Voyage 1 Limited

74 Old Ford End

Inspection report

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Date of inspection visit:
03 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

This inspection took place on 3 March 2016 and was unannounced.

74 Old Ford End provides care and support for up to six people with a learning and physical disability. There were six people living at the service when we visited.

The service has a registered manager. 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 had been trained to recognise signs of potential abuse and how to report them. People felt safe living at the service.

There were processes in place to manage identifiable risks. People had risk assessments in place to enable them to maintain their independence.

The provider carried out recruitment checks on new staff to make sure they were fit to work at the service.

There were suitable and sufficient staff with the appropriate skill mix available to support people with their needs.

Systems were in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with induction and ongoing essential training to keep their skills up to date. They were supported with regular supervision from the registered manager.

Staff ensured that people's consent was gained before providing them with support.

People were supported to make decisions about their care and support needs; and this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of the guidance and followed the correct processes to protect people.

People were supported to maintain a balanced diet and were able to make choices on what they wished to eat and drink.

If required people were supported by staff to access other healthcare facilities and were registered with a GP.

Positive and caring relationships had been developed between people and staff.

There were processes in place to ensure that people's views were acted on. Staff provided care and support to people in a meaningful way.

Where possible people were encouraged to maintain their independence and staff ensured their privacy and dignity were promoted.

Pre-admission assessments were undertaken before people came to live at the service. This was to ensure people's identified needs would be adequately met.

A complaints procedure had been developed in an appropriate format to enable people to raise concerns if they needed to.

There was a positive, open and inclusive culture at the service. The registered manager was transparent and visible. This inspired staff to provide a quality service.

Effective quality assurance systems were in place to monitor the quality of the service provided and to drive continuous improvements.

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

Arrangements were in place to keep people safe from avoidable harm and abuse.

People had risk management plans in place to protect and promote their safety.

The staffing numbers were sufficient to meet people's needs safely.

There were systems in place to support people to take their medicines safely.

Is the service effective?

Good

The service was effective

Staff had been provided with appropriate training to carry out their roles and responsibilities.

Staff ensured people's consent to care and support was sought.

People were provided with choices on what they wished to eat and drink and to maintain a balanced diet.

People were able to access healthcare facilities with staff support if required.

Is the service caring?

Good

The service was caring

Staff had developed positive and caring relationships with people.

People's views were acted on.

Staff ensured people were treated with dignity and respect and their privacy was promoted.

Is the service responsive?

Good

The service was responsive

People's needs were assessed prior to them moving in to live at the service.

People's support plans reflected how their identified needs should be met.

A complaints procedure was available to people in an appropriate format.

Is the service well-led?

Good

The service was well-led

There was an open and inclusive culture at the service.

The leadership at the service was visible which inspired staff to deliver a quality service.

The quality assurance systems in place were effective.

74 Old Ford End

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.

The inspection was unannounced and was carried out on 3 March 2016 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for people who use this type of care service.

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 checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service. Four of the people who used the service were non-verbal. This meant they were not able to talk to us about their experiences. We spoke with two people who used the service and a relative of a person who use the service. We also spoke with two senior support workers, three support workers, the registered manager and the operations manager.

We looked at three people's care records to see if they were up to date. We also looked at three staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and were protected from avoidable harm and abuse. One person said, "Yes, I feel safe here. A girl was mean to me once and I reported it. The manager raised a safeguarding." One relative said, "I do feel my [name called] is safe. We have had a few issues and they have been dealt with." Staff told us they had been provided with safeguarding training. One staff member said, "If I witness or suspect abuse I would report it to the manager. If the concern is about the manager I would report it to her manager. " Another staff member said, "We have all had safeguarding training and are aware of our duty to report concerns. If we witness anything that we would not like to happen to a family member or to our self we must report it. There are notices displayed in the home to remind us of what to do." We found staff had a good understanding of the different types of abuse and were aware of the process on how they should report safeguarding incidents.

