Voyage 1 Limited

Markham House

Inspection report

80 Moorfield Avenue
Bolsover
Derbyshire
S44 6EL

Tel: 01246822285
Website: www.voyagecare.com

Date of inspection visit:
19 October 2016

Date of publication:
28 November 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 inspection took place on 19 October 2016 and was unannounced. The service provides care and support for up to thirteen people with an acquired brain injury. The focus of the care was rehabilitation and reablement so people can become more independent. This style of care and support was designed to help people regain their independence by building cognitive and practical skills. Some of the accommodation was designed as flats and there were two bungalows at the location. At the time of our visit thirteen people were living there.

There was a registered manager at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Markham House. When we spoke with relatives they confirmed their family members were safe. Staff had a good understanding of how to manage risk for individual people and also understood the various types of abuse. They knew how and when to report concerns and were confident those concerns would be followed up. People told us they were happy and relaxed with staff and we saw this throughout the day.

People's needs were assessed and their care plans provided staff with clear guidance about how people wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were reviewed and updated to reflect people's changing support needs while they were taking part in reablement. Reablement is a way of supporting people to help them gain skills they have lost through accident or illness. Reablement was monitored to help ensure people were receiving the right care and support as advised by specialist therapists. People could access health care when this was required.

People felt able to suggest changes to the service and felt any complaints would be listened to.

People received care and support from staff who were appropriately trained and confident to meet their individual needs. Medicines were managed safely. People were supported to make decisions in their best interests. However, not all documentation was in place which could have provided evidence for this. The registered manager and staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and consent to care and treatment was sought. Some activities required of the Mental Capacity Act were not documented, for example, best interest assessments were not carried in every case this was required.

People were supported to have sufficient to eat and drink and take an active part in shopping and arranging meals.

People enjoyed happy and supportive relationships with the staff who supported them and they told us they

felt able to express their views and be involved in the decision making regarding their care. People's privacy and dignity was respected.

The service was well led and the registered manager was considered, by people and staff, to be an effective leader. People told us the registered manager was approachable and supported both people and staff. The registered manager and staff had a good understanding of their roles and responsibilities. High quality care was delivered in the service, although, this wasn't always documented with evidence which would have supported this outcome, for example quality audits.

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.

Staff were aware of what to do if they believed someone was at risk.

People were supported and protected by risk assessments which were clearly documented.

People were protected by robust recruitment practices which helped to ensure their safety.

Medicines were stored and administered safely and accurate records were maintained.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act 2005 (MCA) and had an understanding of the Deprivation of Liberty Safeguards (DoLS). People's consent was sought before support was provided.

People had sufficient to eat and drink.

People were able to access health care services as required.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind and compassionate attitude of the staff.

Staff spent time with people and communicated effectively. People were treated with dignity and respect.

People were involved in making decisions about their care and

support. They were asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Staff had a good knowledge and understanding of people's identified care and support needs.

People were supported and encouraged through the reablement process so they could be as independent as possible.

A complaints procedure was in place and people and their relatives told us they felt able to raise any issues or concerns.

Is the service well-led?

Good

The service was well led.

Staff said they felt supported and valued by the registered manager. Staff described the registered manager as approachable and supportive.

Staff were aware of their individual roles and responsibilities.

There was an open, positive and inclusive culture throughout the home and staff supported people with compassion, dignity and respect.

There was a good quality of support and care provided in the home although the registered manager was not able to detail how they managed this through quality audits.

Markham 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 19 October 2016 and was unannounced. The inspection was carried out by one inspector and one inspection manager.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications the provider had sent us. The PIR 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 PIR also provides data about the organisation and the service.

During the inspection we observed care practice, spoke with six people who used the service, two relatives, the registered manager, the occupational therapist, senior support worker and support worker. We looked at documentation, including four people's care and support records and daily notes. We also looked at three staff files and records relating to the management of the service. These included safeguarding records, medicines audits, staff rotas and training records.

We used Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care and interactions between people to help us understand the experience of people who could not talk to us.

Good

Is the service safe?

Our findings

People told us they liked living at Markham House and felt safe there. One person told us they felt safe and then said "Because staff are nice", another person said "Yes, feel safe". When we spoke with relatives of people living in the home they told us they were confident their family members were safe. They told us this was because the staff understood people's needs and any potential risks associated with their condition. One relative said "[Person] is in a safe environment". We saw people were supervised and supported in a way that helped maintain their safety. For example, we observed one member of staff spent time with a person, at risk of self harm, to keep them safe. Staff explained that if there were any changes in a person's behaviour, such as facial expressions or body language, they understood this was a possible sign that someone might put themselves, or others, at risk and could act accordingly.

