

Voyage 1 Limited

Birchwood Bungalow

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 24 January 2017 and was unannounced.

Birchwood Bungalow provides accommodation and personal care for up to seven people with learning disabilities. It does not provide nursing care.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service on 29 July 2014 and found the service was meeting the required standards at that time.

People who used the service were unable to communicate verbally due to their complex needs. However, people's relatives told us that they felt that people were safe living at Birchwood Bungalow. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People's relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care as much as they were able. Visitors to the home were encouraged at any time of the day. There were areas of the home that did not always promote people's dignity and these were scheduled for refurbishment to help make the home a more pleasant place for people to live.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider regularly monitored the health and safety of the environment and the quality of the care and support provided for people who used the service. The

layout of the home was appropriate to meet people's needs however, some areas would benefit from a programme of refurbishment.

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 recognise abusive practice and were confident of the reporting mechanisms.

There were sufficient staff members available to meet people's needs safely.

People were supported by a staff team who had been safely recruited.

People's medicines were managed appropriately and people were actively supported to administer their own medicines where possible.

Is the service effective?

Good 

The service was effective.

People received support from a staff team who were appropriately trained and supported to perform their roles.

Staff sought people's consent by various means before providing care and support.

People were supported to enjoy a healthy diet and individual dietary requirements were supported.

People were supported to access a range of health care professionals to help ensure that their physical and mental health and well-being was maintained.

Is the service caring?

Good 

The service was caring.

People were treated with dignity, kindness and respect.

Staff and management had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were supported and encouraged to engage in a range of activities within the home and in the wider community.

People were supported to be involved in decisions about their care as much as they were able.

Feedback from people's relatives confirmed that any concerns raised would be listened to and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Areas of the home required maintenance and refurbishment to promote people's dignity and to make the home a more pleasant place to live. These had not been dealt with in a timely manner.

People and their relatives had confidence in the registered manager and the staff team.

The registered manager had clear and practical arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Birchwood Bungalow

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 24 January 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us on 08 June 2016. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support two people who used the service, we spoke with three staff members and the registered manager. Subsequent to the inspection we spoke with three relatives of people who used the service and three further staff members by telephone to obtain their feedback on how people were supported to live their lives and how the home was managed.

We received feedback from representatives of the local authority contract monitoring team and one health professional involved with the support of people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People could not tell us themselves whether they felt safe living at Birchwood Bungalow. However, people's relatives told us that they felt people were safe living at the home. One relative told us, "I think it is safe at Birchwood Bungalow and [Person] seems to be very happy there." Another relative said, "[Person] is absolutely safe living there. [Person] has lived there for many years and I have never had any qualms about anything, I am really happy with their care and support."

A healthcare professional told us that they believed the people were safe there. We also observed that people did not hesitate to go to any of the staff members when they wanted support or assistance which indicated that they felt safe around the staff.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. One staff member told us, "If I suspected something was not right I would report it to the manager, if they didn't take any action I would go the safeguarding people or to CQC." Another staff member said, "I would report any concerns to my senior or the manager. If nothing is done we all have the information available to report to the local authority." Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified. These were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risks.

The registered manager reported any incidents and accidents that took place in the home to the provider on a monthly basis. Accident and incident forms were completed and reviewed to explore why any why these occurred and what could have been done differently to prevent reoccurrence.

We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. One person who used the service required a pressure mattress to help promote their skin integrity and prevent the development of pressure ulcers. We found that the pressure mattress was not set at the correct setting for the person's weight. The registered manager told us that the mattress pressure had been set when the mattress was first installed at the home and there was no system in place for regular checking. The registered manager immediately amended the pressure setting and developed a system of checks to help ensure the mattress was maintained at the correct setting for the person.

Relatives of people who used the service told us that there were plenty of staff available to meet people's

needs. One relative said, "There are enough staff when we visit." Staff members we spoke with gave us mixed views about the staffing numbers, some staff said there were sufficient numbers of staff available to meet people's needs but others were less positive about this. One staff member told us, "Sometimes we are not able to get agency staff to cover when needed but to be honest there is no point in getting agency staff if they do not know the home and do not know the people we support." However, when we asked if there was any negative impact on people's care as a result of the perceived staff shortages all the staff we spoke with were very clear that people's needs were met safely and in a timely manner.

Safe and effective recruitment practices were followed to help to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two recently recruited staff members and found that all the required documentation was in place including two written references and satisfactory criminal record checks. References were validated by staff at the provider's head office however, we had a discussion with the registered manager about following up on references that lacked much relevant information, for example only confirmed dates of employment.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People's relatives told us that people received their medicines regularly and that they were satisfied that medicines were managed safely. We checked a random sample of boxed medicines and found that stocks agreed with the records maintained.

