

Voyage 1 Limited

The Bungalow

Inspection report

2 Ilminster Road
Taunton
Somerset
TA1 2DR
Tel: 01823 327050
Website: voyagecare.com

Date of inspection visit: 15 October 2015
Date of publication: 19/11/2015

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 15 October 2015 and was an unannounced inspection.

The Bungalow specialises in providing care and support to adults who have a learning disability, autism and/or a physical disability. Accommodation is arranged at ground floor level and the home can accommodate up to seven people. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

The people we met with had very complex physical and learning disabilities and were unable to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 was committed to enabling people to live a fulfilling and happy life despite of their disability. They told us "I want people to have access to an exciting and happy life whatever their disability." They said "I feel proud of the service we provide and of our staff team but will always look at ways to make life even better for people."

Staff morale was good and people were comfortable with the staff who supported them. The atmosphere in the home was very relaxed with lots of laughter and friendly banter. It was evident that staff knew people very well and were committed to ensuring people received the care and support they needed as well as a fulfilling life.

Staffing levels were good and people also received good support from health and social care professionals. Staff were confident and competent when assisting and interacting with people.

There were effective policies and procedures in place to reduce the risk of harm or abuse to the people who lived at the home and these were understood and followed by staff.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access a range of social and leisure activities in the home and local community.

The service made sure staff completed appropriate training so they could meet the needs of the people they supported. The knowledge, skills and competency of staff were regularly monitored through supervisions and observation of their practice. Staff told us they felt well supported and received the training they needed.

There were systems in place to monitor health and safety and the quality of the service provided to people. Results of a recent satisfaction survey had been very positive. A health care professional had described the service as "A very friendly and well managed home." Another commented "Very person centred and staff are very knowledgeable about the people they support." A relative had commented "In the field of care it would be hard to find better."

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.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Staff followed safe procedures for the management and administration of people's medicines and people received their medicines when they needed them.

Good



Is the service effective?

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good



Is the service caring?

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their lives.

Good



Is the service responsive?

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Good



Is the service well-led?

The service was well-led.

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service.

Good



The 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 15 October 2015 and was unannounced. It was carried out by one inspector.

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 looked at the information in the PIR and also

looked at other information we held about the service before the inspection visit. This included previous inspection reports and notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were six people living at the home. During the inspection we met with four people, four members of staff, the registered manager and an operations manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care and support records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

There were sufficient staff on duty to help keep people safe. Staff told us they were able to support people in accordance with their assessed needs and preferences. We observed staff interacting and supporting people in a relaxed and professional manner. There was a good skill mix of staff and there was always a senior member of staff on duty to support less experienced staff.

Risks of abuse were minimised because all staff knew how to recognise and report any signs of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to ensure people were safe.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Applicants were required to complete an application form which detailed their employment history and experience. Those shortlisted were then required to attend an interview. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Everyone who lived at the home required staff to manage and administer their medicines. There were appropriate procedures in place for the management of people's medicines and these were understood and followed by staff. Medicines were supplied by the pharmacy in sealed monitored dosage packages which provided details of the prescribed medicine, the name of the person it was prescribed for and the time the medicine should be administered. Each person had a pre-printed medicine administration record (MAR) which detailed their prescribed medicines and when they should be administered. Staff had signed the MAR charts when medicines had been administered or had made an appropriate entry when a medicine had not been administered. There was a clear audit trail of all medicines entering and leaving the home. Medicines were only administered by staff who had received appropriate training.

People's care and support plans contained clear information about identified risks and how risks should be managed. Examples included supporting people to access the community and the management of certain health needs such as reducing the risk of choking. We saw that a plan of care had been developed to manage any identified risks in the least restrictive way. This meant that people could be supported with activities with reduced risks to themselves or to the people who supported them.

There were plans in place for emergency situations; people had their own evacuation plans if there were a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system within the organisation; this meant they were able to obtain extra support to help manage emergencies.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. We met with a member of staff who had recently been employed. They told us “The support and training has been really good. I am working alongside experienced staff at the moment to get to know people and how to support them.”

Staff were confident and competent when assisting and interacting with people and it was evident staff knew people very well. They knew what people wanted even where the person was unable to express their wishes verbally.

Staff told us they had good training opportunities which helped them understand people’s needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people’s care needs, such as caring for people who have epilepsy and how to care for people who required feeding through a tube. One person who lived at the home had a rare medical condition. Staff had an excellent knowledge about the person’s illness and how to support them. They liaised closely with healthcare professionals to make sure their needs were appropriately monitored.

