Care Quality Commission

Voyage 1 Limited

Flat 1 Cobham House

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?	Good

Overall summary

This inspection took place on 10 December 2015, was announced and carried out by one inspector.

Flat 1, Cobham House, provides personal care and support to people who may have learning disabilities and complex needs. The service is a flat close to the centre of Dover. There are en suite bedroom facilities, a lounge with dining area, kitchen and staff room.

There was a registered manager in post who was present at the inspection. The registered manager also managed another Voyage 1 service close by. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager had a good oversight of the service. They led by example and promoted the ethos of the service, which was to support people to achieve their full potential and to be as independent as possible.

Summary of findings

Regular checks of the safety and quality of the service were carried out. The registered manager and staff listened to peoples' views and opinions, and acted on them.

There were enough staff on duty to meet peoples' needs during the day and staffing levels were being reviewed during the night to ensure that people's needs would be fully met. Staff were recruited safely and a full training programme was in place to ensure they had the skills and competencies to carry out their role. New staff had induction training, which included shadowing experienced staff, until they were competent to work on their own.

Staff said they were well supported by the registered manager, who was approachable at any time. They told us they received regular one to one meetings to discuss their work and had an annual appraisal to discuss their training and development needs.

Staff understood how to report any concerns. They knew the possible signs of abuse and how to alert the registered manager or the local authority safeguarding team. Plans were in place to ensure people remained safe in an emergency, such as fire or flood.

Risks to people were managed and supported so that people were not restricted. People were encouraged to achieve their personal goals and have a meaningful life. Care and support plans were kept under regular review so that people continued to receive the right care and support they needed.

People received their medicine safely and were supported to attend health care appointments as required. Detailed health care plans ensure that people remained as healthy as possible. When required, support and assessment was sought from health care professionals, such as doctors or the mental health team. Their advice was acted on to make sure people were kept as healthy as possible.

People were happy with the care and support they received. Care and support plans were personalised with detailed information for staff to follow to make sure people choices and preferences were upheld. People and their relatives had been involved in planning the care.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. No DoLs applications had been made to the relevant supervisory body in line with guidance as no-one required one.

People were encouraged to have a healthy diet. They were involved in the menu planning and were regularly consulted about their food preferences.

People were treated with respect and dignity. Staff treated people in a dignified manner, promoted their independence and respected their choices. Staff were very knowledgeable about people living at the service and were able to talk about what was important to them. They approached people in a calm and assuring manner and people responded positively.

People were supported to carry out activities of their choice. They told us what activities they enjoyed and what they had planned for the day. There was a calm inclusive atmosphere in the service with lots of jovial banter and conversations throughout the day.

The complaints procedure was on display in a format that was accessible to people. People, staff and relatives felt confident that if they did make a complaint they would be listened to and action would be taken.

Feedback about the service had been sought from people, relatives, staff and outside professionals to promote and drive improvements in the service.

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.

Staff knew how to recognise and respond to abuse to protect people from harm.

Risks to people were identified and staff had the guidance to make sure that people were supported safely.

People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Safety checks were carried out before staff started to work at the service to

make sure they were suitable to work with people.

People received their medicines safely and when they needed them.

Good

Is the service effective?
The service was effective.

Staff received the training and support they needed to have the skills and knowledge to support people, and to understand their needs.

People's health was regularly monitored and staff worked closely with health and social care professionals to make sure people's care needs were met.

People's rights were protected. They were supported to make day to day decisions and important decisions about their care and support.

The service provided a variety of food and drinks to ensure people received a nutritious diet.

Good

Is the service caring?
The service was caring.

The registered manager and staff were committed to proving individual personal support.

Staff were attentive and listened to people in a respectful and dignified way.

Staff knew people well and knew how they preferred to be supported.

People's privacy and dignity were maintained and their independence was encouraged.

People's families and friends were able to visit at any time and were made welcome.

Good

Is the service responsive?
The service was responsive.

