Voyage 1 Limited

Smallwood

Inspection report

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Date of inspection visit:
25 April 2018

Date of publication:
06 June 2018

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

Smallwood is a residential care home for up to eight people who have an autistic spectrum disorder. The home comprises of the Main House, which accommodates up to five people and the Cottage which can accommodate up to three people. At the time of the inspection there were five people living in the Main House and two people living in the Cottage. The home is set in a rural location in Blandford Forum.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

People were protected from abuse because staff understood how to keep them safe. All staff informed us they were confident concerns would be followed up if they were raised. People appeared happy and relaxed in the company of the staff.

People received their medicines safely. Although there were staff vacancies within the staff team, the registered manager ensured there were enough suitable staff on each shift to meet people's needs.

Risk assessments were carried out to enable people to retain their independence and access the community.

Staff were suitably skilled, and they received on-going training and support to ensure they had the skills and knowledge required to effectively support people.

People were involved in planning their menus and supported to eat and drink according to their likes and dislikes.

Where people lacked capacity to make specific decisions the correct procedures were usually followed in line with the Mental Capacity Act 2005.

Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

Staff had built trusting relationships with people. Staff interactions with people were positive and caring. Staff were very skilled at communicating with people.

People were involved in decisions about the care and support they receive as much as they were able to. People received care and support which ensured they were able to make choices about their day to day lives.

People were supported to plan and achieve their goals. There was an emphasis on enabling people to be as independent as they could be and to live a happy and fulfilling life.

Relatives were complimentary about the staff and management; they felt able to raise any concerns and were confident they would be responded to appropriately.

The service was well led by a registered manager who had the right skills and knowledge to undertake their role. Relatives, professionals and staff spoke very highly of the registered manager.

The registered manager and staff actively promoted a positive, inclusive and open culture; this approach had a positive impact on the quality of the service people received. Staff felt well supported by their managers and their morale within the team was positive.

There were effective systems in place to monitor and improve the quality of the service provided.

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

Smallwood

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 25 April 2018 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection the provider completed 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. We looked at the information in the PIR and also looked at other information we held about the service.

During our inspection we spoke with the registered manager, the deputy manager and four staff. People living at the home were unable to tell us directly about their experiences due to limitations in their communication, so we observed their interactions with staff throughout our inspection. We looked at the care records of two people living in the home.

We also looked at records relevant to the running of the service. This included four staff recruitment files, staff training records, medication records, and quality monitoring procedures. Following our inspection we spoke with three relatives and received feedback from two visiting health and social care professionals involved people's care.

Good

Is the service safe?

Our findings

People were not able to tell us if they felt safe with the staff supporting them, however we observed they looked happy and relaxed in the presence of the staff. Relatives told us they thought their family members were safe in the service and with the staff supporting them. One relative told us, "Yes I am happy [name] is safe. I have never had any reason to think they are not safe." Another commented, "[Name] is in safe hands."

Risks of abuse to people were minimised because all staff received training in how to recognise and report abuse. Staff we spoke with had a good understanding of abuse and all said they would report anything they were concerned about. All were confident that action would be taken to make sure people were safe. One member of staff said, "I would go straight to the manager and I am confident they would take the right action. I would go further if needed. I have the safeguarding numbers and I would phone them. There is a whistleblowing policy and I would use it, that's what we are here for to ensure they [people] are safe."

The provider had systems and processes in place which minimised the risks of abuse and helped to keep people safe. These included a recruitment system which made sure all new staff were suitable to work with vulnerable people. Staff confirmed thorough checks were completed before they were able to start working in the home.

Relatives told us there were enough staff available to meet their family member's needs. They acknowledged there were times when the home used agency staff and confirmed the same agency staff members were used where possible. One relative commented, "They try to use the same agency staff, you can't ask for more."

We observed there were sufficient staff deployed to meet the needs of the people who lived at the home. People had individual staffing hours allocated to them, and we saw these were used flexibly to ensure people were able to attend their chosen activities. Staff told us there were always enough staff on duty to meet people's needs.

