Care Quality Commission

# Voyage 1 Limited

# Chantry Gardens

## Inspection report

69 Chantry Gardens,
Southwick,
Trowbridge.
Wiltshire.
BA14 9QT
Tel:01225 766381
Website: www. voyagecare.com

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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 |

## Overall summary

This was an unannounced inspection which took place on 27 October 2014.

The service offers accommodation and support to three people who have learning disabilities. The home is a domestic sized house, set within a housing estate. Accommodation is provided on one floor. Individuals have their own bedrooms and there are spacious communal areas.

There is a registered manager running the home. 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 home had a variety of ways to keep people as safe as possible. Care workers were trained in and understood

# Summary of findings

how to protect people in their care from harm or abuse. People told us they felt very safe and could talk to staff and the manager about any concerns or worries they had.

Individual and general risks to people were identified and managed appropriately. The home had a robust recruitment process to try to ensure the staff they employed were suitable and safe to work there. The home had a stable staff group who had built strong relationships with people who lived there. Staff members had an in-depth knowledge of people and their needs. The staff team were well supported by the registered and area managers to ensure they were able to offer good quality care to people.

The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. They had taken any necessary action to ensure they were working in a way which recognised and maintained people's rights.

People were supported and encouraged to look after their health. Care staff were skilled in communicating with people and in helping them to make as many decisions for themselves as they could. People were encouraged to be as independent as they were able to be, as safely as possible.

People were given the opportunity to participate in a variety of activities both individually and with others. People were treated with dignity and respect at all times. They were involved in all aspects of daily life and helped to meet any spiritual, behavioural or emotional needs.

The house was well kept, very clean and comfortable. People's rooms reflected their individual preferences and tastes, as did the communal areas of the home.

Staff told us the home was managed well with an open and positive culture. People and staff told us the registered manager was very approachable and was willing to talk about anything.

# Summary of findings

## 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 was safe.

The home made sure that staff knew how to protect people from abuse.

Risks were identified and managed to ensure people were kept as safe as possible.

People's medicines were given to them at the right times and in the right quantities to keep them as healthy as possible.

Good

**Is the service effective?**
The service was effective.

The home helped people to make their own decisions and staff understood consent, mental capacity and deprivation of liberty issues.

People were supported to access healthcare to ensure their health care needs were met.

Good

**Is the service caring?**
The service was caring.

Staff treated people with respect and dignity.

They used a variety of communication methods which people understood.

People were given positive, gentle encouragement to be involved in all aspects of their daily life.

Good

**Is the service responsive?**
The service was responsive.

People were listened to and care was delivered in the way that people chose and preferred.

Care focussed on people having good daily experiences.

Good

**Is the service well-led?**
The service was well led.

The home had a number of ways to check that the home was giving good care.

Changes to make things better for people who live in the home had been made and development was continuing.

Good

# Chantry Gardens

**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 inspection took place on 27 October and was unannounced.

The inspection was completed by an adult social care inspector.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service. The home had not sent us any notifications and there were no safeguarding issues. A notification is information about important events which the service is required to tell us about by law.

We looked at three care plans, daily notes and other documentation relating to people who use the service such as financial and medication records. In addition we looked at auditing tools and reports, health and safety documentation and a sample of staff records.

We spoke with the three people who live in the home, two staff members, the registered manager, and the area manager. We looked at the information held about the three people who live in the home and observed the care they were offered during our visit (pathway tracked). We looked at the service review report provided by Wiltshire County Council, the commissioners of the service, which was completed on 18 September 2014.

# Is the service safe?

## Our findings

People told us or indicated by nodding their head that they felt safe in the home. One person told us: ''I always feel very safe''. Another said: ''I feel very safe here, I can talk to all the staff if I'm worried''. Staff members told us it is a very safe environment and people who live in the home would be able to express any unhappiness or fear.

Training records showed that the eight care workers had received safeguarding training; staff confirmed that they had completed this training. Safeguarding training was repeated every year, to ensure all staff were kept up-to-date with policies and procedures. The home made the local authority's latest safeguarding procedures available to all staff. Staff had a clear understanding of their responsibilities with regard to protecting the people in their care. They were knowledgeable about the signs of abuse and what would constitute a safeguarding concern. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation, if necessary.

