

Voyage 1 Limited

The Knowls

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

The Knowls provides accommodation with personal care for up to 13 people. The home specialises in providing a service to adults who have a learning disability. The home is staffed 24 hours a day.

At the time of the inspection there were 10 people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

Improvements had been made to ensure people received safe care. How staff administered people's medicines had been reviewed which had resulted in risks to people being reduced. People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse. There were systems in place to identify and manage risks.

People continued to receive effective care. People were supported by staff who were well trained and competent in their roles. People's health care needs were monitored and met. A person who lived at the home told us their doctor's name and said "I went for a check up to make sure I am healthy. The staff take me. It makes sure I stay well."

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

The home continued to provide a caring service to people. One person who lived at the home told us "I like living here. I like the staff. My key worker is nice. She takes me out." Another person said "I am very happy. I love it here. The staff are lovely." Staff were kind and caring in their interactions with people and there was a relaxed atmosphere in the home.

People received care which was responsive to their needs and preferences. People had been involved in planning and reviewing the care they received and we found care plans were reflective of people's needs and preferences. A person who lived at the home told us "[Name of staff member] is my key worker. I like them very much. We go shopping so I can buy clothes and all the other stuff I need." Another person said "I have meetings with [name of staff member] and we talk about what I have done and if I am happy with everything. It's good."

The service continued to be well led. The registered manager was very visible in the home and knew people very well. Staff told us the management within the home were open and approachable. The registered manager and provider continually monitored the quality of the service and made improvements where

needed.

Further information is in the detailed findings below

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 has improved to Good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

The Knowls

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'

This was an unannounced comprehensive inspection carried out by one adult social care inspector. The inspection took place on 21 April 2017.

At our last inspection of the service in April 2015 we did not identify any breaches in our regulations. However we found some aspects relating to how staff administered people's medicines were not safe. At this inspection we found the provider had taken action to address this.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

The people who lived at the home had very complex needs and the majority were unable to have conversations with us however two people were able to chat with us. We also spoke with three members of staff. The registered manager and the provider's operations manager were also available. We also sought feedback from three social care professionals. None of whom expressed any concerns about the service provided to people.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, two staff personal files and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

At the last inspection of the service we found improvements were needed to reduce the risks associated with the way in which medicines were administered to people. We found staff were removing the medicines from the sealed packaging, placing in a pot and then walking through the home to wherever the person was. The pots were not labelled with the person's name so there was a risk of the medicine being given to the wrong person. Given the very complex needs and behaviours of the people who lived at the home, there was also the risk of the member of staff administering the medicines becoming distracted and, having no safe or secure place to store the medicines, which could result in it being picked up by another person using the service. At this inspection we found action had been taken to reduce these risks. Staff placed a person's medicines in a pot with the person's name on the lid and transported the medicines in a lockable container. The member of staff administering medicines wore a red tabard which indicated they should not be distracted and had protected time whilst administering medicines.

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff were available when people needed them. For example when a person indicated they wanted a drink, staff supported them to do this for themselves. There was a relaxed atmosphere in the home and people enjoyed social activities in the home and community.

All new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff had been trained how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risks to people were reduced because there were systems in place to identify and manage risks. These included accessing the community and travelling in a vehicle. Other risk assessments were in place which enabled people to develop and maintain independent living skills. These included making hot drinks, cooking, washing up and doing their laundry. A plan of care had been developed to minimise risks and these were understood and followed by staff.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Is the service effective?

Our findings

The service continues to provide effective care. People were supported by staff who had the skills and knowledge to meet their needs. Staff received regular training in health and safety topics and subjects relevant to the people who used the service. The majority of the care staff had achieved or were working towards nationally recognised qualifications in care.

Newly appointed staff completed an induction programme which gave them the skills to care for people safely. During the induction period, new staff had opportunities to work alongside more experienced staff which enabled them to get to know people and how they liked to be cared for. A recently appointed member of staff told us "The support and training I got during my induction was very good. In fact it's the best support I've ever had. I was able to do lots of shadow shifts and really got to know the guys [people who lived at the home] which is so important."

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including opticians and dentists. People also saw professionals to meet their specific health needs such as diabetes and epilepsy. Staff recorded the outcome of people's contact with health care professionals in their plan of care. A person who lived at the home told us their doctor's name and said "I went for a check up to make sure I am healthy. The staff take me. It makes sure I stay well."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. Menus were based on the preferences of the people who lived at the home.

