

Voyage 1 Limited

Shakespeare House

Inspection report

218 Folkestone road,
Dover
Kent
CT17 9JF
Tel: 01304 202664
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 

Overall summary

This inspection was carried out on 10 November 2015 and was unannounced.

Shakespeare House provides accommodation and personal care support for up to three people who may have a learning disability. Each person has their own bedroom and they share a bathroom and separate WC. There is a garden and parking at the side of the property.

There was a registered manager in post who was present at the 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.’

The registered manager had been in charge at the service for a long time She knew people and staff well and had good oversight of everything that happened at the service. The registered manager led by example and promoted the ethos of the service which was to support

Summary of findings

people to achieve their full potential. The registered manager made sure there were regular checks of the safety and quality of the service. She listened to peoples' views and opinions and acted on them.

Staff were trained and competent to carry out their roles. Staff were supervised and had yearly appraisals. There were enough staff on duty to meet peoples' needs with staffing planned around peoples' appointments and activities. All staff were checked before they started work at the service to make sure they were safe to work with people. Staff knew about abuse and the signs to look for and how to report it. Staff were kind and caring and were skilled at supporting people to learn and develop new skills.

Risks to people were managed and supported so that people were not restricted. New activities were fully supported and people were encouraged to achieve their goals and aspirations. Support was planned with people and kept under review so people continued to receive the right support. People were supported to take control of their medicines and health needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which applies to care homes. Arrangements were in place to check if people were at risk of being deprived of their liberty. Systems were in operation to obtain consent from people and to comply with the Mental Capacity Act 2005. People were supported to make decisions and choices about all aspects of their lives.

People were supported to participate in hobbies and activities that they enjoyed and one person had a new job, which they told us about proudly. There was a lovely atmosphere, with lots of joking and laughter, people told us about their holidays and about parties that had helped to plan and organise. People were involved in planning the menu and cooking meals and were supported to have a balanced diet; everyone said the food was good.

Each person had a support plan that they had been involved in writing and updating. Pictures and photographs were included to make the plans meaningful to people. Staff had a good understanding of how people preferred to communicate and adjusted their support to meet peoples' individual needs. Staff knew

people very well and people told us they were comfortable in telling staff about any concerns or complaints they might have. People said that the staff would listen to them and act on their concerns.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse and harm. Risks were managed so people were not restricted in any way.

There were enough staff on duty to support people's activities, hobbies and appointments. Staff were checked before they started work at the service and people had a say about who was employed to support them.

Medicines were managed safely and people were supported to have as much control of their medicines as they wanted to.

Good



Is the service effective?

The service was effective.

Staff received the training and support they needed to have the skills and knowledge to support people and to understand their needs.

People were supported to have an active and healthy lifestyle. Mealtimes were social occasions and people were supported to eat a healthy varied diet of home cooked food and drink.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

Good



Is the service caring?

The service was caring.

The registered manager and staff were committed to providing individual personal support. People had positive relationships with staff that were based on respect and shared interests.

People had support from friends and representatives to help them make decisions and have a good quality lifestyle. People were fully involved in planning their futures.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Good



Is the service responsive?

The service was responsive.

People received the care and support they needed to meet their individual needs. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service was flexible and responded quickly to people's changing needs or wishes.

People took part in daily activities, including jobs, which they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager and staff were committed to providing person centred care.

The registered manager promoted an open and inclusive culture that encouraged continual feedback. Audits and checks were carried out to make sure the service was safe and effective.

People's views and interests were taken into account in the running of the service. All feedback was considered and acted on. The service worked effectively to create links in the local community

Good



Shakespeare House

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 10 November 2015 and was unannounced. The inspection was carried out by two inspectors. We gave very short notice about the inspection; we telephoned the evening beforehand to make sure some of the three people at the service would be there to speak with us.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete 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. This was because we inspected this service sooner than we had planned to.

As part of our inspection we spoke with all three people at the service, the registered manager, the area manager and two staff. We observed staff carrying out their duties, such as supporting people to go out and helping people to make their lunch and drinks.

We reviewed a variety of documents which included two people's care plans, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected Shakespeare House on 21 May 2013 under the previous provider Solor Care South East when no concerns were identified.

Is the service safe?

Our findings

People told us they felt very safe and that staff had supported them to have awareness about personal safety. One person told us that they now went to the local shops on their own to buy a newspaper and magazines. They said that staff used to go with them until they gained more confidence and felt comfortable going alone. They said staff had supported them to buy a mobile phone so that they could phone for help if they felt lost or at risk.

Staff supported people to take risks. No one was restricted from trying out new activities even if there were risks involved. The risks were discussed, recorded and managed so that people were enabled and supported. Risk assessments were completed with peoples' involvement and were reviewed regularly to make sure staff had the most up to date information to reduce, and where possible, eliminate any risks. One risk assessment did not inform staff what they should do if and when the risk occurred. For example, it detailed how to prevent a person from choking but did not record what staff should do if the person actually choked. The manager agreed to address this.

It was clear that everyone got on well. People looked comfortable with other people and staff. People said that if they were not happy with something they would report it to the registered manager or to the staff, who would listen to them and take action to protect them. Staff explained how they would recognise and report abuse. Staff had received training in safeguarding adults. They were knowledgeable in recognising signs of potential abuse and how to report abuse within the service and to outside organisations. Staff explained that they had built up good relationships with the people they supported and were able to tell when something was wrong. They told us the signs of abuse may include unexplained mood swings, or other behaviour that was out of character. Staff told us they would not hesitate to report any concerns to the management team.

The management team and staff were familiar with the process to follow if any abuse was suspected and knew about the local authority safeguarding protocols. Staff were aware of the whistle blowing policy and said they would not hesitate to report any concerns to the management or other agencies. There were systems in place to investigate and respond if any issues were raised and if any staff practice was questioned.

People were protected from the risk of financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited and checked. People said they were happy with these arrangements and had access to their money when they needed it.

There was always enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and she kept the staffing levels under review. One person wanted to go out during the afternoon to get some holiday brochures. A staff member was available to go out with the person on a one to one basis at short notice. The length of time staff worked had been changed recently to facilitate peoples' activities. Staff said it was much better now; they said they did not need to rush back from activities to get back to handover to the next shift. One person told us "There are always staff around, that means I can go out when I want to."

The registered manager led an on call system so were available out of hours to give advice and support. There was a team of staff who worked across the provider's services who could step in at short notice to cover staff sickness or to provide extra support with activities and provide one to one support when needed. There was always a senior member of staff on duty.

Some people needed time to get use to new staff, but it was clear people had an obvious affection for staff. There were very natural and respectful exchanges, jokes and conversations with people by staff and staff anticipated peoples' needs and wishes well.

Staff were recruited safely. All of the relevant checks had been completed before staff started work. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS checks a person's criminal background. People took part in recruiting staff and met prospective staff and were asked for their feedback before any new person was taken on permanently.

Is the service safe?

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents.

People told us they received their medicines at the right time and that they were supported to take as much control of their medicines as possible. People had been supported to know about the benefits and side effects of their medicines. Staff had received training to administer medicines properly and their ongoing competency had been assessed. Staff were observed three times by a senior staff before they were signed off as competent to administer medicines.

Medicines were stored securely and medication administration records (MAR) charts showed that medicines had been administered in line with the prescriptions written by their doctor. Each person had a recent photo on their MAR chart and details of allergies were recorded. If people required any creams, a body chart was in place to show the area where it should be applied. Protocols were in place for the administration of 'as needed' medicines (PRN) which gave staff clear directions. Regular stock checks were completed and systems were in place for returning unused medicines to the pharmacy. Monthly audits checked that medicines continued to be stored and administered safely.

Is the service effective?

Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training providing by the providers training department which included face to face training, on line training and distance learning. The registered manager tracked any training needs and arranged training for staff. Staff completed work books or answered questions and took tests to complete courses. Some training was provided in house including fire awareness so that everyone could take part in a fire drill. People also took part in this so they knew about fire safety and how to evacuate the building. People told us what to do if the fire alarm sounded.

New staff completed an induction during their probation period. The induction included completing a work book covering the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The provider's training manager was introducing the new Care Certificate for all staff as recommended by Skills for Care. Staff attended face to face training during their induction and worked closely with other staff until they were signed off as competent and able to work on their own.

Training was provided about people's specific needs and staff had a good understanding of people's varying needs and conditions. Staff had regular one to one meetings with a line manager to talk about any training needs and to gain mentoring and coaching. Staff had an annual appraisal to look at their performance and to talk about career development for the next year. The registered manager had noted that some supervisions and appraisals were overdue and had a plan to address this.

Staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). 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. Related assessments and decisions had been properly taken.

Staff had been trained about the MCA and put what they had learned into practice. Staff asked people for their consent before they offered any support. People's capacity to consent to care and support had been assessed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. Some people had to make important decisions, for example, about medical treatment. When this happened information about the choices was presented in ways that people could understand and their representatives were involved to help them decide.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people had been constantly supervised by staff, at times, to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations to ensure that any constant supervision was lawful. The applications had been granted and followed but were no longer in place as they were no longer needed.

There were no imposed restrictions and people had keys to the bedrooms and to the front door if they wanted them. One person said they 'went out on their own now' and said that they had a mobile phone to call staff if they needed them.

Everyone was involved in planning the menus, buying the food and preparing meals, snacks and drinks. Everyone took part in setting the table and clearing away and washing up. Meal times were a social occasion when everyone came together around the dining room table. One person said "I help with the cooking and I have say about the menu."

Staff knew about people's favourite foods and drinks and about any special diets. Healthy eating and exercise was encouraged. If staff were concerned about people's appetites or about changes in eating habits, they sought advice.

People were encouraged to take regular exercise to help the feeling of well-being. People told us about activities they enjoyed including walking. People were active and

Is the service effective?

said they enjoyed getting out and about and getting fresh air. Special equipment had been provided for people who needed it including a bath chair, one person told us they found the new bath chair 'really helpful.'

People's health needs were recorded in detail in their individual health action plans. The plans had photographs and pictures with large coloured print to make them more meaningful to people. People were supported to attend routine appointments including dentists and opticians appointments. Staff acted quickly if people became unwell

and worked closely with healthcare professionals to support people's health needs. Each person had a 'hospital passport' which gave important information to hospital staff should the person be admitted to hospital.

There was a slightly unpleasant odour in one of the bedrooms. The registered manager said she had ordered new lino type flooring and new carpet for the bedroom. The registered manager agreed to explore ways of reducing an odour building up in the future.

Is the service caring?

Our findings

The service provided was organised around peoples' needs and wishes. Staff offered choices so that care and support was then given in response and in the way people wanted it. People said they liked the staff and had a special bond with some of them. They were complimentary about the staff. Staff spoke with people, and each other, with kindness and patience. The atmosphere was very calm and relaxed.

People were occupied with meaningful activities and were relaxed in the company of staff. There was an atmosphere of equal value and caring for each other's wellbeing and there were no barriers between staff and people. If people wanted something to eat or drink they helped themselves in the kitchen or staff supported them. Mealtimes were social occasions set at a calm pace with planning and discussion of events and activities the next day or that week. There was a real feel that everyone worked together to make Shakespeare House a good place to live.

People were actively involved in making decisions about their support at regular meetings and review meetings. Staff were in close contact with people's representatives who were involved in helping people to achieve their goals and aspirations. People were confident about 'having a say' and knew their views would be listened to. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions. Staff communicated with people in a way they could understand and were patient, giving people time to respond.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and

their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. People had 'circles of support' from representatives and friends who would advocate for them. People could choose who they wanted to be involved to help them if they needed to make important decisions and general day to day decisions.

People were supported with their personal care and appearance. People were supported to have an appearance and clothing style that suited them and was appropriate for the activity and weather.

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. There was a day to day practice of knocking on people's doors or asking permission before entering rooms. People were able to choose who they wanted to support them. People had chosen the way their bedroom was organised, the colour scheme and décor.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private. People could go and get their folders containing their care plans and health records when they wanted to and were aware that these were their private records. The design of the care plans included pictures, photos and straightforward language. The information contained in the care and support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences.

Staff supported people to learn new skills and to increase their existing skills. One person told us they now went to the local shop unaccompanied, They had worked towards this, with staff support and were proud to tell us they now went out alone to buy their newspaper and magazines .

Is the service responsive?

Our findings

People told us about the activities they took part in; they said they enjoyed the various activities including trips to local restaurants, shops, clubs and pubs. Each person had their own timetable of activities and events and staffing was planned around activities so there was always a staff member available to give support. Everyone had the opportunity for further education and learning and one person proudly told us about their new job in a local cafe. They had been supported by the staff to get to know the new job and were now working at the cafe without support. They said they really enjoyed their job and felt part of the cafe staff team and had been invited to the staff Christmas party. They told us, proudly, that they had been voted employee of the month. The registered manager said this opportunity had increased the person's confidence and self-esteem.

One person said "I like to do my own shopping. I clean my room and do my laundry, the staff help me. I like to do a bit of cooking, I keep busy." Everyone took part in the day to day running of the service from cooking and cleaning to recruiting new staff. One person told us "We do the garden; we do the cooking, all with staff help."

People lived active, varied lifestyles and followed their own interests. They had opportunities to participate meaningfully in the community and to develop their skills at work. People were supported individually or in small groups to attend clubs, places of interest and events. When people were at home they were occupied with their hobbies and interests. One person showed us around the garden and said they had been involved in developing the garden. Another person told us they were looking forward to going to a 'Winter Wonderland' in London in December. People told us they had enjoyed trips to Legoland Windsor and to Thorpe Park.

Each person had a support plan that was individual to them with photographs and specific information. People were supported to update their support plan on a regular

basis at informal and more formal review meetings. People's individual communication needs were supported so that they could meaningfully contribute to the support plans. The support plans, health action plans and activity plans were accessible for people and staff to refer to. One person showed us their support plan folder and they were familiar with the contents. The support plans contained all the information needed to make sure each person was supported in the way they preferred. Each support plan gave the staff clear guidance about how to give the right support. Support plans were regularly reviewed to make sure they were up to date and relevant.

People had 'circles of support' who were friends, relatives and people that were important to them who would suggest ideas for new experiences and help make decisions in the person's best interests. Contact details of people who were important were written in each person's support plan. People were encouraged to keep in touch with all their friends and family and to make new friends. There were no restrictions on when people's friends and families could visit and people were supported to make telephone calls and visits to friends and family.

Complaints and comments about the service were encouraged as the manager felt they helped to make improvements to the service. There was a policy asking visitors to give any feedback about the service including any comments, compliments or complaints. People could also give feedback through the provider's website.

The complaints procedure was displayed and showed who would investigate and respond to complaints. The procedure was produced in a picture format to make it more accessible. Regular house meetings gave people the opportunity to raise any issues or concerns. Any issues raised were taken seriously, recorded and acted on to make sure people were happy with the service. One person said "I talk to the staff; they listen and sort it out." All complaints were recorded and there were clear records of investigations, resolutions and responses.

Is the service well-led?

Our findings

People were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of openness and inclusion with everyone taking a role in the running of the service. People took part in monthly house meetings, others carried out some of the health and safety checks and everyone took part in the cooking and cleaning. The manager made sure people had a say about the staff throughout the recruitment process when people were asked for their views and opinions about potential staff.

There were links with the local and wider community and people had friends locally and knew their neighbours. People had built relationships with people in the community and were supported to keep in touch with their friends and family and to make new friends. The manager and staff had organised events like a Halloween and Christmas party that people said they enjoyed. People told us they enjoyed attending events as this often meant they met up with friends.

There was a culture of openness and honesty; staff spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential.

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager knew people well and had worked with people with learning disabilities and related conditions for several years. The registered manager was supported by an area manager and staff team. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it. Staff told us they had regular team meetings and that their views and opinions were listened to.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager had attended a variety

of training courses including recruiting and supervising staff and was currently working on a degree course. The registered manager attended managers meetings with other managers from the provider's organisation but was not taking part in other local groups and forums to share and promote best practice. This was an area for improvement. A representative from the local authority told us that they thought the service was 'well managed' and that people had the support they needed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

People, their relatives and staff were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views including sending out surveys, having meetings and requesting feedback about specific topics. Surveys were produced in an easy read format to make them more accessible. People were invited to give feedback via the provider's website. Feedback had been read and considered and the registered manager acted to address any issues that were raised. All the feedback we saw was positive, the last staff survey showed that 100% of staff said they had an appraisal in the last year, 100% of staff said they there was adequate staff, they were encouraged to give their views and that the registered manager was good.

100% of people, who replied to the last survey, said they had choice, they felt safe, they were treated with respect and that staff listened to them.

Checks and audits were carried out regularly of the environment, records, staff training and the support provided. People were involved in these checks so took some control over how the service was run. The registered manager, the area manager, quality assurance manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service.