People could see health care professionals when they needed to. The registered manager and staff told us they received good support from GP’s and they would always visit if there was a concern about the health or well-being of people. People’s care and support plans showed they received annual health checks and a review of their prescribed medicines. People also had access to other healthcare professionals such as dentists, epilepsy nurses, dieticians and chiropodists.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal

framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people’s legal rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager knew about how and when to make an application. They knew about the recent changes to this legislation which may require further applications to be made. Assessments about people’s capacity to consent to living at the home had been completed and DoLS applications had been completed.

People were supported to eat well in accordance with their preferences and needs. There was a varied menu which had been developed around people’s likes and dislikes. A member of staff told us “We know what people’s favourite meals are and we know when they don’t like something. It’s never a problem. We always have alternatives if somebody doesn’t fancy what’s on offer.”

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences and we saw people were supported by staff in accordance with their plan of care. For example, one person had been assessed as being at risk of choking. There was a specific care plan in place which reduced risks to the individual. Staff supported this person in accordance with their plan of care. People were supported to be as independent as they could be. People were provided with specialised cutlery, crockery and beakers which enabled them to be as independent as they could be. The atmosphere during lunch was relaxed and sociable.

Is the service caring?

Our findings

It was evident that staff cared a great deal about the people they supported. They spoke with kindness and compassion when they told us about the people they supported. They spoke to people in a very kind and caring way and there was lots of friendly banter and laughter.

There was a stable staff team which enabled people to build relationships. They were able to make conversations with people about their family and friends and things that were important to them. The people we met with were unable to communicate with us however; staff were very skilled in how they spoke to and interacted with people. One person liked loud noises. A member of staff spent time banging on the chair which resulted in the person laughing and indicating they wanted them to keep doing it. Another person enjoyed a particular television programme and staff made sure this was put on for them.

One person's family had recently provided them with an innovative computer system which enabled them to use their eyes to move the cursor. Staff had liaised with the person's family and had attended a training session on how to assist the person to use the computer. They had also made sure the person was assessed by a speech and language professional to make sure the equipment was suitable for them. Staff spoke with great passion when they described how they could enable the person to enjoy a level of independence such as adding further programmes so that the person could use the computer to turn lights on and off, play music and operate the television.

The home had a sensory room where people could relax. This had been equipped with a range of light, water and other sensory objects. This was enjoyed by people on the day we visited. It provided a very calming and relaxing environment.

Staff respected people's right to privacy. Each person had their own bedroom which had been decorated and furnished in accordance with people's tastes and preferences. People could spend time in their bedroom whenever they wanted to. We saw this to be the case on the day we visited. One person had chosen remain in their bedroom when we visited. We saw staff regularly checked on them and asked if they wanted to join the others. The person chose to remain in their bedroom and this was respected by staff.

People were treated with respect. Staff communicated with people in a very kind and respectful manner. Staff asked people if they were happy doing what they were doing and checked they were happy with the member of staff who was supporting them. A member of staff asked one person if they would like assistance to change their top after they had spilled something on it.

People's confidentiality was respected and all personal information was kept in a locked room.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Each person had a plan which described the care and support they required and how staff should provide it. These plans also included who the important people in their life were, how people communicated, daily routines, preferences and how they made decisions. The staff we spoke with told us the care plans told them everything they needed to know about the people they supported.

Care plans had been regularly reviewed to ensure they reflected people's current needs. People and their relatives had been involved in reviewing their plan of care wherever possible. Staff told us that they attended a handover meeting at the start of every shift. They said that this provided them with current information about the people they supported. We saw that staff recorded information about each person on a daily basis. Information included how people had spent their day and how they had responded to activities of daily living. This meant that the effectiveness of people's care plans could be fully reviewed.

The staff responded to changes in people's needs and adjusted care accordingly. For example, one person required their food to be prepared at a certain consistency because they were at risk of choking. This was following an assessment by a speech and language therapist. The person's care plan had been updated and we observed the person received an appropriate meal. The registered manager explained they were in the process of requesting another assessment to see if additional foods could be introduced to give the person more variety.

The people who lived at the home had lived there for many years. The registered manager told us before someone moved to the home they would be fully assessed to make sure the home could meet the person's needs and aspirations. The registered manager also explained they would consider the needs and personalities of the people who lived at the home to make sure the prospective admission would be compatible with them.