The registered manager confirmed that staff had been provided with safeguarding training and the training was updated yearly. She told us that safeguarding was included as a regular agenda item at staff meetings. She said, "Staff knowledge is regularly assessed to make sure that the training is embedded. If I find that a staff member's knowledge on safeguarding is lacking I would offer more training." We observed there were safeguarding and whistle blowing posters displayed in the service with information that included the various telephone numbers of the different agencies who staff and people could contact in the event of suspected abuse or poor practice. There was also a poster with the headings "See something", "Say something", which was designed specifically for family members to raise concerns if they witnessed poor practice. We saw evidence that staff knowledge on safeguarding was regularly updated. We also saw evidence which confirmed that safeguarding concerns were raised with the local authority for investigation when required.

There were risk management plans in place to protect and promote people's safety. Staff told us that risks to people's safety had been assessed. These included risks associated with people's personal care, mobility, nutrition, continence, emotional and behavioural needs. One staff member said, "We regularly update the people we support risk assessments when their needs change. For example, [name call] was recently in hospital and their risk assessments relating to sleep and mobility were updated." Another staff member said, "If I feel someone's needs have changed I would tell the manager and she would review the risk assessment." We saw evidence in the support plans we looked at that people's risk assessments were reviewed six-monthly or as and when their needs changed. People and their relatives were involved in the review process. We found that the risk management plans were person centred and included detailed guidance for staff to follow to minimise the risk of harm to individuals. There were also generic risk assessments in place in relation to the environment and fire awareness to minimise the risk of harm to people.

There were arrangements in place for responding to emergencies or untoward events such as, fire, electrical and gas failure, staff shortages, flu pandemic, heat wave; and malfunctioning of equipment. The registered manager told us that the service had procedures in place to deal with these incidents. We saw that the emergency folder contained the telephone numbers of staff members and the various utility services who could be contacted. We saw that each person who lived at the service had a Personal Emergency Evacuation

Plan (PEEP) in place in the event of a fire and the premises had to be evacuated. Arrangements were also in place for people to be transferred to another location if needed. We saw regular checks on the hoists, gas and electrical equipment were carried out to ensure they were fit for use. The fire panel was checked on a weekly basis and staff were provided with regular fire drills. Monthly checks on the fire appliances and the emergency lighting were carried out. This was to ensure they were fit for use.

There were sufficient numbers of staff available to meet people's needs and to promote their safety. A relative of a person who used the service said, "My [name called] gets one to one support." Staff told us that the staffing numbers were based on people's needs. One staff member said, "We sometimes have to use agency staff and they let us down, but we are recruiting. A new staff member is starting on Monday and another two are due to start." Another staff member said, "We are occasionally short if staff phone in sick at the last minute. On the whole the staff team is flexible they help out a lot." The registered manager told us that the staffing numbers consisted of four staff throughout the day. The numbers were reduced to two at night. We observed during the inspection that the staffing numbers provided ensured that people were able to be supported safely. We looked at the rota for the current week and the following three weeks and found that it accurately reflected the staffing numbers. We found that there was always a senior staff member on duty to lead the shift and to provide advice and support if needed.

Safe recruitment processes were in place. The registered manager told us that face to face interviews took place. New staff did not take up employment until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been undertaken. We looked at a sample of staff records and found that the appropriate documentation required had been obtained.

There were systems in place to ensure that people received their medicines safely. One person said, "I get my medication on time. Some of them make me feel drowsy." A relative of a person who used the service said, "The staff always make sure that [name called] gets his medication on time." Staff told us they had been trained in the safe handling of medicines and training was regularly updated. One staff member said, "I have had e-learning training on the safe handling of medicines." Another staff member said, "The manager assessed my competency at least three times before I was allowed to administer medicines." The registered manager confirmed that all staff were provided with medication training and their competencies were reassessed on an annual basis.