People were protected from avoidable harm as staff had received relevant training relating to safeguarding. Staff had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. They said training had helped them be aware of different types of abuse and they were able to describe these to us. Records showed all staff had completed training in safeguarding adults and received regular updates. Staff also told us they would not hesitate to report any concerns they had about a person to their line manager and were confident appropriate action would be taken. One member of staff said "We make sure people are safe" but told us if they thought otherwise they would report any concerns to their line manager.

Care plans contained up to date risk assessments which also helped to ensure people were kept safe. For example there were support plans in place for managing one person's diabetes. Risk assessments were completed for relevant areas of people's lives. Risk assessments were focussed on what people could do, rather than what they could not. For example we saw some people administered their own medicines and people were supported to use a cooker to prepare their own food. In this way people were exposed to risk in a way which helped to maintain their independence but enabled them to take part in activities in a controlled way environment. People were involved in identifying those risks and the measures put in place to keep them safe. In this way the provider was promoting positive risk taking.

People and their relatives told us there were enough staff in the home to help keep people safe. Although one person did say if they required help they sometimes had to wait until a member of staff was available. The registered manager told us there had been a high turnover of staff but this was no longer a problem. They also told us when they required extra staff they used agency staff. We looked at the duty rota and could see that the requirements for the number of staff in the home was covered. We did not see anyone having to wait for support which would have put them at risk, for example in the kitchen. However, one person told us that staffing was sometimes "Tight" and this meant they did not get their one to one time.

There was a safe and thorough recruitment procedure in place and we looked at a sample of three staff recruitment records. We found appropriate procedures had been followed, including application form, reference checks and Disclosure and Barring Service (DBS) checks as part of the recruitment process. DBS helps employers ensure the staff they recruit are suitable and safe to work with people and provide them

with the support they need.

Medicines were managed safely and consistently and we observed this on the day of our inspection. We saw evidence in the training records that staff had received training to administer medicines safely. Medicine administration records (MAR)'s were fully completed with up to date information. MAR charts are used to keep an accurate record of when people received their medicines. One person had gone out for the day with a member of staff and we could see their medicines had been recorded as having left the building. This meant the medicine was administered at the appropriate time and there was a consistent record of how medicines were available to people.

Good

Is the service effective?

Our findings

People told us they felt they were supported by staff who had the appropriate skills to provide care. One person told us "Learning was still taking place for the staff" and that the staff were "Very good" at looking after them. Another person told us they got all the help they needed, they said "They arrange all my support". A third person said "The care is very good" and told us they were helped by staff who knew how to help them. One relative said "They're really good, I can't fault them".

Staff told us they received training so they could complete their job well. When we looked at training records we could see staff had received training in a range of areas including, safeguarding, first aid, medicines, and how to manage difficult situations. The registered manager told us training was focussed around the needs of the people living in the home and what skills the staff required to meet those needs. This helped to ensure new staff were confident and competent to provide care and support to meet people's needs. When staff first started working for the organisation they told us they were not part of the rota for at least one week to give them time to get to know the people living in the home. This also allowed them to gain some necessary experience so they could undertake their role in a skilled way. Staff told us it was a thorough induction which included shadowing a more experienced colleague.

Staff we spoke with told us they received the support they needed from their line manager and that one to one support took place on a regular basis. Supervisions are face to face meetings for staff to be able to talk to their manager about any concerns they may have or identify any training they might need. However, we saw that supervisions were not held as frequently as the policy required. This meant staff were not fully supported to undertake their responsibilities and could have made them less effective in their caring role.

Some staff we spoke with had a full understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However, some staff only had a basic understanding. 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 interest 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). We checked whether the service was working within the principles of the MCA and found this was not consistent as best interest assessments for people were not always carried out when these were required.

We spoke with the registered manager who advised there were six people living in the home with a DoLS authorisation in place. However, not all the necessary best interest assessments had been carried out for people and action taken in line with those assessments. This meant decisions were being taken on behalf of people without the appropriate authorisation under the Mental Capacity Act. We discussed this with the registered manager who said they would monitor the situation and ensure this did not happen in the future.

Most people told us they enjoyed the food in the home and we could see there was a variety of foods available for people to choose from. There were two choices on the menu at lunch time and choices for the evening meal. One person said "Food is OK, I get good variety". Some people were supported to prepare their own food but, where this was not possible; people came into the dining room when they wanted to. People were involved in menu planning and also shopping locally for fresh ingredients. One person said "I cook them myself [meals] I go out with staff to buy things". We saw from daily notes that people were supported to go shopping to choose their own food. When we looked in the store cupboards and fridge we could see there was plenty of food available.

