

Voyage 1 Limited

Quiet Waters

Inspection report

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Date of inspection visit:
14 March 2016

Date of publication:
06 April 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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. The service met all of the regulations we inspected against at our last inspection on 13 June 2014. This inspection took place on the 14 March 2016 and was unannounced.

Quiet Waters is a small care provider providing intensive support for up to six people who have a learning disability. At the time of our inspection there were three people using the service.

There is a Registered Manager at this location. 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.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction and fully understood their roles and responsibilities, as well as the values and philosophy of the service. Staff had completed extensive training to help them to provide care to people who use the service was safe and effective to meet their needs.

People had their needs and requests responded to promptly. People told us that there was enough staff to meet people's care needs.

Medication was managed safely. Staff members clear and understood their responsibilities. The Registered Manager conducted regular audits and improvements were carried out when these had been identified. The quality was monitored and assessed consistently.

People were regularly asked by staff if they were happy and how they wanted to be supported. Staff members understood the principles of the Mental Capacity Act 2005 (MCA) and were able to describe their responsibilities to seek the consent of the people they supported. When people were thought to lack mental capacity the provider had taken the appropriate action to make sure their care did not restrict their movement and rights under the MCA. Decisions about the care people received were made by the people who had the legal right to do so.

People lived in an environment that met their needs and they were provided with the food they enjoyed. Premises were properly maintained with a clean, bright and inviting environment. All living areas were clean and well looked after.

We saw that people had developed caring relationships with the staff that supported them. Relatives told us

that there was a positive atmosphere in the provider and people were encouraged to take part in tasks around the provider if they wanted. We found that people's independence was promoted.

People told us that complaints or comments about the service were sorted out quickly without the need to resort to the formal complaints process. Relatives told us that any issues were dealt with to their satisfaction. The provider encourages people to whistle blow and make complaints by displaying "see something, say something" posters around the provider. In the last twelve months the provider had not received any complaints about the service.

The provider encouraged feedback from people, visitors and families, which they used to make improvements to the service. The Registered Manager involved staff to make improvements, and we found that the service continued to develop by involving staff and continuously assessing the quality of care.

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 knew how to protect people from abuse. There were enough staff to manage risks and provide people with safe care.

Risks to people's safety were thoroughly assessed and minimised.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines as prescribed

Is the service effective?

Good ●

The service was effective.

Staff received on-going training and demonstrated they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to and could also access appropriate health, social and medical support as soon as it was needed.

The Registered Manager and staff understood and met the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive.

People could express their views and the staff would take action to ensure these views were responded to appropriately.

Staff supported people to take part in social activities in and outside the service.

There were processes in place to deal with any concerns and complaints appropriately.

Is the service well-led?

Good ●

The service was well led.

People were supported by staff who shared common values and a vision to improve the service people received.

Staff were supported by the Operations Manager, Registered Manager and senior staff who worked together as a team.

The service used quality assurance processes to make sure the service was consistently run and areas for improvement were recognised and acted upon.

Quiet Waters

Detailed findings

Background to this inspection

The inspection took place on the 15 March 2016 and was an unannounced inspection which meant that the provider did not know that we were coming. The inspection was carried out by one inspector.

Before we visited the provider we checked the information that we held about the service and the service provider. Two concerns had been raised since we completed our last inspection around medication not being administered correctly, and we checked to see if improvements had been made.

During our inspection we observed how the staff interacted with people. We looked at how people were supported during their lunch and during individual and group activities. We also reviewed a range of care records and looked at records about how the service was managed.

We focused on speaking with people who lived at the service and observing how people were cared for. A significant number of the people at the service had very complex needs and were not able verbally communicate with us, or chose not to, so we used observation as our main tool to gather evidence of people's experiences of the service. We spoke with two people and the relatives of two people who use the service. We also spoke with the services Registered Manager and three members of staff.

Is the service safe?

Our findings

People told us that they were happy with the care and support they received and felt safe. We were told that people enjoyed living at Quiet Waters and we saw that people were relaxed and at ease with staff. When people needed help or support they turned to staff without hesitation. One family member told us that "we believe it's a safe place for [name], the staff really do their best and seem to genuinely care for everyone who lives here."

People were kept safe from the risk of harm by staff that could recognise the signs of abuse. The provider had conducted assessments to identify if people were at risk of harm and looked at ways this could be reduced. We observed staff talking and asking people if they required support and giving reassurance. We saw that people had their needs and requests responded to promptly.

Posters were displayed at various points throughout the home. The provider encouraged people to make compliments, comments or complaints. Posters were also on display which provided guidance about how to whistle blow if somebody felt this was needed. Family members told us that they were encouraged to make comments about the service and often did which were taken on board by the provider.

Processes were in place to investigate and respond when accidents or incidents had occurred. Records showed us that care records contained information which helped them to manage the risks associated with people's specific conditions. Records had been updated as people's conditions changed so staff had up to date information to provide people with safe care and support.