We observed that medicines were dispensed in monitored dose systems and stored in locked cabinets in people's bedrooms. Each person had a medication profile in place, which included a photograph and a list of all medicines they had been prescribed for including their side effects. Where people had been prescribed for medicines to be given PRN, (PRN medicines mean to be taken when required but are not part of the daily prescribed medicines). Clear instructions were in place for staff to follow and to refer to individuals' support plans. There was an audit trail of all medicines entering and leaving the service. Medicines that were not dispensed in a monitored dose packet were checked daily to ensure that the balance in stock corresponded with the record. A specimen signature of staff who administered medicines was in place. This ensured that any discrepancies would be addressed promptly. We checked a sample of the Medication Administration Record (MAR) sheets and found that the sheets had been fully completed. We also checked a sample of medicines and found that the stock levels and records were in good order.

Good

Is the service effective?

Our findings

People told us that staff had the right skills and knowledge to carry out their roles and responsibilities. One person said, "Yes staff are trained to support me." A relative said, "The staff who look after my [name called] have all had training to look after him." Staff told us they had been provided with training to enable them to carry out their roles and responsibilities appropriately. One staff member said, "I had good induction training." Another staff member said, "We have regular e-learning training to update our knowledge and skills." From our observations we found that people received care from staff who had the necessary skills and understood their needs. For example, staff were attentive to people and used different methods to communicate with them such as, signing and gesturing.

There were systems in place to support staff to carry out their roles and responsibilities. The registered manager told us that new staff were required to complete an induction training and to familiarise themselves with the provider's policies and procedures, people's support plans and the lay out of the premises. They were also expected to work alongside experienced staff members during their twelve week probationary period and have monthly supervisions. If staff did not have a national recognised qualification they would be expected to complete the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers). In addition they were provided with essential training such as, moving and handling, fire awareness, safe handling of medicines, safeguarding of vulnerable adults, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), food safety and emergency first aid. We saw evidence, which demonstrated that the staff team had completed essential training. There was an on-going training programme at the service to ensure all staff received updated training.

Staff told us there was a supervision framework in place and that they received regular supervision. This enabled them to discuss their training needs as well as the needs of the people who used the service. We saw written evidence which demonstrated that staff received bi-monthly supervision. The registered manager told us that work was in progress to ensure all staff were appraised. We saw evidence that some staff had been appraised.

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff told us they had attended training and had a good understanding of MCA and DoLS.

We saw evidence within people's support plans that mental capacity assessments had been carried out along with best interest meetings when required. One person who used the service was subject to a DoLS. The registered manager told us they had submitted applications for a further four people and were waiting for them to be approved by the statutory body.

Staff told us they always gained people's consent before assisting them with care and support. One staff member said, "I always ask the person we support if it is okay to assist them." Another staff member said, "I know the people we support well enough to understand if they agree to be supported." The staff member was able to describe how they gained a person who was non-verbal permission to support them. We observed staff during the inspection asking people for their permission before providing them with support.

People were supported to eat and drink and to maintain a balance diet. One person said, "We have meetings to decide who wants what for their meals." Another person said, "There is always enough to eat. We go shopping with the staff and they help us with the shopping list." Staff confirmed that people chose what they wished to eat and the menu was discussed with them on a Sunday. We observed the lunch time and evening meal. Staff supported people with their meals in a discreet and sensitive manner; and they were provided with a choice of puddings and hot or cold drinks.

Staff confirmed if risks to people's eating and drinking were identified specialist advice would be sought. We found if needed, people had access to the dietician and speech and language team and their weights were regularly monitored.

People were supported to maintain good health and to access health care facilities. Staff told us people were registered with a GP who they visited as and when required. People were also supported with regular dental, chiropody and optical appointments. They were also provided with annual health checks. We saw people had health action plans, which staff kept up to date. If people's moods changed they were supported by staff to access therapists/specialists who were able to support them with their emotional and psychological needs.

Good

Is the service caring?

