

Voyage 1 Limited

The Laurels

Inspection report

St Margaret's Lane
Titchfield
Fareham
Hampshire
PO14 4BL

Tel: 01329841919
Website: www.voyagecare.com

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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

The Laurels is registered to provide care and support for up to eight people. Some people using the service may have a learning disability or require support with their mental health.

At the last inspection on 31 January 2017 the service was rated Good. At this inspection we found the service remained Good.

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.

Relatives were happy with the care provided. They felt their family members received safe care from staff members who were supported by the registered manager.

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

People had care plans in place which provided detailed guidance to staff on the support people required.

People had access to other health professionals and were supported to take their medicines. Safe medicine practices were promoted.

Effective systems were in place to safeguard people from possible abuse.

People were provided with the information and opportunities to raise concerns. Risks to people were identified and managed.

Staff were kind, caring and had a positive relationship with people and had a good understanding of people's needs.

People received sufficient food and drink relevant to their health conditions.

Care records contained information about people's food preferences and their ability to prepare their own meals independently or with support.

The required staffing levels were maintained and regular agency staff were used to cover shifts to promote continuity of care for people.

The home was clean and suitably maintained. Systems were in place to ensure equipment was safe to use

and that infection control risks were minimised.

Staff were suitably recruited, inducted and trained to fulfil their roles. They received support from the registered manager and one to one supervision meetings.

Management of the service was effective in driving improvement.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

The Laurels

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.

The Laurels is 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection visit took place on 13 April 2018, was unannounced and was carried out by one inspector.

Before our inspection we contacted two health and social care professional in relation to the care and support being provided at The Laurels. We reviewed the information we held about the home, including previous reports and notifications of incidents the registered provider had sent us. A notification is information about important events which the service is required to send us by law.

People were not able to verbally communicate their views with us or answer our direct questions. During our inspection we spoke with the registered manager, four staff members, one agency member of staff and the operations manager. We reviewed feedback records from relatives and healthcare workers.

We looked at three people's care records, three staff files, a sample of audits, satisfaction surveys, staff attendance rosters and checked the provider's policies and procedures.

We previously inspected The Laurels on 16 March 2016 and rated the service good.

Is the service safe?

Our findings

People received safe care. A healthcare professional commented, "If ever the staff there have wanted help from us they always call. I am sure service users (People) are safe".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. The registered manager told us there were enough staff to meet people's needs. The registered manager said, "We have just had a member of staff leave but we are in the process of recruiting another staff member and a waking night". The registered manager told us they were using familiar agency staff until they had recruited into their vacancies. Permanent staff confirmed this.

There were safe medicine administration systems in place and people received their medicines when required. People's care plans outlined the support they required to take their medicines. Records were maintained of medicines received into the home and those that were disposed of. We looked at a sample of medicine administration records. We found no gaps in administration, of the records viewed. Systems were in place to audit medicines which ensured any discrepancies were picked up and dealt with in a timely manner. Staff were trained and assessed as competent prior to administering medicines. A member of staff said, "If we give medication then we have to call the manager on the on-call phone to get permission".

Risk assessments were in place for people who used the service and staff. Each risk assessment described the activity, details of the hazards and nature of the risk, who might be at risk, steps taken to reduce the risk, and whether any further action was required. For example, the actions to take when supporting people in

the community.

People were safe from the risk of infection. Staff understood how to minimise the spread of infection through following the provider's infection control policy. Staff told us they washed their hands before and after handling foods and medicines. Staff had completed training in respect of food hygiene. They were responsible for ensuring the cleanliness of the home by working with and supporting people living at the home to ensure this was carried out. The registered manager checked the cleanliness of the service and ensured staff completed their tasks satisfactorily.

Environmental risk assessments were in place. They outlined risks to people, staff and visitors such as risks associated with moving and handling, medicine administration, cooking and cleaning. Health and safety checks took place which promoted a safe environment for people. Food, fridges and water temperature checks took place and records were maintained. Staff carried out regular checks to ensure the fire equipment was in good working order. The fire equipment, gas safety, water supply, electrical appliances and fixed lighting were regularly serviced.