People told us they were supported to take medicines to support their health needs. Records showed that the service had processes in place to ensure that medication was administered and managed safely. Staff had received recent training in medicine administration and the service operated a competency based screening of staff skills. Medicine Administration Records (MAR) records had a photograph of the person to help staff make sure that medicines were given to the correct person. We saw that staff knew what they were doing and felt confident when handling medicines.

Staff and family members that we spoke to told us that there was enough staff available to meet people's needs to enable them to carry out their job effectively. The Registered Manager told us that they didn't have any vacancies and was working to establish the team. Records demonstrated that staff had recruitment checks completed, which included a Disclosure and Barring Service (DBS) check. A Disclosure and Barring System check, identifies if prospective staff have had a criminal record or were barred from working with children or adults. Records showed that DBS checks had been completed for all staff.

Is the service effective?

Our findings

Family members told us that the service met people's needs and they were confident it would respond appropriately if people's needs and views changed. A family member told us "I speak to someone at Quiet Waters every day and they are very good at resolving things. They take everything I say very seriously." We saw that people were supported by staff they said they liked.

We observed that staff members were knowledgeable about the people who lived in the service. We saw that staff knew what particular words or gestures meant and communicating well with people and exchanging positive banter. Relatives told us that they had confidence in the staff and felt that the staff knew people well. One professional who visited the provider told us, "I have no worries at all".

Records showed that staff had undertaken a wide range of training which was updated. Staff told us that the training helped them to do carry out their work. All of the staff we spoke to told us that they had been given an induction when they started at the service and that which core topics were covered. Some of the newer staff members told us that they were working towards the care certificate. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment.

We found that there were good opportunities for further training and for gaining extra qualifications. The service had a training calendar to make sure staff received training and this was kept up to date. The service provided training on conditions that affected people who lived in the service, such as autism awareness and effective communication. Staff told us they felt supported by the manager and had received regular supervision and team meetings. This gave staff the opportunity to talk about working practices and identify training or support needs they had.

During our visit we observed staff regularly asking people if they were happy and how they wanted to be supported. We noted that people were supported in line with their wishes. Staff we spoke with were knowledgeable about the requirements of seeking consent from people who used the service. We observed staff asking people for their consent before delivering care or treatment and they respected people's choice when they refused. For example one person did not always like to get up to eat lunch, so the carers took the plates of food to their room. The visual prompt encouraged the person to choose what meal they would like and they allowed choice over where to eat the meal.

The provider had conducted assessments when people were thought to lack mental capacity to identify how care could be provided in line with people's wishes. When people lacked capacity, the provider had taken action to seek that the care and treatment people received did not restrict their movement and rights under the MCA. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests

and as least restrictive as possible. 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 providers and hospitals are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection we found that they were meeting these conditions. Decisions about the care people received were made by the people who had the legal right to do so. Family members told us that they had been involved with best interest meetings and we saw evidence of their involvement in people's care plan.

People told us they enjoyed the food they were given. They said, "I like the food, I like fish sandwiches." We observed that people asked for or were offered drinks and snacks by staff. People received the food and drinks they asked for promptly. People were involved in planning their menu each week and were offered the opportunity to go shopping for the food they wanted. When a person was unable to say what they wanted to eat, staff prompted the person to go to the kitchen and select what they wanted. We observed staff encouraging people to make healthy choices which some people agreed to. For example, we saw a member of staff ask a person if they wanted a drink by using gestures which the person understood. We observed another member of staff sit with a person and supported them to express themselves by being patient and encouraging.

Records showed that people had nutritional assessments in place. We saw staff check people's needs and obtain specialist advice if needed. Where a specialist assessment for an individual was in place this was clear in the care records and also displayed in the kitchen. For example, where a risk of an allergic reaction to a particular food group had been identified, this was highlighted in the kitchen as a clear reminder to staff.

Healthcare professionals told us that people had regular access to healthcare services. Records showed that the provider acted quickly to involve other services when people became unwell or it was felt their condition was deteriorating. Detailed information relating to people's care was shared at the staff handover meeting. Staff were clear on what care and support would be needed and allowed them to ask for additional advice and guidance. A family member told us that "If there is any problem with [name's] health needs, they call the nurse or doctor and they are seen quickly. The provider always offer staff to help me take [name] to attend medical appointments and they keep me well informed with what's going on."

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access. The premises were well maintained with a clean, bright and inviting environment. We saw people's rooms had been personalised and decorated to suit their needs. People choose their own décor and colour scheme and were clearly proud of their home. All living areas were clean and well looked after including the kitchen and bathrooms. Outside, there were large gardens and these were also well kept. We observed people freely accessing the garden as they wished.

Is the service caring?

Our findings

The people and families that we spoke to told us that they were happy with the care and support they received from the provider and that the staff were caring.

On the day of our inspection there was a calm and relaxed atmosphere and we observed people had good relationships with staff. A family member told us, "the service is caring and staff meet [name] needs." Another person told us "There is a positive atmosphere here, the staff are always very upbeat and it reflects on the people that live there."

We observed staff members talking to people in a caring and respectful manner. They were clearly motivated about their work and told us they thought people were well cared for. Another family member told us "[name] has told me he is really happy and considered Quiet Waters his home. The atmosphere is calm and this is down the staff. They know how to interact with the people who live there."