Is the service effective?

Our findings

People's relatives told us they felt that the staff team had the right skills and experience to support people living with complex needs. One relative said, "The staff always give me the impression they have the right skills for the job, [Person] always seems to be well cared for and their room is always spick and span." Another relative told us, "They [staff] seem to know what they are doing, it is a difficult job at the best of times."

Staff received training to support them to be able to care for people safely. Staff members told us of various training elements that had been undertaken and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as allergen awareness in care and to support staff to safely administer epilepsy medicines.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were confident to approach the management team for additional support at any time. One staff member said, "I have supervision once a month, sometimes it is with the registered manager and sometimes the deputy manager. We discuss people's needs and any changes that may have taken place. We also discuss any training or support I may need."

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection seven applications had been made to the local authority in relation to people who lived at Birchwood Bungalow and five were pending authorisation at the time of this inspection.

Staff members were knowledgeable about mental capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. We noted that people had been involved with making decisions and, where appropriate, their family members as well.

People were unable to talk with us about the food and drink they had. However, staff members and the registered manager explained to us how menus were developed and choices provided by means of pictures and non-verbal communication. We reviewed food stocks held and noted these were plentiful and of good quality. A person's relative told us, "[Person] eats well and looks well. Staff cook fresh meals for them." Another relative told us how a person made their own sandwiches for day centre with support from the staff members.

The registered manager told us how the staff team had tried to introduce new tastes. An example of this was rice pudding and Angel Delights and staff told us that both had been a hit. The registered manager showed us a book entitled 'Eating well for people with learning disabilities.' They were using this tool to start to explore creating different menus to expand and build on people's experiences.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs.

People's day to day health needs were met in a timely way and we noted they had access to health care and social care professionals when necessary. One person's relative said, "[Person] keeps well, if they become unwell they [staff] take them to see the GP." We noted that appropriate referrals were made to health and social care specialists as needed. For example, speech and language therapy involvement was noted for two people who used the service and they had been prescribed a thickening agent to help prevent them choking on fluids and soft and moist foods.

Is the service caring?

Our findings

People's relatives, told us they were happy with the staff that provided care for people. A relative told us, "Staff are caring and kind towards people, we visit regularly and have never heard anything untoward." Another relative said, "The staff team are kind and respectful, I have never seen anything otherwise."

A health professional involved with the care and support of people who use the service told us, "We are pleased to inform you that we find the staff very caring: kind and considerate in their dealings with the people in their care."

Staff respected people's dignity at all times and making sure they supported people in the way they wished and encouraging them to remain as independent as possible. During our visit we observed staff were always courteous and kind towards people they supported. We saw staff promoting people's dignity and privacy knocking on people's doors and waiting before entering people's rooms.

Staff had developed positive and caring relationships with people they clearly knew well. We observed support staff interacting with people in a warm and caring manner and taking action where appropriate. One person's relative told us, "The staff seem to register what [Person] needs even though they do not speak, they understand [Person's] non-verbal cues."

Independent advocacy services were in place for people to support in such areas as care reviews or significant meetings. For example, one person has support from an advocate to communicate with their commissioning authority. One person has a paid independent representative as a result of a DoLS application. The registered manager told us that this had been useful to help the service view the person's needs through third parties eyes.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. We noted that the office was closed when staff were not using it.

The environment throughout the home was warm and friendly. Relatives and friends of people who used the service were encouraged to visit at any time and relatives we spoke with confirmed that they were always made welcome.

Is the service responsive?

Our findings

People's relatives confirmed that they had been involved in developing people's care plans and told us that the staff were good at keeping them up to date with important events in people's lives. One relative told us, "They [staff] always involve me in [Person's] annual reviews and always check with me if there are any important decisions to be made in relation to [Person's] health and welfare." Another relative said, "We are invited to reviews and we are also invited to the summer garden party."

People's care plans were reviewed regularly to help ensure people's needs were continuously met. Care plans were sufficiently detailed to be able to guide staff to provide individualised personal support to people. For example, one care plan we viewed included information to support staff to encourage and maximise a person's independence. The care plan stated, "Staff to encourage [Person] to be as independent as possible." The care plan went on to list the tasks that the person could manage themselves with prompting including cleaning their teeth, drawing their curtains, and putting their mobile phone on charge. The care plan stated, "Do not rush [Person] they like to do things at their own pace and to their own standard." This showed us that care plans were individual and reflected the person's specific wishes.

People's care plans included information to enable staff to support people outside the home in the local community. For example one care plan detailed, "I am afraid of bees, wasps and dogs. Staff are to be aware and reassure me if I become scared or anxious." This showed that all areas of people's lives were assessed and planned for so that staff had the information necessary to support them effectively.