People had detailed support plans in place which identified what made them anxious, the signs that they were becoming anxious and how staff should respond. Staff had a good knowledge of these plans. People's plans included minimal restraint could be used as a last resort. Staff told us this was used rarely with minimal application and only ever as a last resort to keep the person or others safe.

Staff told us they felt safe working in the home and told us how they supported each other. Staff described how they had worked well as a team to reduce people's anxieties before they developed into incidents. There was a culture of learning from incidents. One staff member said, "Incidents are manageable, we use the environment to manage them safely. We have the right training and only ever use restrictive practice as a last resort. We are a really good team and have each other's backs." Another commented, "The team are absolutely fantastic, I've received so much support. They are right there if you need them."

All accidents and incidents which occurred in the home were recorded. The registered manager had systems

in place to review and analyse all incidents to identify any themes and trends. They demonstrated how for one person the number of incidents they were involved in had reduced dramatically over the past year. One staff member told us, "We write detailed reports following an incident and pick up on any patterns; [name of registered manager] is very good and know the people we support really well." A health professional told us any areas of risk were quickly identified and managed.

People's medicines were managed safely. Staff had their competency to administer medicines assessed to make sure their practice remained safe. We observed however one member of staff supporting a person to take their medicines and noted they handled the medicines without wearing any personal protective equipment such as disposable gloves. Handling medicines is not good practice because it presents a risk of cross infection and a risk of a reaction to the medicine through skin contact.

We discussed this with the registered manager who told us they would remind the staff member to wear gloves if they needed to touch the medicines. They said staff needed to use this method to support the person with their medicines at times because they could be very reluctant to take their medicines.

Medicine Administration Records (MARs) detailed the medicines people took and these had been consistently signed when people took their medicines. Where people took 'as required medicines', such as pain relief, there were clear guidelines in place to instruct staff of when they should be given. Medicines were stored safely and securely. Regular audits were carried out on medicines and staff checked the stock daily to ensure this remained accurate.

There were a range of checks in place to ensure the environment and equipment in the home was safe. These included a fire risk assessment, testing of the fire alarm system, personal emergency evacuation plans and water temperature checks.

There were systems in place to ensure people were protected from the risk of the spread of infection. People were supported by staff to maintain a clean home. Staff used personal protective equipment such as disposable gloves and aprons which also helped to minimise risks to people. Quarterly infection control audits were carried out by the registered manager.

Good

Is the service effective?

Our findings

People received effective care because staff had the skills and knowledge required to support people and meet their individual needs. Throughout the day we saw staff were observant and interacted with people in a way that respected them as individuals and showed an understanding of their particular needs.

People's relatives commented that staff had the right skills and knowledge to support their family members. Comments included, "Staff have the right training, any little thing they pick up on, they recognise the triggers [things that could cause anxiety]. It's a huge bonus that they specialise in Autism."

People were supported by staff who had good support and training which made sure they had the up to date knowledge and skills to care for people effectively.

Staff told us they received an induction when they started working at the home. The induction included a period of 'shadowing' experienced staff, attending training, familiarising themselves with the home and reading people's care records. One staff member said, "The induction covered absolutely everything and prepared me for the role. I spent time shadowing staff and gaining confidence, the staff have been brilliant and offered extra support."

The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff also received a range of training to meet people's needs. Staff were positive about the training they received. One staff member told us, "There is enough training to do the job. The face to face training is really good; the trainers are really encouraging and really good."

We reviewed the staff training record and observed staff had received up to date training in autism awareness, communication, epilepsy awareness, equality and diversity, food safety and fire safety. Staff also told us they received regular one to one supervisions with their line manager and they found this supportive.

People had individual menus based on their likes, dislikes and cultural needs. Staff supported people to prepare their meals where people chose to be involved. One person told us their favourite meal was "Chinese", staff told us they were supporting the person to make this meal later in the day.

Where people were prone to weight loss, we saw there were arrangements in place to monitor the person's weight and to provide extra calorific food and supplements. Records demonstrated where required people were weighed regularly and they had gained and maintained stable weight.

People who needed support had very clear and specific guidelines on how staff should safely assist them whilst they were eating their meal. We observed staff following these during the inspection. People had access to suitable cutlery and crockery to enable them to remain independent whilst eating.