People's care plans included a risk consideration index which identified necessary risk assessments for the individual. Risk assessments incorporated support guidelines. These gave staff detailed information about how to support people in a way that minimised risk for the individual. Identified areas of risk depended on the individual and included areas such as daily living skills, emotional or behavioural support and social skills. Specific risk assessments were developed for any special activities such as going on holiday and swimming.

The service had developed a disaster contingency plan which detailed what action staff must take in event of particular emergencies. Various emergencies were described; they included fire evacuation, flood, severe weather and contagious illnesses. The plans for each were detailed and contained clear instructions for staff. Some instructions were depicted as flow charts for simplicity. People who use the service had personal emergency evacuation plans which had been reviewed in October 2014.

The service conducted three monthly health and safety audits to ensure the safety of the people who lived there, staff and visitors. We looked at a sample of health and safety maintenance checks which were up-to-date. Examples included daily fridge and freezer checks, weekly and monthly fire panel checks and weekly wheelchair checks.

The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) we looked at were accurate and showed that people had received the correct amount of medicine at the right times. All staff completed medication administration training and their competence was assessed every year by the registered manager or a senior staff member.

There were guidelines in place for people who had medicines prescribed to be taken as and when required (PRN). Staff were able to describe clearly when PRN medicine would be given for pain and to help people to manage their behaviours. This type of medicine was used infrequently. However, some of the guidelines were not detailed enough to ensure that people were given the medicine in a consistent way. The pharmacist had reviewed medication procedures in the home on 18 March 2014. The report showed that they had made no recommendations for improvement. The GP reviewed people's medicine every year or more often if people's needs changed.

The registered manager acted as the financial appointee for two people. The provider had robust financial procedures in place. People's financial records were accurate, all income was recorded and receipts were kept for all expenditure. The area manager audited the finances every three months and the organisation completed random audits.

We looked at a sample of staff files. These showed that there was a robust recruitment system to ensure that prospective employees were safe and suitable to work with the people who live in the home. We saw that the service received references, checked people's identity and asked for a criminal records check prior to their appointment.

The home was staffed according to the identified needs of individuals. There were a minimum of two staff on duty during daytime hours. Two staff sleep in the home at night. The number of night staff had increased from one to two to ensure the safety of people whose needs had changed.The registered manager or senior staff were able to provide

# Is the service safe?

additional staffing for special events or any specific needs. These included illness, holidays and community outings.Three staff had worked in the home for over six years which gave people continuity of care. All staff had the necessary skills to support the people who lived in the home.

# Is the service effective?

## Our findings

People told us that they liked living in the home. One person told us: ‘‘staff do things for me if I ask them to and they help me do things too’’.

Training records showed that all staff had received Mental capacity Act 2005 training; this included understanding Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager and other staff demonstrated their understanding of consent, mental capacity and DoLS. The manager had submitted appropriate DoLS applications to the local authority in June 2014. These were being processed but had not yet been authorised.

The plans of care included a section which noted any DoLS restrictions and decision making profiles. The profiles included how people could be assisted to make decisions, what the best way to present choices was and at what times people were able to make their decisions. Additionally there was a list which noted in which of the individual care plan areas people could make their own decisions and give informed consent. Examples included eating and drinking, finances and medication. There were clear guidelines to inform staff what action to take if people did not or could not consent. We saw that need for best interests meetings had been identified and held for health issues.

During the inspection staff were ineracting and talking with people at all times. People were encouraged to be involved in all conversations. Staff helped people to express themselves and encouraged them to make decisions. People were asked for their permission before care staff undertook any care or other activities. Care plans included detailed communication plans which described the way that people communicated with each other and with staff. They also described how staff should communicate with them to make sure people understood what was meant and would respond. We saw that staff were skilled in communicating with people and used the communication methods described in the care plan.

The home developed a menu with people. They were well balanced included health fresh food and reflected people’s tastes and choice. The people who lived in the home did not have any specific needs related to nutrition.