Staff were aware of people's individual dietary needs and encouraged them to eat a healthy diet. No-one in the home was on a weight reduction or weight increasing diet for a healthy weight and vegetarian food was available should anyone want this. Every Sunday a communal lunch was served so everyone could take part in the social aspect of eating together.

People were supported to maintain good health and relatives told us they were happy regarding the availability of health professionals when necessary. Specialist health support was provided, including occupational therapy and physiotherapy, which was funded by the provider. Speech and language therapy was available from the local community support teams. Care records confirmed peoples' health was promoted and they had regular access to healthcare professionals such as GP's dietitians and dentists, occupational therapists and psychologists. In one care plan we saw evidence of a health action plan and staff told us they reported illnesses straight away if someone was unwell.

Good

Is the service caring?

Our findings

People were supported by dedicated and compassionate staff who understood the individual care needs of people. We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate atmosphere in the home. One person told us the staff were "Kind", and "They would actually give time". They told us this was something they appreciated. One person told us staff "Don't give up on me" when they were worried or needed extra support. One relative told us they had improved the self-esteem of their family member and made them "Feel good" about themselves. They also said "[person] is very, very happy there" and "It's the happiest place [person] has ever been to". One member of staff told us they believed it was very important to make sure the people living in the home were happy living there.

We could see staff had developed positive and caring relationships with people and were supporting them in a kind and caring way. We saw this many times during the day when we observed interactions and support between people and staff. We could see people looked to the staff for guidance and support and this was given appropriately. One member of staff said people "Come out of their shell" when staff build a trusting relationship with them. This meant people were being supported to grow in confidence which was an important part of their reablement.

Staff told us they got to know people when they first began living in Markham House by asking people about their interests and hobbies. They also felt it was important to talk to people about their family members as they were, in many cases, living a long way from their relatives. Staff said understanding about relationships people had before they came into the home helped them to get to make people feel at ease with their new surroundings. Care plans contained information about the family and friends which were important to people. Staff also got to know people by reading their support plans and talking to them about their likes and dislikes, where they had lived before and what their hobbies were.

People were supported to be as independent as they wanted to be and everyone had their own bedrooms, self-contained flat or bungalow. People told us they were supported to do what they wanted to do and sought advice when they needed this. They told us that whenever they asked for help it was always given in a kind way.

Support plans contained person centred elements, including one page profiles and details of what was important to, and for, the person. There was information about people's views and preferences and it was clear that people had been involved in planning their care. Information in the support plans was often written in the first person. Support plans contained information for helping people with independent living and promoting independence. People also told us they could look at their support plans if they wished.

Included in the support plans was what a good day looked like for individuals. There were also relationship maps of which people were important to them. Person centred reviews were in place and the views of people using the service were clearly recorded. The registered manager advised us that the person centred review fed into the support planning so they helped ensure people were receiving the care they wanted in

the way they wanted it. By including people in their support planning the home was ensuring people felt listened to and included in decision making.

People told us they were always treated with dignity and when we spoke with relatives they confirmed this. We saw staff always knocked on people's door before entering their room and were respectful in their interactions with them. People's privacy was protected and everyone had their own space where they could put their personal belongings and make it their home. This demonstrated staff understood the rights of people to privacy and dignity.

Good

Is the service responsive?

Our findings

People told us they felt they were included in the planning of their care and that staff responded to their needs. People's relatives told us they felt listened to and were directly involved, where appropriate, in how people's personalised care and support was provided. People told us staff knew them well and would go out of their way to talk and listen to them when they wanted company or were upset about something. People also said if they wanted some time alone this was respected and staff would not disturb them.

People said staff helped them to find interesting things to do. For example, one person told us how they had become interested in a particular hobby because staff had talked to them about their interest and had encouraged them to try it. The member of staff had also ensured there was a ready supply of equipment and tools for the person to carry out their chosen interest. One person told us how a member of staff accompanied them on a personally chosen activity so they could continue to enjoy it. Staff told us how important it was they encouraged people to be as independent as possible to assist in their reablement. One member of staff said "We make sure we don't do everything for them, we get them involved".

One relative said "[Person] is encouraged to do things" and went on to explain their family member had made more progress at this location than any other environment they had been supported in over several years. They went on to say "[Person] has really excelled" and they were now involved in voluntary work. Relatives were very positive about the support and care their family members received in the home and said how flexible and individual the help and support was to their family members.

We saw where people had capacity to make their own decisions they had been involved in creating their plans of care. They had signed their care and support plans indicating their involvement and agreement with their care and treatment. If the person wished, relatives had also been involved in the process. This meant the provider was acting in accordance with their wishes.