People's needs were assessed and care plans contained individual information about people which included personal histories, needs and lifestyle choices. This made sure staff had the information they required to support people. Staff we spoke with had a good knowledge of each person. Staff understood the importance of knowing about what was important to each person to ensure they remained happy and secure. For example, having schedules of their daily activities, certain genre of music and having personal space.

People were able to move around the home freely and request staff support as and when they needed it. The environment was homely and each person had an ensuite in their bedroom. Each person's bedroom was personalised to their needs and wishes.

People were able to make some day to day decisions as long as they were given the right information, in the right way and time to decide. For example, people could choose what to wear or what to eat when offered a selection of choices. A range of communication tools were used to help people understand decisions, such as pictures, objects of reference and social stories. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. Social stories can help reassure people and help them understand what a certain situation involves.

There were some decisions people were not able to make for themselves and we looked at how the Mental Capacity Act 2005 (MCA) was being applied. The 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.

Records demonstrated where people lacked the capacity to make decisions the correct procedures were usually followed and the relevant people were involved in line with the MCA. Decisions included; staff managing medicines, and having a care plan in place to support people if they became anxious.

However, one person had a sound monitor in their bedroom when staff were not present, this was to enable staff to monitor if the person required support. Staff told us how this was beneficial to the person as they were able to respond quickly to them if they needed support. The registered manager told us the person would not understand what the monitor was used for. They told us they would ensure a mental capacity assessment and best interest decision was carried out for the use of the monitor. We saw where other people had sound monitors in use, there were MCA assessments and best interest decisions in place.

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 made referrals for people to be deprived of their liberty where they needed this level of protection to keep them safe and lacked the mental capacity to fully agree to aspects of their care. We saw DoLS applications had been agreed for five people living at the home and the other two were pending assessment from the local authority.

The staff worked closely with a range of professionals to make sure people's needs were met. People's care records showed referrals had been made to appropriate health professionals when required. These included the Drs, opticians, chiropodist and dentist as well as specialist input from an epilepsy nurse, psychologist, occupational therapist and the intensive support team. The provider also had internal health professionals that were available to support people if required for example, a behavioural therapist.

Good

Is the service caring?

Our findings

Most of the people who used the service were unable to tell us about how happy they were with the staff supporting them. However, we observed people appeared relaxed and comfortable in the presence of staff. We observed one person who was unable to verbally communicate touched their staff member in an affectionate manner. Another person who was able to verbally communicate told us the staff were, "Alright" when we asked them.

Relatives told us they were happy with the staff supporting their family members. Comments included; "I can't rate them highly enough, they are very caring, it's not just a job to them", "I am more than happy with the staff, they are very kind and [name] is comfortable there" and "The staff team are very good." A visiting professional told us, "The staff seem caring and helpful."

Relatives also told us the permanent staff knew their family members well. One relative told us, "The staff know [name] well." Another commented, "They have got to know [name] well, the regular staff are very good."

Staff talked positively about the people they supported and described how they had built trusting relationships with them. Staff recognised the importance of getting to know people well. Staff knew about people's likes and dislikes and were able to explain what was important to them such as having time to process information, family members, important routines and personal items.

People were involved in day to day decisions about their support. Staff described how they used people's individual communication methods to give people choice and control over their lives. For example, pictures and objects of reference were used to enable people to choose meals and where they wanted to go.

Relatives also told us they were actively involved in decisions relating to their family members support. One relative commented, "I'm involved in the care of [name]. they let me know of any changes and I am invited to meetings." Another commented, "I feel very much involved, they are exceptionally good at communicating any changes."

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People were supported to keep in touch with their family members. Relatives confirmed there were no restrictions on when they could visit their family member, and when they visited they were made to feel welcome.

Staff described how they respected people's privacy by knocking on their doors before entering their rooms. Staff also told us how they ensured doors and curtains were closed whilst they were supporting people with personal care and they recognised the importance of people having their own personal time. Staff recognised the importance of promoting people's independence and they described how they supported people to be as independent as they could be.

Good

Is the service responsive?