People living at the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

Is the service effective?

Our findings

People received effective care. The registered manager said, "We have a (Person) who is diabetic, we have just put our staff on the training course for that tomorrow". A relative commented, "Thanks for helping (Person) when they needed to go to the GP at short notice".

People's care plans outlined the support they required with their health needs. People had a health plan in place which showed people had access to other health professionals such as the GP, opticians, podiatrists and the district nurse. People had access to specialist health services when required such as the speech and language therapist, dietitian and consultants. Each plan contained a hospital passport. This ensured key information on people was provided to other health professionals in the event of an emergency to promote an effective transition to hospital.

Staff worked effectively with healthcare professionals to reduce the risk of harm. For example, one person received support to attend the GP for skin damage. A member of staff said, "We support (Person) to go to the doctor's surgery weekly to redress her leg" and "If staff are in any doubt they will go straight to the doctors again. If she becomes agitated and starts to rub the leg then we get her to the doctor." Daily recordings and healthcare feedback confirmed this.

Staff were aware of their roles and responsibilities. They felt they had the required training to do their job. Staff training included food hygiene, first aid, fire safety, health and safety, infection control, first aid, safeguarding, medicine management, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Appropriate arrangements were in place for refresher training so that staff skills and knowledge were kept up-to-date. A member of staff said, "We have had MAPA training but we don't generally have to use it". MAPA (Management of Actual or Potential Aggression) training enables staff to safely disengage from situations that present risks to themselves, the person receiving care, or others.

New staff were enrolled onto the Care Certificate training alongside the provider's corporate induction. The Care Certificate training is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. One member of staff who was working through the Care Certificate told us they were positive about the areas it covered and were motivated to increase their knowledge. They said, "I had never worked in care before but it's something I've always wanted to do. The training has helped me".

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare. A member of staff said, "We have plenty of opportunity to speak with the manager if we want. He is always around to give advice if we need it and he gets involved and gives us good feedback".

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The

Act 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 member of staff said, "It's about assuming people have capacity and then working from there. You may have to have a best interest meeting and sometimes you might have to get family and professionals involved".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection three people had been referred to the local authority for assessment. The registered manager knew when an application should be made and how to submit one. We found the staff were meeting the requirements of the Deprivation of Liberty Safeguards.

The registered manager had recently devised a picture menu which contained a number of options for people to select. Staff had regular meetings with people to discuss their food choices and preferences. A member of staff said, "Staff sit with the ladies and ask what they want". The menu booklet provided recipes for staff to follow such as fish dishes, homemade spicy fish fingers, salmon cakes, curry, chicken casserole, pork chops and scalloped potato casserole. Care records contained information about people's food likes and dislikes, preferences and their ability to prepare their own meals independently or with support. One care record stated, "(Person) is prone to constipation" and "Staff to encourage person to eat plenty of fresh fruit, vegetables, cereal, and wholemeal bread". People who required their food intake to be monitored were supported appropriately.

Is the service caring?

Our findings

People received a caring service. A relative commented, "We as a family would like to thank you and all the staff for all their efforts to get in last week in the snowy weather, and you also for coming in last Saturday to go and get some supplies for the ladies".

Some people living in the service had limited verbal communication. Staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Care plans described how people communicated and what different gestures or facial expressions meant. The information had been developed over time with key staff and in conjunction with people's families and healthcare professionals. Staff also asked families for information about peoples' backgrounds to enable them to provide care and support for people in line with their wishes and choices.

We observed staff responding promptly to people's requests for assistance and regularly approaching people to check whether they were happy and comfortable and whether there was any assistance they required. Staff were aware of what made people happy and we observed people smiling when interacting with staff. Staff were aware of what may upset people and provided emotional support when required. Staff were patient and respected peoples' private space.

The registered manager implemented change to ensure peoples' rights and health were respected. The registered manager said, "Staff used to smoke in the back garden but none of the ladies smoke. We have banned it and we have now created a smoking area at the side of the garden.