People were supported to make and attend healthcare appointments when necessary. Each person had a health plan which described their health needs. It also clearly noted healthcare appointments and any necessary follow up actions. We saw an example of deterioration in an individual’s ability to communicate which was followed up by and referral to a therapist and by medical investigations. The health plans were regularly reviewed, a minimum of yearly but more often if needs changed. Hospital passports had been developed. These clearly described people’s needs so that hospital staff knew how to appropriately treat and care for them, if a hospital admission became necessary.

Records showed that staff were trained in the areas relevant to the care of the individuals who live in the home. Training was delivered by a variety of methods which included E– learning and specialists attending team meetings. We saw an example of a behaviour specialist attending a team meeting to discuss how to manage an individual’s behavioural needs. Three of the eight staff had worked in the home for more than six years and only one staff member had worked in the home for less than a year. Six staff had achieved an NVQ or diploma level 2 (or equivalent) or above. Supervisions records showed and staff confirmed they had an formal meeting senior staff at least six times a year. Issues such as the individual’s work, training needs and any concerns were discussed at the meetings. These were recorded and contributed to the annual appraisal that each staff member received.

# Is the service caring?

## Our findings

One person who lives in the home told us: ‘‘staff are good to me, I love living here’’. We ate lunch with two of the people who live in the home. Staff interacted positively with people at all times. People were encouraged to voice their opinions and participate in discussions about daily events. We saw that staff treated people with respect and dignity. Examples included praising people for their knowledge and skills and telling them how much they had enjoyed the morning’s activities.

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. Transport was provided for people if their relatives were unable to visit them. Staff were very knowledgeable about the needs of people and had developed good relationships with them. One person described their key worker as: ‘‘a good keyworker who knows all about me’’. Another described the staff as: ‘‘great’’.

Two people who live in the home told us that they attended their review meetings and were involved in their care planning. We saw that key worker meetings were held with individuals every month. The summary for each month included development, well-being, emotional needs and activities. People were asked for their comments and if there was anything on their care plan they wanted to change.

Information which was relevant to people was produced in differing formats. These included pictures, photographs and symbols. Care plan files had photographs, of things that people were interested in, on the front so that people could identify their own records The organisation provided people with a detailed handbook describing the care people could expect to receive, their rights and responsibilities. Information was then explained to individuals in a way which gave them the best opportunity to understand it. Notes were kept of how things had been explained and people’s reaction to the information. These records showed if staff had used an appropriate method of communication that people were able to respond to. Other staff were able to adopt the communication methods people responded to best, in the future.

Care plans noted people’s spiritual views and people were assisted to attend their chosen place of worship. A person who specialised in talking about death with people with communication difficulties had been used by the home to work with individuals. They had developed end of life care choices which were recorded in photographs and pictures in people’s care plans. The innovative work also involved preparing people for the possible deaths of loved ones.

The service followed the detailed guidelines to support people with behaviour that may cause themselves or others distress. We observed staff following the guidelines and dealing with an incident discreetly. They preserved the individual’s dignity and privacy whilst supporting them to manage their behaviour. Staff clearly described and gave examples of how they would support people with their privacy and dignity. These included asking people into their bedrooms or unoccupied areas to discuss personal or behavioural matters or talking very quietly with people if this was not possible.

People were encouraged to be as independent as they were able. Care plans noted how much people could do for themselves and were clear about the level of encouragement or support they needed in specific areas of care. People were helped to make their own lunch and were encouraged to participate in all aspects of daily living. Two people were supported to do their washing and everyone was encouraged to assist with cleaning chores.

# Is the service responsive?

## Our findings

During the inspection we saw that people were encouraged to participate in activities and celebrate special occasions. People were participating in baking cakes for Halloween celebrations and discussing and planning what they wanted to do at Christmas.

People had a full assessment of their needs prior to moving into the home. They and their suporters including families, frends advocates and social workers were involved in the assessment process. A care plan was written, with the individuals, from the information included in the assessment. Care plans were reviewed by the key worker and the individual monthly and these reviews were discussed at an annual review which was held every year. The annual review was attended by people chosen by the individuals and the individuals themselves.