Our findings

There was a very person centred approach to supporting people and staff consistently responded to people on an individual basis and worked in accordance with their wishes. Relatives told us staff were very responsive to their family member's needs. Comments included, "They are very responsive to [names] needs. They want to get it right and staff go over and above to ensure [name] is happy. We are all singing off the same sheet."

People received care that was very responsive to their needs and personalised to their wishes and preferences. There were examples of where the service had improved people's lives. For example, where people had specific sensory needs, the service involved external health professionals to seek guidance, and we saw staff were working with the health professionals to achieve positive outcomes for people. For example, staff worked closely with the local authority intensive support team to develop strategies to reduce people's anxieties and the frequency and intensity of incidents.

A visiting professional told us the staff were, "Very person centred and strived to meet the individual needs of those who live there." The described how they saw evidence of this in relation to people's behaviours, health needs, diets and sensory needs. Where it was identified as being beneficial to people, they had small core teams of staff working with them. These were formed of the staff who knew the person well and who the person responded to.

Each person had a care and support plan. The care plans we read were personal to the individual and gave clear and detailed information to staff about people's needs, important routines, what they were able to do for themselves, the support required from staff and how they made choices. For example using signs, pictures, speech or objects of reference. One relative told us, "Any member of staff can read [names] schedule and know exactly how to support them, it is so detailed." The care plans had been regularly reviewed and updated to ensure they remained up to date and accurate.

People's participation in the planning of their care was often limited by their communication difficulties. People's relatives however told us they were involved in the planning and reviewing of their family members care. Comments included, "They listen to everything, there is great contact between us. Things change quickly and they review what has happened and put strategies in place."

Staff described how they were supporting one person with their anxieties around accessing the community using social stories. We saw evidence that progress was being made towards the person's goal. The person's relative commented the work the staff were doing with their family member was, "Excellent, they go above and beyond their duty to get it right."

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as an easy-to-read format, a range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference,

pictures and using a communication board. Additionally, staff used signs and other specialised communication methods throughout the day. People understood staff and staff understood them.

Staff were aware of and responded to people's cultural and religious needs. One person had specific cultural needs which staff were aware of, and they supported the person in a way that respected their customs and practices. We observed staff communicating to the person in their first language, in order to be able to communicate effectively.

People had person centred reviews plans where they were supported to identify and achieve their goals. People's relatives and health professionals were invited to the reviews, which involved a review of what was working well and not so well for the person. Individual goals were reviewed and set as part of this process. We reviewed one person's goals and saw they were making progress toward the desired outcomes.

People were supported to follow their interests and attend a range of chosen activities. On the day of the inspection one person was supported to go swimming, one was going horse riding and another was going to the beach. People were supported to participate in activities that met their needs and preferences. There were three vehicles available for people to use, and the registered manager told us this meant people were able to attend their chosen activities. Activities people attended included; activity clubs, local pubs, using public transport, nature reserves, shops, seaside towns and the library.

People also engaged in a range of activities within the home that included a sensory room in the garden, trampolining, cooking, household chores and art and crafts. During the inspection we observed one person engaging in a water play based activity with the encouragement of staff.

The registered manager told us of an event in 2017 where all of the people living in the home were moved to alternative accommodation, this was to enable essential works to be carried out on the home. They described how this was planned with "Military precision" by the staff team to ensure people remained settled during the move. The staff team had been awarded with the provider's "Regional Care Home of the Year" at their annual Excellence Awards, for the work they completed in moving the people of their home, to an unfamiliar environment.

People were not able to verbally raise concerns or complaints, and relied on staff to raise these on their behalf. We discussed with staff how they supported people to raise concerns.

Relatives told us they knew how to complain or raise concerns more informally and they told us they felt listened to. One relative told us, "Any concerns I would speak to [name of staff] or [name of registered manager] they are very good and anticipate any concerns before they become an issue." Another commented, "Any issues and I would speak to [name of registered manager] and I am confident she would respond."

There had been no complaints received by the service in the past year. We saw where complaints had been raised in the past, these were investigated and responded to in line with the provider's policy.

The registered manager told us if people became terminally ill or reached old age, end of life care plans would be created in order to address people's end of life wishes. There were no end of life care plans and no one was receiving end of life care at the time of our inspection.