Our findings

People had developed positive and caring relationships with staff. One person said, "The staff are caring." A relative of a person who used the service described staff as kind. We observed staff treated people with kindness and compassion. When in people's company their body language was positive. They kept appropriate eye contact when speaking to people. We saw people looked comfortable and at ease in the company of staff and were spoken to in a calm and appropriate tone.

People's different needs were understood and met by the staff team. One staff member said, "We support [name called] with promoting their religious needs as he enjoys going to church every Sunday." Another staff member said, "People who we support can choose which staff member they wish to provide them with support. For example, [name called] enjoys computers and electronic games so he always requests to have a particular support worker who shares the same interests to work with him." We observed there was a board with the staff's names and photographs displayed in the service and people were able to choose which staff member they wished to provide them with care and support. We found people chose what clothes they wished to wear. Some people were non-verbal and staff communicated with them by signing, pointing, gesturing and facial expressions. When supporting people staff spoke in a pleasant and friendly manner.

People were made to feel that they mattered. One staff member said, "We have one to one meetings with the people we support monthly. We ask them how they are feeling and if they are happy." Another staff member said, "We include people in what we are doing and can tell by their facial expressions if they are happy." The registered manager was able to describe the support the staff team provided to a person who used the service when they attended a family wedding. It was evident that the care provided was person-centred to ensure the person was made to feel valued and special. Staff were confident that they were aware of people's preferences and personal histories. One staff member said, "We read people's support plans and sit with them to find out what they like." Another staff member said, "Some people like music and we provide it for them."

Staff were able to demonstrate how they responded to people's concerns and well-being in a caring manner. One staff member said, "We liaise closely with family members and make them aware when there is a change to their relative's behaviour." They also told us that any changes in people's behaviour were recorded and monitored to identify what could have triggered the changes. During our inspection we found that one person became distressed and staff provided them with reassurance and interacted with them to divert their attention. The registered manager told us that a record of changes in people's behaviours was maintained and if required medical advice was sought.

Staff told us that meetings were held to enable people to express their views. One staff member said, "We have house meetings on a Sunday with the people we support. We discuss the activities for the week and the menus; with the use of picture cards they are able to make choices." The registered manager told us that some people would request for staff to assist them to obtain information on certain electronic gadgets and staff would assist them to obtain the information they needed by googling the information. We observed

during the inspection that people would approach the registered manager and staff for reassurance, which was provided in a sensitive and kind manner.

Information on how to access the services of an advocate was available to people and displayed in the service. The registered manager told us that one person had recently been allocated an advocate to act on their behalf. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives).

Staff were able to describe how they ensured that people's privacy and dignity were promoted. One staff member said, "We have a system in place to ensure people's privacy is preserved. Only one person is left with a person when assisting them with a shower or a bath. If we need help we would ring the buzzer for assistance." Another staff member said, "We always address the people we support by their preferred names." We found that the service had processes in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidentiality policy, which was discussed with staff as part of their induction. Staff were expected to sign the policy when they had read it. This was to confirm they had understood the policy and would adhere to it. We observed people's support plans were kept in a locked room and the computer was password protected.

People were given the privacy they needed. All bedrooms were single occupancy. This ensured people could retire to their bedrooms if they wished to be alone. We found that the service had a sensory room where people could go for some quiet time if they did not wish to go to their bedroom. This showed that people could have private and quiet times alone if they wished.

Staff told us they supported people to be as independent as they were able to. One staff member said, "We encourage people to dress and undress themselves if they are able to." Another staff member said, "When cleaning people's bedrooms we encourage them to get involved if they are able to." A third staff member commented and said, "Some people if they are able to would take their laundry basket to the laundry room."

Staff told us that the team was supportive to each other. One staff member said, "I think we have a good team here." We observed that staff spoke to people and to each other in a respectful manner and were able to empathise with the people they were caring for.