Staff told us routines in the home were flexible to meet the needs and preferences of people. People were able to plan their day with staff. On the day we visited, staff were out with two people on a trip to the coast. They had gone by steam train as one person really enjoyed this. The other person really enjoyed a cream tea so this was to be included in the trip.

People were able to enjoy holidays and visits to see their family and friends. A member of staff told us they had supported one person to see a live well known talent show. They also told us they had supported the person on a holiday to Disney Land in Paris. The staff member described the close relationship the person had with their family. They explained they telephoned the person's family each week and were supported to visit them regularly.

People's views and suggestions were encouraged and responded to. Each person was allocated a key worker who met with them on a regular basis. These meetings provided people with the opportunity to spend one to one time with staff who knew them well. People were supported to discuss their day to day lives and to explore other things they may like to do.

Is the service well-led?

Our findings

The home was well-led by a registered manager who was committed to enabling people to live a fulfilling and happy life despite of their disability. They told us “I want people to have access to an exciting and happy life whatever their disability.” They said “I feel proud of the service we provide and of our staff team but will always look at ways to make life even better for people.” Discussions with staff and our observations confirmed that this ethos had been adopted by staff. All demonstrated a commitment to enabling people to live a full and rewarding life.

Satisfaction surveys were sent to relatives and health and social care professionals to seek their views on the quality of the service provided. Results of a recent survey had been very positive. A health care professional had described the service as “A very friendly and well managed home.” Another commented “Very person centred and staff are very knowledgeable about the people they support.” A relative had commented “In the field of care it would be hard to find better.”

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a team of senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. Staff morale was very good. Staff told us there were always senior staff available to support less experienced staff.

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. Staff were very positive about the support they received. One member of staff said “[The registered manager] is always there and very involved. There is a very open door policy here.” Another member of staff told us “[The registered manager] is very hands on. She is so committed to the residents. Everything is done properly and we get really good support. We have a great team here.”

The registered manager monitored staff training which ensured staff received refresher training when required. A training matrix showed all staff had completed required training and updates when they were due. The registered manager made sure they kept themselves up to date with

current legislation and best practice. In their completed Provider Information Return (PIR) they said “We access the Skills for Care website and follow NICE guidelines. We have a quality

department within Voyage who provides updates and communications whenever there is a

change to current legislation or best practice. These are shared with the team through a read and sign file and in staff meetings.”

Staff had opportunities to comment on the quality of the service provided to people. In their completed Provider Information Return (PIR), the registered manager said “Staff are encouraged to be open and honest with their ideas on how to improve the service or if they feel something is not working well.” Comments made in a recent survey demonstrated staff morale was good and staff were committed to the care and well-being of the people they supported. One staff member commented “In my opinion every person receives the very best care and support.” Another had said “The best thing about working at The Bungalow is the excellent quality of care and the team work.”

There were regular meetings for staff where a variety of issues could be discussed. The minutes of the last staff meeting showed discussions which included health and safety, activities and the well-being of the people who lived at the home. There had also been discussions about safeguarding adults from abuse and the procedures to follow where concerns have been raised. The meeting had also been an opportunity for the registered manager to provide staff with feedback from a recent visit by the provider’s chief executive officer and quality assurance manager. They had described the home as “A lovely service” and were “incredibly complementary about the staff team.”

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. Detailed audits were completed by the registered manager. An operations manager from the company carried out regular visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive and well-led. Where shortfalls in the service had been identified action had been taken to improve practice. In

Is the service well-led?

their completed PIR, the registered manager stated “Action plans are generated from the findings of the audits and these are shared with the team and are reviewed regularly. Actions are delegated to senior staff where possible.”

Information about the home had been produced in accessible formats for the people who lived there. This included photographs of the staff on duty and the days menu. This meant that people could be supported to make informed decisions and choices.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. There had been few reportable incidents however, the registered manager was clear about

their legal responsibilities. In their PIR they stated “We consider ourselves to be a transparent service and understand the duty of candour as a company.” They also said they “Had a clear understanding of their legal obligations and conditions of their registration with CQC.”

The PIR confirmed the provider was accredited by or members of relevant professional organisations such as Investors in People, Skills for Care, the British Institute of Learning Disabilities and Care England. Voyage Care were finalists in Laing Buisson's Specialist Care Awards in 2014. The staff team at The bungalow had been recently nominated as ‘team of the year’ by health and social care professionals and people’s relatives.