Good

Is the service well-led?

Our findings

The service was well led by a registered manager who had been in post for six years. 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 told us they received "Very good" support from their line manager. They told us they kept their knowledge and skills updated thorough on-going training and they regularly attended the provider's managers meeting, which was an additional source of information and support.

People's relatives spoke very highly of the registered manager. Comments included, "[Name of registered manager] is excellent. They are always there and will listen, suggestions are taken on board and things are acted upon", "They are excellent, since they have been at Smallwood they have totally changed the service, I am very happy with the way things are" and "The manager is approachable, they do their best to keep in contact."

The registered manager placed an emphasis improving outcomes for people. This was evidenced during the inspection by their commitment to reviewing and learning from incidents. For example, enabling people to increase their access to their local community, working with people and health professionals to reduce people's medicines and significantly reducing incidents of anxiety. One relative told us, "[Name of registered manager] has totally changed [name's] life, [name] is able to go out more and they are definitely more confident to go to more places."

Health professionals commented positively about the registered manager. Comments included, "[Name of registered manager] is extremely approachable and accessible this is evident when you see their interactions with their own staff team, and how at ease they are with her. [Name of registered manager] is always open to ideas and suggestions and communications are excellent."

The registered manager was supported by a deputy manager and senior members of the team who had their own management responsibilities. The registered manager maintained a regular presence in the home to enable them to support staff and monitor their performance. They told us how they promoted an 'open door' policy for staff to approach them with any concerns.

Staff felt well supported in their roles and commented positively about the management team at Smallwood. Comments included; "[Name of registered manager] is a brilliant manager, she is always there and listens to what you have to say" and "She is good, approachable and available to be contacted even at the weekend if it's an emergency."

Staff morale was very good and staff were very motivated to do the best they could for the people they supported. Staff commented very positively about the culture and communication within the team.

Comments included, "We are a nice team, dedicated to the service users, we all get on well and respect each other", "Communication is good, there is openness in the staff team and any concerns are dealt with" and "The team are fantastic." A relative also commented positively on the communication and teamwork, they told us, "It's a team effort, we are all in it together. We are very open with each other, I have felt from day one that I could say anything and raise any concerns."

The provider had a set of values that we developed and created with the input of people and staff. Staff were aware of the provider's values and described the aims of the service as, "For people to have a good quality of life, we promote dignity, respect, independence and growth, and we encourage new activities and personal development."

The registered manager told us the home was working towards the 'Autism Accreditation' scheme with the National Autistic Society. Autism Accreditation is an autism specific quality assurance programme of support and development for all those providing services to autistic people. Achieving accreditation proves that an organisation is committed to understanding autism and setting the standard for autism practice.

There were a range of audits and checks in place to monitor safety and quality of care. The registered manager and operations manager completed audits of the service to highlight any areas for improvement. Areas covered included; the environment, training, risk assessments, care plans and complaints. The audits identified any shortfalls in the service and action plans were put in place to address these.

People were part of their local community as much as they were able to, or chose to be due to their complex needs associated with their autism. The registered manager described how they had detailed plans in place to enable people to be part of their local community. These included intricate details such as for one person a vehicle needing to be parked in a specific place, facing a specific direction to enable the person to feel secure enough to exit the vehicle.

People used community facilities such as local shops, leisure centres, cafes and pubs. People went out into the community with staff support during our inspection. Staff worked in partnership with a range of external health and social care professionals. People required this support due to their complex needs.

There were systems in place for relatives, staff and professionals to give feedback on the service in the form of an annual service review. Areas covered included, care and support, what was not working well and any changes that were felt would improve the service. Feedback from the survey was used to develop an action plan to drive improvements. Feedback from relatives and professionals included; "Excellent", "Extremely good", "Most of the time good", "The manager listens to any concerns and acts on these quickly, she is very approachable, and is always available", "We feel listened to", "[Name of relative] is listened to" and "Excellent support to staff team by the manager."

Significant incidents were recorded and where appropriate were reported to the local authority. The service had notified the Care Quality Commission of all significant incidents which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.