Each person had individualised plans which described how they were to be involved in their care planning and how they should be supported to make as many choices for themselves as possible. The decision making profiles described the best way to present people with choices. These included methods such as ''show pictures, offer two choices and describe possible alternatives''. One person showed us their room and explained that it had been newly decorated to their chosen colour scheme. They said: ''I love my new bedroom, it's all me''. We observed people being given choices throughout our inspection. They included choices about food, activities and staff assistance.

Care plans included sections called ''a good day''. ''a good night'' and ''good leisure and work time''. These were detailed descriptions of what the individual felt was ''good for them'', so that they enjoyed their lifestyle. These included the amount of time staff needed to spend with people to ensure they felt they had a ''good'' experience.

Each person had their own activity plan which took account of their ability, preferences and interests. For example two people went on an annual holiday whilst one person chose to participate in day trips. People accessed the local community according to their interests. One person told us: ''staff help me to go out and go to town when I want to'' another said: ''I have plenty of things to do''. The house had been decorated to reflect the interests and tastes of the three people who lived there. One person was provided with a small room where they could pursue their hobbies. The results of the person's craft work were displayed throughout the home.

People's handbooks and their individual care plans included information about how to raise a concern or make a complaint. The information was provided for individuals in a way that they may be able to understand. Two people told us that they would talk to any staff or tell the manager if they were unhappy. The home had not recorded any complaints since 2012. There was a robust complaints procedure for staff to follow when a complaint was received. This included reporting any complaints received and the actions taken with regard to the complaint to head office. Complaints and concerns formed part of the service's and provider's quality auditing processes.

# Is the service well-led?

## Our findings

People told us that they liked the manager who one person called: ''the boss woman''. They told us that they could talk to her at any time and she was very kind. Staff described her as: ''one of the best managers I've ever worked with''. They told us that staff and people who live in the home were listened to and everybody's opinion was valued. One staff member said: ''the culture here is open and honest and the manager is willing to discuss anything''.

The home held monthly house meetings which were attended by staff and people who live there. Individual confidential issues were not discussed at the meetings. However, all other aspects of care and daily living were included when relevant. Minutes showed and staff told us that improvements and new guidelines were added to the agendas and discussed. We saw that the copies of latest guidelines such as the handling of medication in social care issued by the Royal Pharmaceutical Society were available in the home.

The home aimed to make strong links and be a part of the local community. People were encouraged and supported to access community activities and services. An example was people going into the community to participate in music therapy sessions instead of the therapist visiting the home. Staff had completed a programme to introduce people to the therapist in the home. This reduced their anxiety about going out of the home to work with the therapist. They were then introduced to the therapists 'studio' and were able to work there instead of at home. People also attended local events such as firework displays.

The home had a variety of reviewing and monitoring systems to ensure the quality of care they offered was maintained and improved. The manager completed a self-audit every three months. This covered all areas of the functioning of the service. An action plan was written and the operations manager checked whether the self-audit was accurate and what actions had been taken as a result. The provider had an established quality assurance team who visited the home annually. The last annual quality assurance audit was completed in April 2014. The audit had not identified any specific shortfalls but but some improvements were added to the annual development plan.

Annual quality assurance questionnaires were sent to staff, people who use the service, their friends and family and other professionals. Results from the questionnaires and the three monthly audits contributed to the annual service review and annual development plan. Improvements made as a consequence of the various quality monitoring systems included monthly newsletters to relatives, a review of menus and the provision of a senior care worker. People who used the service told us there had been improvements in the number and variety of activities and in the décor and comfort of the house.

The provider had begun a system of quality audits completed by people who used other services provided by the same organisation. These people were called ''quality checkers'' and their focus was talking to people who live in the home to find out what it was like to live there. They prepared a report, produced in symbols and simple English, which was sent to the home. A quality checker had visited the home in October 2014 and the report was positive in all areas.

The registered manager told us she was given the authority to make decisions to ensure the safety and comfort of the people who live in the home. Examples included accessing additional staff and ordering emergency repairs, as necessary.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.