Staff told us that people's family and friends were able to visit without restrictions. They also told us that visitors were made to feel welcome and people were encouraged to entertain their visitors.

Good

Is the service responsive?

Our findings

A relative of a person who used the service told us that the care provided to their family member met their needs. The relative commented further and said, "The staff are very considerate and are aware of his needs and preferences." Staff told us that people's support plans were discussed with them on a regular basis. We saw evidence in the support plans we looked at that people and their family members had been involved in developing them. For example, some plans had been signed by people or their relatives to confirm their involvement

The registered manager told us that people's needs had been assessed prior to admission at the service. She explained that information was obtained from people, their relatives and other health and social care professionals who had been involved in their care needs. Information gathered at the assessment process was used to inform the support plan. We were also told that people were provided with a transition period. This enabled them to spend weekends, or overnight stays to get a feel of the place before moving in on a permanent basis.

We found people's views on how they wished to be cared for including information relating to their independence, health and welfare were recorded in the support plans we looked at. The plans seen were personalised and contained information on people's varying levels of needs, their preferences and histories. We saw evidence the plans were reviewed six-monthly or as and when people's needs changed. Yearly reviews of people's care needs were carried out, which involved people, their family members, social care professionals and staff.

Staff told us that people were supported to follow their interests. One staff member said, "Two of the people we support attend college and are studying independent living and drama." Another staff member said, "The people we support enjoy swimming, trampolining, hydrotherapy, bowling, going to the cinema and discos." We saw people had individual activity plans that detailed their daily activity preferences and interests.

People were supported by staff to maintain relationships that mattered to them to avoid social isolation. Staff told us that people regularly visited their family members for weekends and day visits. People also attended pop concerts and car shows of their choice. Staff also supported people with activities inside the service such as coffee mornings, birthday celebrations and garden parties.

The service had a complaints procedure. One person said, "I know how to make a complaint, I would tell the manager." We saw the service's complaints procedure was displayed in the service in an easy read format. The procedure outlined the process in place for recording and dealing with complaints. We found there had not been any formal complaints recorded.

There were arrangements in place for people and their family members to provide feedback on the quality of the care provided. Surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed.

Good

Is the service well-led?

Our findings

Staff told us that there was a positive, open and inclusive culture at the service. One staff member said, "We have meetings and we are able to make suggestions on how the home is run." The staff member commented further and said, "The manager is good she listens to us. I made a comment about the people we support plans and she acted on the suggestions made." Staff also confirmed that the registered manager was transparent and approachable. One staff member said, "Her door is always open and the people we support know they can always approach her."

Staff told us they were clear about their roles and responsibilities and that they enjoyed working with the people who used the service. They also said that they felt valued by the registered manager. One staff member said, "She tells us we are doing a good job. This makes us feel valued". The registered manager said, "The staff team are very good and supportive to each other and the people we support." This demonstrated there was mutual respect amongst the staff team.

Staff told us that they were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, they were provided with feedback from senior staff and the registered manager in a constructive and motivating manner. This ensured staff were aware of the action they needed to take.

Staff told us there was good leadership and management demonstrated at the service. One staff member said, "The manager leads by example and provides hands on care as well." Staff were also aware of the service's values and vision, which were to improve the quality of the people they support lives.

The registered manager was fully aware of her responsibilities and felt supported by her staff team and other managers to deliver a quality service. She said, "I have regular meetings with the staff team and meet with other managers at least monthly to discuss operational issues and how best we can improve on the quality of the care we provide to the people we support."

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. Our records showed that the registered manager reported incidents. We also saw evidence that accidents and incidents were recorded and analysed. Any trends that had been identified, measures were put in place to minimise the risk of occurrence.

There were quality assurance systems in place which were used to monitor the quality of the care provided and to improve on the care provided. Audits relating to health and safety, safe handling of medicines and record keeping were carried out on a regular basis. Where areas had been identified as requiring improvements action plans had been put in place detailing how they would be addressed.