

Voyage 1 Limited

Maeres House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Maeres House is a purpose-built building that provides accommodation for up to 8 people with an acquired brain injury including those that have complex physical disabilities. At the time of our inspection there were five people living at the service.

The inspection took place on 6 December 2017 and was unannounced. The previous inspection took place on 14 August 2015 and the service was rated overall good.

The service remained rated as good.

There continued to be sufficient staff to meet the needs of the people supported. Safe recruitment procedures were in place and staff had the required skills and knowledge to support people with their individual needs.

Staff demonstrated a good understanding of safeguarding and had all received training. They were clear about the procedures they would follow to raise any concerns they had.

Staff at completed all mandatory training for their role and regular training refreshers took place. Staff had all completed acquired brain injury training.

People's needs were assessed prior to using the service and were fully included in the development of the care plans and risk assessments. People were included in the review process which took place regularly.

People's dietary needs were assessed and fully met. People's health needs were supported and fully recorded.

Medicine management systems in place were robust and undertaken by trained staff who had their competency assessed. This ensured people received their medicines safely.

People participated in activities of their choice and these included social events and holidays.

The registered provider had documents available in accessible formats that included easy read and pictorial to meet the communication needs of individual people supported.

A complaints policy and procedure was readily available for people and their relatives. They told us they felt confident about raising a complaint and thought any concerns would be listened and responded to promptly.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that the registered provider had policies and guidance in place

for staff in relation to the MCA. Staff demonstrated a basic understanding of this and had received training.

The management team had quality monitoring systems in place that were used for development and improvements. Audit systems were regularly undertaken as part of the organisations governance process.

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 remains good.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Maeres 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 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 inspection was carried out on 6 December 2017 by one adult social care inspector. The inspection was unannounced.

During our inspection we observed care and support offered by staff to people within the communal areas of the service. We spoke to two people supported by the service, two support workers and the registered manager. We looked at the environment, medicines management systems as well as policies and procedures. We looked at two people's care plan files, three staff recruitment and training files and other records relating to the management of the service.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, the service does well and improvements they plan to make.

We also reviewed the information that we held about the service. This included any notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority quality monitoring team and safeguarding team who told us they had no immediate concerns regarding the service.

Is the service safe?

Our findings

People had expressed within their annual reviews that they felt safe living at the service. One relative told us "I feel [Name] is definitely safe".

The registered provider continued to follow safe recruitment practices and employ sufficient numbers of staff to keep people safe. We reviewed the recruitment files for three staff members and all required information was available including disclosure and barring check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This meant people were supported by staff that were assessed as suitable to work with vulnerable people.

Policies and procedures were in place for the management of safeguarding concerns. Staff spoken with demonstrated a good understanding of the different types of abuse and what signs and symptoms to be aware of when working with people. Records confirmed all staff had completed safeguarding training. The local authority confirmed the registered provider followed appropriate reporting procedures to report any concerns relating to the people supported.

Comprehensive risk assessments were in place within the two care plan files reviewed. These documents identified the risks to the individual and included clear guidance for staff to follow to mitigate the risk. Topics included moving and handling, behavioural needs and medicines management. This meant staff had sufficient information to provide safe care in the correct level of intervention specific to each person.

Each person at the service had a personal emergency evacuation plans (PEEPS) in place within the two files we reviewed. A PEEP is a document that describes the support a person needs to evacuate the building in the event of an emergency. Each plan was very detailed, person centred, reviewed regularly and signed by the person. All fire fighting equipment, fire alarm and emergency lighting were regularly serviced. Fire drills had been carried out regularly and included evacuations during the day time and night time.

People were supported with the management of their medicines. We reviewed the medicines records for two people and found the medication administration records (MARs) had been fully completed and signed by staff. Medicines were stored, administered and returned appropriately. Staff that undertook medicine administration had all completed training and were competency assessed. One person's file held PRN 'as required' medicine protocols. These held clear and detailed information for staff to support them in the administration of these medicines. This meant people received their medicines as prescribed.

Staff had all completed infection control training and had access to personal protective equipment (PPE). This included gloves and aprons used by staff when completing personal care tasks. They are used protect staff and people from the risk of infection being spread.

Equipment used for safe moving and handling such as hoists was regularly checked and serviced. Records reviewed detailed health and safety daily, weekly and monthly checks that were completed. These included

legionella water checks.

Is the service effective?

Our findings

People told us that the staff knew them very well and they always knew the staff that supported them. One person said "I like all the staff, they know me well". A healthcare professional said "The staff do really well supporting people with their therapy programmes and always ask if they required additional information or training."

All staff had completed an induction at the start of their employment and had completed shadow shifts. We reviewed the training records all the staff and found that they continued to be up-to-date on all topics required the staff to complete their role. Staff had all completed acquired brain injury training. Staff spoken with said the quality of the training remained good and they regularly completed refresher sessions. A relative told us "Staff are very well trained and understand [Name's] needs which is really good".

Records showed people had a named key worker that met with them every month to discuss activities they had participated in, plans for future activities and to discuss current and future goals. Key workers produced a comprehensive monthly report that included a review of each person's health, emotional well-being, social events, current and future goals, activity/holiday planning and other information relevant to the individual.

Records reviewed demonstrated people had access to health and social care professionals as required. Records were fully completed and included the reason for the appointment; information discussed and if any follow up appointment was required. People had also attended regular dental, optician's and podiatry appointments.

