about people's preferences, especially because I am new and won't remember it all straight away."

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with arts and crafts, DVD nights, baking and 'beauty sessions 'and listening to music. Care staff made efforts to engage people's interest in what was happening in the wider world and local community by discussing events in the newspapers and the media.

People participated in a range of activities including attending day opportunities for people with learning disabilities, social clubs, swimming, visiting garden centres, trips to county parks, meals out, cake baking, library and bowling. People had a variety of activities that they were involved in and staff were proactive in supporting people to attend events.

Staff were responsive to people's needs. Staff knew people well and were able to understand people's needs from their body language and from their own communication style. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance.

When people moved into the home they and their representatives were provided with information about what do if they had a complaint. One relative said "If I had a complaint or I wasn't happy I would just speak

to [the registered manager]; they would put it right for me." There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern.

Good

Is the service well-led?

Our findings

The service had made lots of improvements in the last 12 months and had been supported by the operations manager to drive change and outcomes for people. On staff member said "There has been a lot of changes in the last year and it is definitely a better place to work; I feel my input is respected and valued and I feel listened to."

The manager had created an open and transparent culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and they felt that the manager would listen and take action. One staff member told us "[The manager] is really good, we have had a change of manager and it is different in some ways but it is all positive." The manager shared with the staff team weekly updates from the corporate team which gave them information of any policy changes, good news stories from other services etc.

The registered manager was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. They had submitted the appropriate statutory notifications to CQC such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.

The registered manager aimed to continually improve the care at Welland House and sought feedback from people using the service, their relatives and staff. Recent improvements as a result of comments included drop in coffee mornings to enable relatives to provide more informal and regular feedback.

Communication between people, families and staff was encouraged in an open way. The registered manager had developed a newsletter to send to relatives informing them of changes in the staff team and social events that were planned. Care staff talked positively about people's relatives and how important it was to maintain a good relationship with them. One relative said "I am always up to date with anything that is happening; when I visit if there are any changes staff let me know straight away; I have no concerns."

The culture within the home focused upon supporting people to receive the care and support they required to have a happy and comfortable life. All of the staff we spoke with were committed to providing a high standard of personalised care and support and were proud of the job they did. One member of staff told us "I love working here; I make a difference to people's lives and I am really well supported." Staff were focussed on the outcomes for the people who lived at the home. Staff spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals.

Staff worked well together and as a team, they were focused on ensuring that each person's needs were met and shared information. Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said "The manager is very approachable, easy to talk to and she listens to what the staff have to say and supports all of us." Staff meetings took place on a regular basis and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The manager

worked alongside staff so they were able to observe staff practice and monitor their attitudes, values and behaviour.

The home had a programme of quality assurance in place to ensure people received good quality care. The service completed health and safety audits, medication audits and completed monthly monitoring of care plans to ensure they were up to date and reflected people's current needs.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.