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The registered manager and staff were aware of equality and diversity issues. We could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans where needed. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

There was a confidentiality policy in place for staff to follow. People's personal information was stored securely and computers were password protected in line with the Data Protection Act.

Is the service responsive?

Our findings

The service was responsive to peoples' needs. A healthcare professional said, "I have no concerns about the home and feel they review people's care appropriately".

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included information which documented people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. This detail was useful in supporting staff to build positive relationships with people.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how the person liked to be assisted in the community. Peoples' care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff told us care plans were informative and gave them the guidance they needed to care for people. The registered manager had recently reviewed and updated peoples' care plans and risk assessments. A member of staff said, "There has been a lot of work done in the last six months on paperwork".

Each person had a designated key worker. (A key worker is a named member of staff who works with the person and acts as a link with their family). One member of staff spoke in detail about the needs of the person they were a key worker for. They had a good knowledge about the person's background, current needs, what they could do for themselves, how they communicated and where they needed help and encouragement. Staff knew people's communication needs and the methods they used to express themselves. These helped people to become more involved in making choices.

When people's needs changed, their care plans were reviewed to make sure they remained up to date and fit for purpose. For example, the registered manager said, "(Person) uses a frame and she just been assessed on her mobility. The OT (occupational therapist) came out about two weeks ago" and "We are getting tarmac in the front area and we are going put a permanent ramp outside the front door and we are going raise the floor so it's a level surface". Daily recordings confirmed this.

Staff completed daily records which were used to record what each person had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

The registered manager told us they were not aware of the accessible information standard. However, they told us that they could produce easy read and large print versions of information for people if needed. This information is important to demonstrate the provider is complying with the Accessible Information

Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The registered manager was in the process of creating more person centred activities. A member of staff said, "We are looking at gearing the activities more to suit the ladies. Voyage have their own activities team but we want to break away from it because our clients want a more community focused activities rather than teaming up with other homes all the time". Another member of staff said, "(Person) enjoys activities, she likes going out for drives, going shopping and going to the cinema".

At the time of our inspection nobody was receiving end of life care. The registered manager was knowledgeable about what action to take should this be required.

People and their families were given information about the provider's complaints policy and details of the complaints procedure were displayed in the service in both easy read and pictorial format.

Is the service well-led?

Our findings

The service was well-led. The operations director said, "It is going in the right direction. I haven't got any concerns, it's a good home. It's had staffing issues in the past but they have gone now".

There was a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. The registered manager completed a monthly report on areas of care such as complaints, accidents, incidents, care plans and risk assessments.

Senior management visited the service regularly and checked various aspects of the care provided. Reports for all quality assurance visits were produced and any issues highlighted to the registered manager for action. These were checked at the next audit to ensure progress had been/was being made.

An internal quarterly audit dated January 2018 to March 2018 found improvements were required. The provider used our key lines of enquiry to assess the quality of care provided. For example, questions such as, was the service caring achieved 100%. Was the service effective achieved 42%. Was the service responsive achieved 40%. Was the service safe achieved 74% and was the service well led achieved 57%. The registered manager was able to demonstrate the work they and their team had carried out to make the required improvements. The registered manager said, "If you had come next week we would have almost finished everything we needed to". We could see significant improvement had been made in respect of care planning and recording.

People were not able to tell us their views about how well led and organised the service was. However, during our observations we saw the registered manager and staff interacted effectively with people who used the service. People were comfortable with the leadership team and responded to them in the same way as they did with other staff.

Staff told us there was good communication within the team and they worked well together. Staff and relatives commented the registered manager was extremely visible and told us they had created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was good and that they were kept informed about matters that affected the service.

People's care records were kept securely and confidentially, in line with the legal requirements. People's records were of good quality, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.

The registered manager was aware of their responsibilities and ensured that they fulfilled these. We had received notifications from the registered manager notifying us of certain events that occurred in the service.

A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us to help with the auditing of the service.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary.