Voyage 1 Limited

2a & 2b Mayfair

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

Summary of findings

Overall summary

This was an unannounced inspection that took place on the 12 April 2018.

2a and 2b Mayfair is a residential care home (without nursing) which is registered to provide a service for up to ten people with learning disabilities and other associated difficulties. At the time of inspection the service was providing support to ten people aged between 29 and 52 years old. 2a and 2b Mayfair is two homes that are connected by a corridor. People who have more complex behavioural needs reside in one side of the service.

There was a registered manager in post. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff had been trained in safeguarding people and health and safety policies and procedures. Their knowledge, skill and understanding contributed to keeping people, themselves and others as safe as possible. People continued to be supported by suitable staffing ratios.

People's health and well-being needs were assessed and met by staff who responded very effectively to people's changing needs. The service worked very closely with health and other professionals to ensure they met people's health and well-being needs to a very high standard.

The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent which related to the people in their care. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible. There were the policies and systems in the service to support this practice.

The caring, committed and enthusiastic staff team continued to meet people's needs with kindness and respect. People's privacy and dignity were promoted at all times. The service was exceptionally responsive to peoples communication needs in a person centred way.

People received good care from a well-led service. Systems were in place to assess and monitor the quality of the service. The registered manager was experienced and qualified and listened and responded to people, staff and others. Staff said they felt supported by the registered manager and said they were listened to if concerns were raised.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remained Good.	**Good**

2a & 2b Mayfair

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 was a comprehensive inspection which took place on the 12 April 2018 and was carried out by an inspector and inspection manager. It was unannounced.
Before the inspection we reviewed the information we held about the service which included previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We contacted the local authority safeguarding team. We also requested feedback from twenty-four commissioners and community professionals. We received seven responses.

The provider submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, due to technical issues we were unable to review this prior to inspection.

During the inspection we looked at four people's care plans and associated documents. We looked at people's daily notes and other documentation, such as medicine records, relating to people who use the service. We checked four staff recruitment files. We also looked at agency staff recruitment records. In addition we looked at records relating to the running of the service including staff training records, service improvement and quality assurance audits, compliments/complaints and accidents/incident records.

We interacted with five people who live in the service. We spoke with two staff members, a senior support worker, the registered manager and the deputy manager. We received comments from three relatives of people who live in the service, after the inspection visit.

Good

Is the service safe?

Our findings

People were protected, as far as possible, from any form of abuse and remained safe. People were observed as being relaxed and comfortable to approach staff and/or the registered manager to ask for support or attention. The local safeguarding authority told us they had no concerns about the service. Health and social care professionals said that they felt the service managed risks to individuals to protect them from abuse. Relatives told us that they felt the service provided safe care. One relative said, "Yes, they have their safeguarding [processes] in place".

The service continued to keep people, staff and visitors as safe from harm as possible. Staff were trained in protecting people from abuse and had the knowledge and understanding of their responsibilities to identify and report any concerns relating to abuse of people. There was a system for recording safeguarding concerns. The registered manager investigated and took appropriate action when concerns were raised. However, records did not always reflect the outcome of the investigation or that lessons learnt had been disseminated. We discussed this with the registered manager who agreed to address this

People's individual detailed care plans clearly illustrated situations which might put the person at risk. Risks were identified and management plans were in place to mitigate these risks such as unpredictable behaviour, bathing, special activities and refusal of personal care. There was clear guidance on how these situations were to be managed by staff.

People's finances were protected by a number of different systems according to their needs. We observed how people's finances were handled. There was a record of transactions and receipts were retained for any purchases. This was signed by two staff when the money was withdrawn. The system ensured people's money was kept safely. Records evidenced that people had access to finances where they required such as purchasing goods from a local shop.

A community based pharmacist supplied medicines using the Monitored Dosage System (MDS). Staff were trained and competency tested to ensure they were able to administer medicines correctly. Where people needed support with their medicines a plan of care was written and detailed the exact level of assistance they needed. Medicines were stored in locked cupboards and records of administration were also locked away. Where people were prescribed medicine as and when needed (PRN), there were clear protocols for when this should be considered. During inspection we noted that there was one day where there was medicine administration signatures missing on several people's medicines record. The registered manager advised that people had received their medication however the staff had failed to sign the medicine administration record. The registered manager advised that an investigation would take place and actions taken to reduce risk of reoccurrence.

There was a system for recording accidents and incidents. The registered manager had recently reviewed the recording of incidents and accidents and had introduced a new form to record this information more accurately. This would help to ensure clear actions and lessons learnt were identified. The registered manager took appropriate action when incidents happened.

Regular 'reflection meetings' took place with a behavioural psychologist in attendance to support the staff team. This meeting would reflect on people's support needs and any recent behaviours which may be challenging and look at ways to support staff to manage and mitigate any risk. All of the staff team were encouraged to attend and lessons learnt were reflected on in this meeting. One staff member said, "The reflective meetings are really useful, all staff are involved in the process and they work".

People were supported by sufficient staff to meet their individual needs. The registered manager told us that staffing levels were often six staff members or more on any shift. We looked at rotas that showed that staffing did not drop below the minimum levels. The registered manager regularly assessed people's needs and was able to adjust staffing numbers according to people's current support requirements. For example, on the day of inspection the manager had one extra staff member on duty to support a service user to go out into the community. One staff member said, "If we need to then we have more people working".

The service kept robust and safe recruitment records of staff which showed relevant checks had been completed before staff worked unsupervised at the service. These included conduct in previous employment and Disclosure and Barring Service (DBS) checks. These checks identified if potential staff were of good character and were suitable for their role.

We saw there were regular checks that the fire system was working and fire drills held for staff to ensure they were aware of what to do in an emergency. There was also a business continuity plan for unforeseen emergencies such as a power failure, severe weather or the loss of communications.

Personal protective equipment (PPE) such as gloves and aprons were available for staff to use as and when required. The service used colour coded items in the kitchen to reduce risk of cross contamination such as coloured chopping boards.

Good

Is the service effective?

Our findings

People continued to have their needs met effectively by a staff team who knew their personal preferences, their social interests, cultural and spiritual wishes as well as physical and emotional needs. People were not always able to say whether staff knew their needs and wishes. However, it was clear from our observations, discussions with staff and review of support plans, that staff did know people's needs well. Relatives confirmed their family member's needs were well met. For example, on relative said, "I feel secure", they went on to say, "They do their best for him".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 people of their liberty were being met. At the time of inspection six people had an active DoLS in place. The remaining people living in the service had an application submitted to the local authority that was pending an outcome. We looked at an application form for one of the people living in the service. Part of the restriction was the kitchen being locked due to the risk that some of the kitchen equipment or food may pose to the people living in the service. For example, one person was allergic to gluten and a risk was identified should that person access the kitchen unsupervised that they may consume food that contained gluten. This was managed effectively through best interest meetings and people's rights were being fully protected and staff were working in the least restrictive way. One health and social care professional said, "We have attended several best interest meetings". Whilst on inspection we observed people accessing the kitchen throughout the day and supported appropriately by staff.

The registered manager and staff team had received Mental Capacity training and understood the principles of the Mental Capacity Act 2005 (MCA). People were supported to make as many decisions and choices as they could and their individual plans of care included information for decision making. We saw staff seeking consent by asking people if they wanted to do something and giving appropriate explanations. One relative said, "They do ask and it's up to [name] if he wants to do it".

People benefitted from staff that were well trained and supported to do their job effectively. New members of staff received a comprehensive induction which equipped them to work safely with people. One staff member when asked about their induction said it is "really great, it really showed me what it is [all] about". Staff received training to meet people's individual diverse needs. This training followed the care certificate standards which are a set of standards of care that staff are required to follow in their day to day work. Staff said that they were happy with the training that they had received. One staff member said, "The training is very good and the management make sure that it is updated regularly". The registered manager had

systems in place to identify training that was required and ensure it was completed. Training records confirmed staff had received the mandatory training required by the provider or were booked to complete it in the near future.
The management team supported staff to ensure they could offer good care to people. Staff received regular one to one supervision and annual appraisals which staff confirmed they received. When asked about their supervision, one staff member told us, "They cover how you feel, what is working, what is not, training and development". Staff told us they felt very well supported by the registered manager and could always approach her for advice or help.

Some people's health needs were complex and life enduring. An effective and close working relationship with health care professionals was therefore essential to maintain people's wellbeing. Staff worked alongside people's GP's, speech and language therapists, dieticians, dentists, occupational therapists and psychologists. One health and social care professional said, "Communication with the home is good". They went on to say, "One of our clients has improved a great deal with their mobility since being at Mayfair". Another health and social care professional said people living at the service "appeared to be content, clean and dressed appropriately".

People's nutritional needs were met and any related risks identified and managed. People were regularly offered food such as fruit and yoghurt, and people were regularly offered a choice of drinks to keep them hydrated. Staff supported people to eat and drink in a healthy way. For example, one person was lactose intolerant and had difficulty eating and required a soft diet which was clearly documented in their care plan. People were weighed based on the level of their nutritional risk which determined how often this was checked. However, records did not always reflect that people were being weighed in accordance with their care plan. We discussed this with the registered manager who promptly provided a clear action plan on how this was going to be addressed going forward.

The design of the premises remained suitable for the needs of the people using the service and contributed to making it a homely environment.

Good

Is the service caring?

Our findings

Relatives of people using the service told us that the staff treated their family member with care, understanding and kindness. One relative said, "They always treat him kindly and respectfully". A professional said when observing a person's interactions with staff, that they "always seem happy with the people supporting [them]". Staff used appropriate humour and physical touch to communicate with and comfort people, as necessary. Care plans included information about the person such as, "What people admire about me", "What is important to me" and "How to support me well". This helped staff ensure they support and respect people's individual needs.

The service proactively involved relatives in the care that their family member received where this was agreed and appropriate. People were encouraged to remain in contact with their family and friends. For example, one service user was supported in using video conferencing to contact their family who live abroad. One relative said about their family member who receives care from the service, "He always calls me on the phone". People's individual care files contained a 'relationship map' which included all relevant and important family, friends and professionals that were involved in that person's life. There was evidence of relatives being involved in the care plan reviews. Relatives told us they were kept informed about their family member. One relative said, "I go to reviews and I get told about his care, it's important".

Staff used language in people's care plans that was caring and respected people's privacy and dignity. We observed staff being respectful towards people and upholding their privacy and dignity. For example, we observed staff knocking on a bedroom person's door before entering. Individual support plans included how staff should support people's privacy and dignity when offering care. A relative said, "They give him his privacy".

People's independence was promoted and care plans guided staff to support people to be as independent as possible. For example, we observed one person entering and exiting their bedroom using an electronic door opening system that had been installed specifically to meet their needs. They also had an en-suite 'wet room' which had been created for them to promote their independence and maintain their dignity. The registered manager told us these had had a positive impact on the person's quality of life. On showing us the bedroom, the person gave us positive responses.

People had good communication plans that helped staff communicate with people effectively. The plans clearly described how people made their feelings known and how they displayed choices and preferences. For example plans listed the words that an individual used to describe specific things, physical gestures and body movements and what these meant. The service worked with the speech and language therapy team with regard to people's communication methods, as appropriate.

The service had a robust culture of recognising equality and diversity which was enhanced by staff training and discussions in meetings. For example minutes of a meeting highlighted a survey that focussed on whether the staff team knowledge and skills supported the language and cultural needs of the people accessing the service. Staff were committed to supporting people to meet any specific special needs. For

example, individual care plans noted which gender of support worker people preferred to support them with personal care.

Staff were aware of confidentiality with regard to information sharing. People's confidential information and records were stored appropriately and securely in the office.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. Care records contained details of people's personal histories, interests and preferences. For example, one person liked to go swimming on a regular basis and another care record stated the person's preferred routine when getting ready for bed. These were written in a very person centred style. People's diverse and changing needs were met by knowledgeable staff who were kept up-to-date with any changes in people's care. For example, each person's care file contained a read and sign sheet that evidenced support staff had read the latest information on how to ensure they were responding effectively to people's needs. The registered manager advised that any updates to people's care was communicated through the 'communications book' that all staff would read when they were on shift. The communications book would contain any other relevant information about the service delivery that they needed to know before they commenced work.

The staff team were responsive to the needs of people who lived in the service. They were able to recognise people's expressions when they needed or wanted help or support. We saw staff responding to body language and behaviour as noted in people's communication profiles. For example, when one person made particular gestures staff responded appropriately acknowledging that they were asking for a drink.

People's activities programmes were designed to meet their specific needs. These were provided within and outside of the service reflecting people's interests. People were taken for shopping trips and to participate in community activities, as they chose.

The registered manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. The service met this standard.

Discrimination was understood by the registered manager and the staff team. People were protected from discrimination by staff who had received training in equality and diversity. Staff were observed being sensitive to people and supporting them to meet their diverse needs.

The service had a complaints procedure which was accessible by people, their friends and families and others interested in the service. It was clear that some people would need support to express a complaint or concern. Staff were able to identify if an individual was unhappy or distressed and investigate the cause. Relatives of those living in the home knew how to make a complaint. One relative said, "I would speak with the manager". The service had a whistle blowing policy which staff told us they were confident to use, should it be necessary. However, they were confident that any of the management team would react immediately to any concerns reported.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. We observed the registered manager working with people and 'modelling' the high standards of care she expected from the staff team. For example we saw that she treated people as equals, was patient and extremely respectful. A relative told us when being asked about the management team, "they are very helpful". The management team encouraged open and transparent communication in the service. One staff member told us, "we are given the opportunity to feed in and to share our ideas".

The registered manager had clear visions for the service which she had shared with the staff team. The service promoted a positive culture and staff felt the management was available, approachable and supportive. Staff and other professionals spoke highly of the support and communication they received from the management team. For example one staff member told us, the "management team is always available and there for us, ready to help". A health and social care professional said about the management, "they are always fully supportive to try new ways to support the resident's".

The service had a number of ways to listen to people's feedback about the service and care that is offered. People's views and opinions were recorded as part of annual quality satisfaction surveys and at monthly meetings. This information is then analysed and recorded as part of a wider service development and action plan that is reviewed frequently. Staff meetings were held regularly and minutes were kept and any issues discussed were acted upon. For example, one person was showing reluctance in getting out of bed in the morning. The service decided to start introducing new activities such as a day club to motivate the individual.

The manager had put in place quality assurance systems to monitor and assess the quality of service being delivered. These included audits of the care files, medicine records and staff competency checks. These were used to ensure actions were being completed effectively and on time.

High quality records accurately reflected people's individual needs and were detailed and up-to-date. They clearly informed staff how to meet people's needs according to their specific needs, choices and preferences. The service recognised the importance that people living at the service require support to access services in the community to increase their levels of independence and gain new skills. For example, the service linked in very closely with a day centre that allowed people to engage in meaningful activities. One relative told us about their family member, "We also often see him out and about in the community which he enjoys a great deal".

We looked at a range of policies and procedures which included confidentiality, data protection, whistle blowing, safeguarding vulnerable adults, health and safety, lone working, infection prevention and control and fire safety. The policies were readily available for staff to follow good practice and updated regularly to ensure they were fit for purpose.