Support plans were written in the first person which gave an individual picture of the person that reflected their choices and preferences. This helped to enable staff to provide appropriate personalised care and support in the way people preferred. One member of staff said "Personalised care, they've chosen it themselves". One relative told us they were always invited to reviews and they felt "Very positive". However, they went on to say they didn't believe all the activities that had been discussed for their family member were always carried through.

Detailed activity plans were developed with each person for the coming week. These included activities which promoted and developed their independent living skills as well as tasks to support people to achieve their goals. Where goals were identified there was action taken to help people achieve them. We looked at daily record sheets and could see people had been involved in activities, including, playing pool, visiting the pub, playing board games and reading poetry.
Social activities and hobbies were also included and time with designated specialists such as the occupational therapist. People were supported by an occupational therapist who worked on a regular basis in the home. This helped to ensure goals and objectives for people were met.

However, one person advised they did not receive all their one to one hours. We found that where people received one to one hours with staff it was not always documented how this time had been spent. As a result we were unable to confirm whether people received the care as it was commissioned. When we discussed this with the registered manager they told us it was a recording error and all one to one hours had been provided. Also, one relative told us they would like their family member to be engaged in more activities.

People told us if they weren't happy about something they felt comfortable talking to a member of staff or the registered manager. People told us staff would respond if they wanted things to change. They told us their views and concerns were acted upon. When we spoke with relatives they confirmed this. Relatives they told us they would be happy to talk to any member of staff if they had any concerns or worries. This meant people felt confident about the influence they had in their own care and support in the home.

The provider had a complaints procedure in place and we looked at records that documented how complaints had been investigated and dealt with. We could see where complaints had come into the service and the initial response to the complainant was documented. However, there was no record of a written conclusion or outcome in records. When we discussed this with the registered manager they said all the complaints had been dealt with and feedback given to the complainant. They said they would ensure there was a written record of this in the future.

Good

Is the service well-led?

Our findings

People spoke highly about the service provided and felt the home was well managed. One person told us the registered manager was approachable and was a "Good manager". They said "[Registered manager] knows what's happening". People's relatives spoke highly about the service provided and also spoke highly about the approach of the registered manager and staff towards working with people. One relative said some of the staff "Go beyond and above" what is required of them to help ensure their family member feels good about living in the home.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open and inclusive culture within the service and said they would not hesitate to report any concerns to their line manager or the registered manager. They were also confident that any issues raised would be listened to and acted upon by the registered manager. Staff said the registered manager would always make time for people who lived in the home and the staff. One member of staff told us "I love coming to work" and one of the reasons was the home was "Very strong minded about care". Having a work environment which staff enjoyed meant people were supported in a happy atmosphere.

Quality assurance systems were in place to monitor and review the quality of the service. The registered manager carried out regular audits of all aspects of the service including care planning, infection control and medicines to make sure any shortfalls were identified and improvements made when needed. We could see these audits had been carried out on a regular basis. However, there was no detail or evidence about what action had been taken when a lack of quality was identified in the audits. We spoke with the registered manager about this and they said they would include evidence regarding what action had been carried out in the future to make it a more robust process.

The registered manager helped to support the positive culture in the home by identifying gaps in the efficient running of the service. They had identified a gap in the communication systems in the home between what the specialist therapists had advised for people and the accuracy of these instructions being carried out. This meant peoples' reablement wasn't carried out effectively. They introduced the post of therapy co-ordinator to link together the advice and guidance from the specialist therapists to ensure reablement was carried out by the support staff.

The therapy co-ordinator acted as a conduit for all the information about each individual living in the home. This was so they could liaise with people, their support workers and the occupational therapist to ensure people were receiving the right support for each of the activities they carried out. In this way people were being independent in the activities they undertook but were supported where this was appropriate. It also meant a constant check was made on people's progress through the therapy they were receiving. The registered manager said "You know you've done the best possible job when people are discharged safely". They went on to say "You've identified every area of need and support to support them well in the community". One member of staff said "I'm so proud of what we've done here".

People and their relatives were asked their opinion regarding the quality of the service and we received positive feedback. Residents' meetings were held approximately every month. At these meetings people made suggestions for improvements to the service. However, we found that these suggestions had not always been acted on in a timely way. For example, one person had requested a flower arranging course on two occasions and this had not been provided. The registered manager told us this was due to there not one being available locally but there was no evidence this information had been fed back to the person requesting the course. The registered manager said they would look into this. Someone else had requested for lighting to be fitted in the outside smoking shelter and this had not been done. The registered manager confirmed this had been requested but the work had not been undertaken yet. We also saw that staff meetings were held on a regular basis to discuss what improvements could be made to the support provided to people.