People had detailed personalised care and support plans, which were regularly reviewed to make sure they received the care and support they needed.

People and their relatives were involved in all aspects of their care.

Good

Summary of findings

People took part in daily activities of their choice and had opportunities to be part of the local community.

People could raise concerns and complaints and were confident that the staff would listen to them and take the required action to resolve any issues.

Is the service well-led?

Good

The service was well-led.

The registered manager, management team and staff were committed to providing personalised care and this was consistently maintained.

The registered manager promoted an open and inclusive culture that encouraged continual feedback. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

People, relatives and staff had opportunities to provide feedback about the service provided so that their views would be included in the continuous improvement of the service.

Flat 1 Cobham House

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 10 December 2015 and was announced. We gave very short notice about the inspection; we telephoned the day before to make sure people at the service would be there to speak with us. The inspection was carried out by one inspector. This was because the service only provided support and care to a small number of people.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete 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. This was because we inspected this service sooner than we had planned to.

As part of our inspection we spoke with one person at the service, the registered manager, one relative and one member of staff. We observed staff carrying out their duties, such as supporting people to go out, and helping them with their lunch and drinks.

We reviewed a variety of documents, which included one person's care plans, training information, staff files, medicines records and some policies and procedures in relation to the running of the service.

We last inspected Flat 1, Cobham House on 6 November 2013 under the previous provider Solor Care South East, when no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe. Relatives said they trusted the staff and were confident that their relative was receiving the care they needed.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. There were risk assessments for when people were in the service or in the local community. They clearly set out the type and level of risk, as well as measures taken to reduce risk and keep people as safe as possible. These enabled people to be as independent as possible, including access to the community. One risk assessment did not inform staff what they should do if and when the risk occurred. For example, it detailed how to prevent a person from choking but did not record what staff should do if the person actually choked. Staff were able to describe what action they would take should this occur and this lack of detail was addressed by the registered manager promptly. Environmental risk assessments were in place to make sure the premises was as safe as possible.

People were relaxed and comfortable with staff and were able to tell them if they had any concerns. Staff explained that they had built up a good relationship with the people they supported and were able to tell when something was wrong. Staff had received training in how to keep people safe. They were confident to raise any issues with the registered manager or the local authority safeguarding team if they suspected abuse. Although no referrals to the local safeguarding authority had been required from the service, clear procedures were in place to enable this to happen. Staff were aware of the whistle blowing policy and were confident that the registered manager would listen and take appropriate action if needed. They knew they would be protected to raise any concerns.

People were protected from financial abuse. There were procedures in place to help people manage their money, with clear guidelines in their care and support plans to ensure they could access the money they needed, when they wanted to.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents.

The staff carried out regular health and safety checks of the premises, which included the safe use of equipment and appliances, to ensure the environment was safe. These included, checks on the electrical system, gas, water temperatures and lifting equipment. Regular checks were also carried out on the fire alarms and other equipment to make sure it was in good working order. Plans were in place to evacuate people in an emergency such as fire or flood situations.

People received their medicines when they needed them. There were safe systems in place for the ordering, receipt, storage, administration, recording and disposal of medicines. Medicines held by the service were securely stored and people were supported to take the medicines they had been prescribed by their doctor. Temperatures were recorded to ensure the medicines were stored at the right temperature. The Medicine Administration Records (MAR) were in good order and had been signed to indicate that they had been given. On some occasions people were given 'as and when required' medicines, such as pain relief, and there were clear protocols as to when this should be given to ensure people received their medicines correctly. Staff who administered medicines to people had attended appropriate training and were assessed as being competent to manage medicines.

People and relatives told us there was enough staff on duty. Staff told us that the service was reviewing night staffing levels as people's dependency had increased during the night. The registered manager confirmed that this was in process and they were waiting for a decision from head office and the funding authority. There was a small staff team, which ensured consistency for the people living at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. Staff told us that apart from the night time, there was always enough staff on duty to ensure that people were able to do the activities they wanted. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls, such as staff sickness. Cover was provided by staff from another location in the service and there was an on call system to ensure that staff were able to access a manager during out of hours for any guidance or support.

Staff were recruited safely. Staff files showed that all of the relevant checks were completed to make sure staff were

Good

Is the service safe?

suitable to work with people. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS checks a person's criminal background. The checks had been completed before staff started to work at the service.

Good

Is the service effective?

Our findings

People were cheerful and said that staff looked after them well.

Training records showed that staff had completed training courses relevant to their role to effectively support the people they looked after. This included health and safety, first aid awareness, infection control and basic food hygiene. Some specialist training had been provided, such as how to administer medicine for people living with diabetes. The ongoing training programme ensured that staff had the right skills and knowledge to look after people properly. When staff first started working at the service they had completed an induction programme, which had been developed to include training focused on supporting people who lived in the service. The induction included completing a work book covering the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The service was in the process of introducing the new Care Certificate for all staff, as recommended by Skills for Care.

Staff said they felt support by the registered manager to deliver effective care. They had regular one to one meetings with the registered manager to ensure they could discuss their work or any concerns they may have. Records showed that these meetings were held regularly, and included a yearly appraisal to discuss their training and development needs. Regular staff meetings were also held so that staff had the opportunity to feedback their views. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. Staff said that they were listened to by the registered manager and were always given the support or guidance they needed.

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 make 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). At the time of the inspection no-one had a DoLs authorisation in place as they did not need one. Staff had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). They had an understanding of how to protect people's rights if they needed further support to remain safe.

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. The provider followed the requirements in the DoLS. The MCA DoLS require providers to submit applications to a 'Supervisory Body' to do so. The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about complex decisions then relatives, health professionals and social services representatives would be involved to make sure decisions were made in the person's best interest.

Staff routinely asked for people's consent before they gave them any care and support, and people's decisions were respected if they changed their minds, and decided not to do something. Before people took part in activities they were asked if they wished to do so, for example going to the local supermarket or out for coffee or lunch.

People's health care needs were met. People told us they had access to appointments and check-ups with dentists, doctors, the nurse and opticians. People told us that if they were not well staff supported them to go to the doctor or the doctor would visit the service. Staff told us they knew people and their needs very well and would know if someone was unwell. Records showed any health concerns were acted on, for example local community healthcare professionals had been contacted when people's behaviour or needs changed. People's skin was monitored and equipment, such as special 'air flow' mattresses, were in place to ensure people's skin remained as healthy as possible.

Where people had specific medical conditions, information about this was available within their care plan, to inform and help staff understand the person's health needs. People with diabetes had their blood sugar levels monitored and records showed that these were taken on a regular basis. Staff told us what action they would take if people needed further attention and care and support

Good

Is the service effective?

plans showed what signs and symptoms to look for, if people needed medical attention. The registered manager took prompt action when it was noted there was a shortfall in recording this information and a new system was put in place to confirm what action had been taken.

People's nutritional needs had been assessed and recorded, including special dietary needs. Care and support plans clearly detailed people's likes and dislikes and specific information was recorded to guide staff on how to deal with special dietary requirements, such as mash food with a fork for easy swallowing. Menu planning was discussed with people each week so that they could be involved in the choices and shopping for their meals. People told us they were always involved in making choices about the food and we observed people deciding what they would like for lunch. People were offered drinks and snacks of their choice, in line with their dietary needs, throughout the inspection. Fluid charts were in place to ensure that people drank the required amount of liquid they needed to remain hydrated.

Staff included and involved people in all their meals. Staff and people ate their meals together and chatted about social activities and their daily lives. The atmosphere was homely and relaxed. People were given time to eat at their own pace and encouraged to finish their food. People often went out to eat in restaurants and local cafés and their weight was monitored regularly to make sure they remained as healthy as possible.

Good

Is the service caring?