The care provided met people's needs and enhanced their well-being. We observed staff being friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we saw many positive interactions. For example, we saw a staff member being patient, kind and encouraging when speaking to one person and used gestures to understand what they would like.

We observed that people's privacy was respected. Bedrooms had been personalised with belongings, such as furniture, photographs and ornaments to help create a homely feel. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Records showed, and staff could explain that they understood the importance of maintaining people's privacy and human rights. Staff supported people to maintain contact with friends and family. Visitors and family members told us they were always made welcome and were able to visit at any time.

Is the service responsive?

Our findings

People and their families were involved in the care planning and assessments. Family members told us they were pleased with the service and that the service was responsive. One person said "I am aware of [names] care plan and I feel involved in the process."

Care plans recorded people's choice and preferred routines for assistance with personal care and daily living. Staff told us people were able to get up in the morning and go to bed at night when they wanted to. We saw people choosing to spend their time in different parts of the building as they wished. Some people chose to spend time in the lounge or in other areas of the home if they wanted to.

The records we looked at showed that people had their needs assessed before moving in. This was to help the service understand if they could meet the person's needs. We found that care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. For example one care plan described in detail how staff should communicate with the person using non-verbal cues. Daily records detailed the care and support provided each day and how they had spent their time. We observed that staff members information was communicated a handover meeting. .

Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Most people told us they knew about their care plans and that senior staff would regularly talk to them about their care.

Family members told us that people had enough social opportunities to give them fulfilled and meaningful lives. We found that people were able to take part in a range of activities. For example, some day's people would be supported to go down the pub, attend college, go swimming and bowling. Other activities were also offered to help people develop day to day living skills. For example, we observed that one person like to tidy things away and was able to fulfil this activity. A family member told us that the service met social needs well. "All of [name] social requirements are met. They even put extra staff on to assist with activities. It's an integral part of this service."

We observed that people's individual choices were respected and upheld. For example, people could attend church services if they wanted to and records showed detailed information relating to peoples gender and sexual orientation.

We observed that people were supported in line with their wishes and they were able to make choices. Staff told us that it was very important that they respected and supported people's rights. We were told, "It is important to treat people as individuals; because they are an individual. I care for them in a way that they want to be cared for."

People we spoke with were aware of the provider's complaints process and family members we spoke with felt that concerns would be sorted out quickly without the need to resort to the formal process. People told

us that they could talk freely with staff. Whilst the service had not received any complaints over the last twelve months, there is an effective process in place to deal with any complaints that may be made in the future.

Is the service well-led?

Our findings

People and their relatives told us they believed the service was well led and that the manager was approachable. One family member told us, "the manager is very on the ball and he takes my views into consideration. If there are any problems I feel that I can discuss this with him. I have confidence in the way he runs the service."

We saw the service had a well-defined management structure which provided clear lines of responsibility and accountability. The Registered Manager had overall responsibility for the service. The provider's values and philosophy were clearly explained to staff through their induction programme and training and there was a positive culture where staff felt included and consulted.

The Registered Manager was held in high regard by everyone we spoke with. People, relatives and healthcare professionals all described the management of the service as open and approachable. Staff told us that they were positive and supportive of the way the service was led. One staff member commented, "The management is really good and [name] gives us clear guidance." Another staff member said, "[Name] really understands the people who use the service and us as well. Everyone has respect for him because he is fair. His main concern is that the people who live here are looked after well and this makes us want to achieve our best for them too."

On the day of our inspection, we saw that staff and management were clearly committed to providing good care with an emphasis on making people's daily lives as happy as possible. The Registered Manager was able to demonstrate that he knew all of the people who lived at the service very well. We were told that the Registered Manager led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff told us management were supportive and typical comments included "we work closely together, I have a good relationship with my manager, we talk about things all of the time." Another staff member told us "A lot of improvements have been made since [name] has been here. He has an emphasis on making sure people are safe and well looked after."

There was a stable staff team and staff told us morale was good. There was a positive culture in the home and it was clear people worked well together. Staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service. Another staff member told us, "My manager encourages us to be committed and go the extra mile. This encourages me to be passionate about my job, so it comes naturally."

Staff told us they were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through team and hand-over meetings and supervision sessions. For example, we observed a staff meeting and saw staff members being told about the outcome of a recent Quality Assurance visit from head office. They were encouraged to consider how they could contribute to improving the service.

We looked at records related to the running of the service and found that the provider had a good process in

place for monitoring and improving the quality of the care that people received. A quality assurance framework was in place which had been developed to reflect the CQC five domains of good care; safe, effective, responsive, caring and well led. The provider conducted regular audits in line with these domains. Records showed, that where areas of improvement had been identified that action plans were quickly put in place. For example, the service quality improvement lead had completed an audit a few days before the inspection. This identified that the fire evacuation plans expire later in the month. An action plan was already in place to address this area with a completion date set for the manager. The service was well led and had a framework that assured the quality of the service.