Some people required support with meal preparation and to manage health-related diets. For example one person had clear guidance in place for the management of their diabetes. There was also information available for staff about dysphasia (swallowing difficulties) as this person required a soft diet of a specific consistency. One person was being supported by staff to attend a weekly slimming class as one of their goals was to lose weight.

People that had been assessed as having behaviours that challenged the service had management plans in place. These documents described what may trigger a behaviour and ways for staff to defuse the situation.

Staff told us they received regular supervision and support. Supervision records were in place within the three staff files reviewed. Staff told us that they felt well supported and felt confident if they had any concerns they could raise them and they would be promptly addressed.

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 or are helped to do so when required. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least respect 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 2005.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff had a basic understanding of the mental capacity and had completed training. The process of assessment used by the registered provider in gathering information on the needs of people, included reference to their capacity to make decisions. The registered provider had continued to make appropriate requests for Deprivation of Liberty Safeguards (DoLS) and all appropriate documentation was in place which included capacity assessments.

Is the service caring?

Our findings

We saw staff demonstrating kindness and patience throughout our visit. One person told us, "I like [Name], we sit and do arts and crafts together". A relative said "Staff are very friendly and genuinely caring". A quotes from a recently received thank you card included 'Thank you for the amazing care you've provided for [Name]'. A comment from a healthcare professional included "I found the staff team to be professional, caring person centred".

We observed that staff had developed an excellent understanding of the people they supported. Staff told us that they used effective communication to develop positive relationships with people. Staff were encouraging at all times and promoted each person's independence. One person was very easily distracted and struggled to complete each task required. The staff member encouraged the person back to their task using their knowledge and skills to support this.

All staff had completed training in privacy and dignity and we observed them asking permission before undertaking tasks with people. We saw that staff knocked on each person's door and awaited a response before entering each person's bedroom. Tasks were undertaken at a pace appropriate to the person.

During our visit we observed people being offered choice regarding activities that they undertook, where they would like to spend their time and who they would like to spend their time with.

One relative told us they felt well supported by the registered manager and staff team. They felt the service supported the relatives as well as the person staying at the service.

Is the service responsive?

Our findings

People told us about the activities they participated in. One person described the film they had chosen to go and see on the day of our visit. Another person proudly showed us one of the 12 days of Christmas plates they were creating throughout December. They said "I love doing craft activities". A healthcare professional told us "The management team tailor the service to meet individual needs and this works really well. There is an excellent balance between structure versus homeliness."

The registered manager completed a thorough assessment prior to a person accessing the service. People were included in the full development of their care plans and these reflected their individual needs and included information about their personal care needs, daily living skills, details of a typical day, communication needs, morning and evening routines. These documents promoted each person's independence and gave clear guidance to staff.

Care plans were person centred and held extensive details about each person and how they wanted to be supported. Each person had created their own one page profile that included the headings; 'What's important to me', 'How to support me well' and 'What people like/admire about me?' These included people's own words which demonstrated individuality.

Each person had a health passport in place that detailed their support needs, health details, likes/dislikes, 'what to do if I'm anxious', for example, 'take me to a quiet area' and if the person was able to verbalise if they were in pain. There was also a health action plan for each person supported that used an easy read/pictorial format. It included information about things the person needed help with to keep well and stay healthy.

Records showed that all care plan documents were reviewed regularly and updated as required. An annual review was undertaken and included the person, relatives of choice, health and social care professionals appropriate to the person.

People told us they chose the activities they participated in. A large file was available with a vast array of activities people could choose, which was all available in easy read and pictorial format.

The registered provider had a complaints policy and procedure in place and we saw that this had been followed, and positive outcomes had been achieved for people and their relatives. Each complainant had received a letter of acknowledgement, as well as a letter of response that detailed the actions that had been taken following concerns raised.

Is the service well-led?

Our findings

People, relatives and staff all described the management team as supportive, available and approachable. One relative told us "I have a good relationship with the registered manager and feel very supported by her". A healthcare professional said "The management team are fantastic. They manage the diversity of the people living at the service really well."

The service had a registered manager in post that had been registered with the commission since August 2015.

The registered provider undertook regular audits at the service that included care plans, living environment, accidents/incidents, health and safety as well as medicines management. Audits of accidents and incidents were completed and these were used to identify any trends or patterns. Records reviewed showed that actions had been identified and were completed in a timely manner.

Monthly meetings were held by the registered manager with the people supported. Minutes identified the full involvement of people supported in decisions regarding their home. For example, people had chosen new curtains, pictures and a DVD player. People told us they had been involved in the development of the menu choices available. This meant people were offered choice and encouraged to participate in decisions about their home.

People were regularly invited to give feedback about the service through quality questionnaires. Recent results demonstrated people felt the support from staff was good, they felt listened to by staff, their confidentiality was respected, the environment including the garden was suitable and they were happy with the activities available. One person had commented 'My home can be made no better, I am very happy'.

Staff meetings took place regularly and included updates about the people supported and opportunities for staff to raise concerns or put forward new ideas. Key topics including safeguarding, dignity and health and safety had also been discussed to ensure staff knowledge remained up to date. Records also showed that team leader meetings were held monthly.

The registered provider continued to have policies and procedures available that were regularly reviewed, were up to date and accessible to all staff.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The previous CQC ratings were clearly on display at the service and also on the registered provider's website.