Our findings

People said they thought the staff were caring and kind. Relatives said the staff were caring and treated people with respect. They said: "My relative has never been so happy, they have the best carers we have every had". "I can't fault the staff, they are always 'on top' of the care my relative receives".

People smiled a lot and were very relaxed and joked with staff. Staff told us, "I love working here." "I am ever so happy working with the people living here". "It is a good place to work".

Staff encouraged and supported people in a kind and caring manner. They respected their wishes and asked what they wanted to do during the day. Staff told how people's choices were respected, for example choosing their own clothes to wear, and what time they wanted to go to bed and get up each day. People told us that sometimes they would go to bed a little earlier to watch a film or DVD. People enjoyed going out in the local area and told us how they had made friends at the local supermarket.

People were involved with staff throughout the inspection. We observed them making decisions, discussing what was important to them, such as talking about relatives, and their coming events for Christmas. Staff understood people's needs. There were communication guidelines in people's care and support plan which clearly showed the best way to communicate with people. Staff gave people time to talk about what they wanted to do and made sure eye contact was made, as well as pausing in conversation, so that people could understand them clearly.

Staff told us how much they liked working at the service. They said they loved their work and looked forward to every shift. There was a small staff group who knew the people really well and were able to provide consistent care to meet their individual needs. Staff knew and understood what was important to people and were able to tell us about specific individual needs. They gave examples of how to support people should they become distressed or agitated and what support they would give to help to reduce such situations. They were passionate about the care they were providing, by making sure people were involved in their care, had their choices respected, remained as independent as possible and led meaningful lives.

Staff spoke with people in a caring, sensitive and pleasant manner. We observed staff treating people with privacy and dignity, and they were able to give examples of how they achieve this by closing doors, curtains and supporting people to be private if they wished to watch their television in their bedroom. People's rooms were personalised with their own possessions.

People's independence was promoted. Care and support plans showed how they could be supported to carry out their personal care, what they could do for themselves, and when they needed staff support. Staff told us how they supported people to carry out daily tasks, such as preparing food, washing up or dusting. There was also a low work top in the kitchen so that people in wheelchairs could join in when cooking food or washing up.

People had opportunities to express their opinions to staff on a regular basis, either at meetings or on a daily basis. Staff included people in all aspects of the running of the service so that they felt valued and respected.

There was a calm, relaxed atmosphere in the service throughout the inspection. People came and went as they pleased. People's relatives were encouraged to visit whenever they wanted and people were supported to make visits to their families and keep in touch regularly by phone.

Advocacy services were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. However, no one living at the service required this support at the time of the inspection.

Staff were aware of the need for confidentiality and the requirements to keep all personal information stored securely.

Good

Is the service responsive?

Our findings

There had been no recent admissions to the service. However, there was an assessment process in place to be used before people came to live at the service. The assessment process covered people's previous lifestyles, backgrounds and family life. It also included their hobbies, interests, and health and medical needs. The assessment also included relatives and health care professionals input, to ensure that the service would be able to meet their needs.

People were involved in planning their care. The service had photographs of people involved in the planning process, including family, staff and health care professionals. This supported people to know who was coming to discuss their care and support.

The care and support plans had detailed information about how to support people with their care needs. Their preferences, likes and dislikes were described, which included picture formats to help people understand the plan. The plans were personalised and contained information about people's wishes and preferences. There were details of people's daily routines and step by step guidance of how they wished to be cared for. This included what they could do for themselves to remain as independent as possible, and a range of other details such as how they liked their pillows to be placed on their bed at night. Staff said: "We encourage people to remain independent and gain further skills so they can continue to have a fulfilled life".

There were behaviour support plans and risk assessments about the support people needed when they became distressed. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. For examples there were phrases that people would say when they needed to use the bathroom. Daily records were completed to ensure that staff were aware of people's routines, behaviour and what activities they had completed each day. The plans were updated and reviewed to ensure they remained up to date and reflected people's current needs.

People had the opportunity to provide feedback about the service provided, as there were weekly meetings and quality surveys. The surveys were summarised by the registered manager to ensure people were satisfied with the service or there was a need to implement improvements or suggestions. Positive comments from a relative were received recently who described the care as 'excellent'. They commented: "The staff are caring and treat my relative with dignity and respect".

People were offered activities both in and out of the service. They liked to go out most days but there was also activities provided by from people who visited the service, for example holistic therapy and healthy exercise sessions. People enjoyed their preferred activities and told us they did everything they wanted to do. People lived active lifestyles and followed their own interests. People were supported individually to attend clubs, places of interest, and events. People told us how they enjoyed meeting friends, shopping or going out into the local town. They talked about having their hair and nails done for special occasions.

Relatives told us that they did not have any complaints. They said that staff would soon know if their relative was unhappy. A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and was written in a format that they could understand, including the use of pictures. Complaints were logged and records showed they were responded to and resolved within appropriate timescales. People told us they did not have any complaints but said they would speak with staff if they were unhappy. Relatives told us that the registered manager and staff were approachable and said they would listen to them if they had any concerns.

Good

Is the service well-led?

Our findings

People living at the service knew the registered manager well. The registered manager managed two services within a short distance of each other. The other service was larger and the registered manager was based at this service. Staff told us that the registered manager was available at any time to support the people and staff at Flat 1, Cobham House.

Relatives and staff told us the service was well led. They said that the registered manager was approachable, open and transparent. They told us that they were available to contact at any time and they would not hesitate to raise any issues if they had any concerns. One relative commented that the service had improved since the registered manager was in post. Relatives told us they were confident the registered manager and the organisation would listen and act on their concerns.

Staff told us that the registered manager, together with the organisation, were very supportive to staff. They were confident that they could contact senior management at any time. They talked about the registered manager making sure people received the care and support they needed by contacting health care professionals promptly when people needed further assessments.

There were effective systems in place to regularly monitor the quality of service, such as checks on the medicines, care plans, health and safety, accidents/incidents and finances. The registered manager, the area manager, quality assurance manager and another senior manager carried out quarterly and yearly audits, and produced reports that had actions allocated to staff to implement to improve the service. If improvements were identified an improvement plan would be put in place to address any shortfalls in the service. The yearly audit was based on the Care Quality Commission (CQC) methodology as a guideline for the audits and checks to ensure compliance with legislation. An audit of the service had been carried out recently, which highlighted minor repairs to the service and these were being addressed by the maintenance team.

People's views about the service were sought through meetings, reviews, and survey questionnaires. Surveys were produced in an easy read format to make them more accessible. People were also invited to give feedback via the provider's website. The last survey was sent to people, relatives and health care professionals recently. The registered manager was currently in the process of analysing this information to identify any issues regarding the strengths and weaknesses of the service. Once this had been completed everyone who took part in the survey would be advised of the outcome.

Staff were aware of their responsibilities and the visions and values of the service. Staff told us that people came first and the care was very person centred to uphold people's rights and choices. Staff said: "This is their home and we support them to have the best quality of life they can". "We work as a team to ensure that people get the care they need". We observed examples of staff displaying these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

People had links with the local community and had built relationships with people in the community. They were supported to keep in touch with their friends and family and to make new friends. There were also links with outside agencies, for example The Kent Association for the Blind, who support people to participate in activities related to their assessment of needs.

Staff handovers between shifts highlighted any changes in people's health and care needs so that staff had up to date information about the service to be delivered. Regular staff meetings were held to ensure staff had the opportunity to voice their opinions about the service. A recent staff survey had highlighted the staffing issues at night and the registered manager had requested staffing levels be reviewed by the head office to address the issue. Policy and procedure information was available within the service and on line. Staff knew where to access this information, and told us they were kept informed if changes were made.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. No notifiable events had occurred at the service in the last 12 months.