Staff sought people's consent before they assisted them. One person told us "The staff are good to me. They don't force me to do stuff." Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, for example healthcare treatment and the management of people's finances.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made applications for people who

required this level of support to keep them safe.

Is the service caring?

Our findings

The home continues to provide a caring service to people. One person told us "I like living here. I like the staff. My key worker is nice. She takes me out." Another person said "I am very happy. I love it here. The staff are lovely."

The atmosphere in the home was relaxed and people were supported in an unhurried manner. Staff interactions were kind and respectful. A member of staff said "Coming to work here was like coming into a family home. The guys [people who lived at the home] have a great life and are always out and about which is great." Another member of staff told us "I love coming to work. The guys bring a smile to my face. They are all wonderful"

Staff treated people with respect. Staff communicated with people in a very kind and respectful manner and people responded positively when staff interacted with them. People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished. One person told us "I love my flat. I like spending time here. The staff check I'm ok. It's good." Another person said "I can go to my room when I want to. The staff don't bother me."

The service had received many written compliments about the care provided to people. Comments included "I am very pleased [name of person] is feeling so happy and confident and is now more sociable. Thank all the team for taking such excellent care." And "Thank you for all your love and support."

Is the service responsive?

Our findings

The home continues to provide a responsive service. People received care and support which took into account their needs and preferences. Staff knew people well and knew what was important to them. For example what activities people enjoyed and how they liked to spend their day.

The majority of the people who lived at the home had difficulty in expressing themselves verbally. Each person had a plan of care which provided information for staff about how each person made their needs or preferences known. Our observations and discussions with staff showed that staff were very knowledgeable about the people they supported.

People were supported to follow their interests and take part in a range of activities, trips and holidays. One person who lived at the home said "I am going sailing today and we are having lunch out. I really like sailing." They also told us "I go to the disco in Taunton. I love that and I have been on the steam train, I go to the horse riding centre. I like to watch. And I am going on holiday to Devon. I do lots of things." Another person told us "I go to the Albemarle [local day centre] three times a week. I love it. I walk there with staff and I get a taxi back by myself." Each person had a weekly activity planner which was developed with them. Records showed people went shopping, went out for meals, went for walks, visited places of interest, had day trips, went on holiday and stayed with relatives.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. One person told us "Staff take me to visit my [relative] every week. I look forward to that." The registered manager told us some people telephoned their relatives and staff supported people to have home visits with their family.

Each person had a named support worker (key worker) who had particular responsibility for ensuring their needs and preferences were understood and acted on by all staff and that people had everything they needed. Two people who lived at the home told us about their key worker. One said "Name of staff member] is my key worker. I like them very much. We go shopping so I can buy clothes and all the other stuff I need." The other person said "I have meetings with [name of staff member] and we talk about what I have done and if I am happy with everything. It's good." Each month each person's keyworker emailed their relative to update them about how people were progressing in working towards their goals and what activities they had enjoyed. In a thank you card, a relative had commented "I really appreciate what you are doing and it is so good to get some up to date news. Thanks."

The registered manager operated an open door policy and was accessible and visible around the home. The home had received three complaints in the last year. None of these related to the care and support people received. Records showed complaints had been responded to in accordance with the home's complaints procedure and to the satisfaction of the complainant.

Is the service well-led?

Our findings

The service continues to be well led. There was a registered manager in post. 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 was very visible in the home and it was evident that people were comfortable in their presence. One person came into the office during our visit and spent a considerable time chatting with the registered manager. The registered manager had an excellent knowledge about the needs and preferences of the people who lived at the home. They were passionate about ensuring people had a fulfilling life. They said "I want the service users to be as independent as they can be and to live happy and fulfilling lives. I will continue to make sure staff are well trained and caring. We have a great staff team who really to care about the service users."

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Care staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. Staff morale was good which led to a happy and relaxed environment for people. One staff member told us "The manager and deputy are really approachable and will always listen to what you have to say." Another member of staff said "It's really relaxed and homely here. If you have something to say, you can say it. We all want the best for the guys [people who lived at the home]."

The provider had comprehensive quality assurance systems which monitored and improved the quality of the service provided. The registered manager carried out monthly audits on all aspects of the running of the home and the quality of care people received. They were supported by an operations manager who regularly visited the home to carry out audits and checks of the running of the home. The provider's quality team visited the home annually and conducted a thorough review of the whole service. The registered manager ensured actions were taken to address any areas for improvement. Annual satisfaction surveys completed by people and their representatives showed a high level of satisfaction with the quality of the service provided.