Daily records were not always completed in a timely manner. For example when we reviewed the daily records at lunch time we found that two people's daily records had not been completed to reflect that they had got out of bed, washed and dressed had breakfast and had gone out for the day. The records appeared to be completed all in one go at the end of the shift which created the risk of not recording important detail. We discussed this with the staff team who told us that this would normally be done when the support was provided but this had been an oversight on the day.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing people with personalised care and support that met their individual needs. For example staff were able to describe how a person was being supported by them and external professionals to regain their mobility after an extended time using a wheelchair.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. The registered manager told us, "We support people to maximise their independence. We support them to do things they used to do but have since lost the skills. For example dressing themselves and mobilising independently."

A staff member told us that the registered manager had encouraged staff to communicate and interact with people more which had resulted in one person being less isolated and they now joined staff in the kitchen at meal preparation time and vocalised considerably more. The registered manager gave us an example where

a person who used the service had become more sociable and had developed a close bond with a housemate. The person's mental health needs had stabilised and they now enjoyed going to the pub for a pint and having long walks on the footpaths in the neighbouring woodland. This showed that the service continuously worked to improve outcomes for people in their health and well-being.

On the day of the inspection people were at a day centre to provide them with mental stimulation and engagement. The registered manager provided us with examples of other forms of engagement and stimulation provided for people who used the service. These included a music group, aromatherapy, art therapy, shopping trips and picnics when the weather allowed. We were told of day trips to Henley-on-Thames, London, Milton Keynes and Clacton-on-Sea air show. People were also supported to go swimming, to visit the cinema and to attend church. One relative told us, "[Person] comes to any family events we have, they bring them when they can. They take [Person] to church every Sunday which means a lot to [Person]."

The registered manager reported that there had been no formal complaints raised at the service since the previous inspection. People who used the service did not have the ability to verbalise concerns and family members we spoke with told us they had no concerns. One relative said, "They [staff] listen to what we say which is comforting."

Is the service well-led?

Our findings

Relatives of people who used the service knew the registered manager by name and felt that they were approachable with any problems. One relative told us, "I think the home is very well managed, [registered manager] is very outward looking, nothing fazes her, she gives us time."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and staff in a positive, warm and professional manner. A staff member told us, "The [registered] manager is very hands on, they will cover shifts when they are able."

Another staff member told us, "There has been a great deal of improvement for people who use the service. People are interacting and communicating more than they used to. In my opinion this is down to the [registered] manager because they encourage staff to communicate and interact with people more."

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. One staff member said, "I get on with the [registered] manager OK, sometimes it is hard to manage such a diverse service but they do their best." Another staff member told us, "The management tries to treat all the staff fairly and the same."

The registered manager reported that they received quarterly one to one supervision from their line manager. They said that they believed the meetings should be monthly but due to changes within the senior management team this had not always been possible. However they also said, that they spoke with their line manager frequently on the phone and if additional support was needed they were confident that it would be provided. The provider group held monthly management meetings and the registered manager told us that these were a good forum to share experiences and to discuss any changes in regulations or best practice.

An annual service review had taken place in December 2016. Satisfaction questionnaires were distributed to people who used the service, their relatives, staff and external stakeholders. The review identified what was working well for the benefit of people who used the service and what was not working so well. When we spoke with relatives they told us that many improvements had taken place in the past 12 months. One relative said that more outings were taking place and that they were really pleased that people were supported to regain their independence as much as they were able. One area identified for improvement was that an automatic light would improve staff and visitors safety in the communal driveway. We noted that this had been scheduled, although not until July 2017. The registered manager told us that the delay in the schedule was because this was a low priority in comparison to other maintenance works that were planned for the service including refurbishment of people's personal rooms.

There was a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks.

We saw that some areas of the bungalow were personalised and homely however, there were some areas that were not maintained to a standard that respected people's dignity. For example, in one person's bedroom some padding had been secured to a wall to promote their safety. These pads had fallen off the wall leaving a tatty area exposed. Staff told us that this had happened some time ago and that repairs were often not completed in a timely manner. Another person's room had water damage from an incident that had taken place some months ago, staff told us, "It's been like that for ages." Another staff member told us, "The organisation needs to be quicker to make repairs, this is people's home and it takes too long to get things one, it should be a priority." The registered manager acknowledged that these were areas that required improvement and was able to demonstrate to us that these issues had been escalated to the provider's property team and that approval for the necessary works had been granted. Subsequent to the inspection we received confirmation from the registered manager that some of the work had been scheduled to start immediately.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.