

## Voyage 1 Limited







# 19-23 Church Street

### Inspection report

19-23 Church Street  
Market Warsop  
Mansfield  
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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

We inspected this service on 21 November 2015. The inspection was unannounced.

19-23 Church Street is a care home for people with a learning disability situated in the North Nottinghamshire village of Market Warsop. The service was based in a purpose built two storey building on the outskirts of the village. All the floors were level access with a lift to the first floor. Accessible bathrooms and toilets were provided. A car park is available for visitors and level

access into the building is also provided. The service is registered to provide accommodation for people who require nursing or personal care for ten people. On the day of our visit ten people were accommodated there.

The service had a registered manager in place at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

Some of the people who use the service have severe learning disabilities and their use of verbal communication is limited. We found that most of the staff had worked in the service for a long period of time and had an excellent knowledge of how each person communicated verbally and with gestures and body language.

People felt safe and staff knew how to protect people from harm. Staff knew how to respond to incidents or concerns and how to report these. Robust systems were in place to protect people from the risk of abuse.

Staff had the knowledge and skills to provide safe, effective and appropriate care and support to people. There were enough staff employed to meet the needs of people using the service.

Medicines were managed safely and people received their medicines as prescribed.

People were supported to make decisions about their care, support and daily activities. Where people did not have capacity to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain healthy nutrition and staff were monitoring and responding to people's health conditions. People's privacy and dignity were respected by staff and they were supported to maintain and develop their independence. People were supported to have a social life and to go out into the community and go on holidays.

Effective systems were in place for people, their relatives and staff to give feedback about their experiences of the service. Comments and suggestions were acted on. Systems to monitor the quality and effectiveness of the service were used to continuously improve 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.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



### Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support.

People were supported to maintain their hydration and nutrition and risks to their health were monitored and responded to appropriately.

Good



### Is the service caring?

The service was caring.

People were supported to make choices about what they did each day and staff gave people the support they needed to develop their independence.

People were supported by staff who valued their rights to privacy and dignity.

People were treated with kindness and compassion and told us they were happy with the care they received.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning their care and had an active social life with access to holidays, further education meaningful activities and places of work.

People were supported to raise issues and when complaints were made these were listened to and acted upon quickly and robustly.

Good



### Is the service well-led?

The service was well led.

Effective systems were in place to ensure and monitor the quality of the service provided.

People's opinions and suggestions were listened to and acted on.

The Management team were approachable and people had faith in their ability to identify and deal with any concerns raised.

Good



# 19-23 Church Street

## 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 20 November 2015 and was unannounced.

The inspection was carried out by one inspector. Prior to the inspection we reviewed evidence we held about the

service including previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with one person using the service and two people's relatives. We spoke with four members of staff, the registered manager and deputy manager. We observed people receiving care, looked at the care records of three people who used the service, medicines records, staff training and recruitment records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe receiving care and support at the service and were confident any issues would be identified and dealt with by staff. One person's relative told us "We feel safe and [relative] is safe. [They] are always happy, always clean. They have plenty of equipment and rules to keep everyone safe".

We saw that staff spoke to people with kindness and that people had positive responses to staff interaction. Where people communicated non-verbally staff showed a thorough understanding of their needs and preferences.

Staff told us they received regular training on protecting people from abuse and demonstrated a good understanding of the types and signs of abuse and their role in escalating a concern. None of the staff we spoke with had ever seen anything that caused them concern whilst working at the service. We looked at training records which confirmed staff had completed training on protecting vulnerable adults and had to pass an assessment showing understanding of this before they could work unaccompanied. All staff we spoke with knew who to contact if they had any concerns and they had access to the phone numbers for the manager, deputy and area manager if they were unable to speak to a senior member of staff at the time. The service had policies and procedures in place for raising and acting on concerns. We found that any issues were discussed at weekly team meetings and followed up at monthly meetings.

People were supported to take risks and maintain independence without having unnecessary restrictions put on them. For example two people were supported to go swimming each week; however the venue was changed during school holidays as the busier pools were overwhelming for them. Another person was supported to go to the pub to socialise. Staff members accompanied the person and ensured they were safe at all times.

Risks for people and the environment were identified and assessed and information on how to manage these risks was available to staff. Risk assessments were in place to allow staff to safely support people both in the service and in the community. Assessments were devised in such a way

as to promote people's independence as much as possible. Plans were in place to deal with any emergencies that may arise in the service or community. For example use of a barbecue in the garden or risk of slipping in a 'wet' room.

People's relatives told us they felt there were enough staff on duty to meet people's needs and keep them safe. One person told us "I think generally there is enough staff, at the moment it is very good". A second person said, "They have plenty of staff, sometimes they are short because of sickness but they seem to cope well". Staff we spoke with told us they felt there were enough staff at the service to meet people's needs safely. One person said "I think we have enough (staff), it's a good ratio of 10 service users to seven staff". A second member of staff told us "With the new starters we are fully staffed every day which means the residents get out more". The deputy manager told us staffing levels were set to match the needs of people using the service and could be increased if required, for example to support people at social events or on trips out. Our observations and records examined supported these statements.

Procedures were in place to ensure that medicines were stored, administered and disposed of safely and securely. People received their medicines as prescribed and in a way that they preferred. People's relatives told us that they were satisfied with how medicines were managed. One person told us, "[My relative] gets their tablets when they need them. Since they have been here their seizures have reduced (as a result of better medicines management). They used to take a lot of tablets but now it's reduced right down. A second person's relative told us "The staff give [my relative] their medication, there's no problem".

Staff received training in the safe handling and administration of medicines and had their competency assessed to ensure they were following safe practice. One staff member said "Not everyone gives [medicines] out but we all have to complete medication training as part of our induction. Everyone has to complete Buccal training and be observed three times (in training not real life) before we are signed off to give it". Buccal Midazolam is a drug used to relax muscles if a person is having a seizure. We found that medicines were stored safely and there were systems in place to monitor this. Daily checks and weekly audits were undertaken by the deputy manager to ensure medicines were being administered as prescribed and stored appropriately.

## Is the service safe?

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and

they also requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

# Is the service effective?

## Our findings

Staff were relaxed in their interactions with people and had the skills required to meet people's needs. We observed staff supporting people with complex needs in a confident manner and demonstrating they knew how people preferred to communicate and be supported.

Staff told us that they enjoyed working at the service and felt supported. They said they had enough training to help them carry out their role and were able to request additional training to develop further skills. One staff member told us "We all have training on line and have to complete an assessment to show we understand the course work. We've had outside training as well which was good". We saw the service had a training matrix which identified which staff had completed training and when this was due for renewal or update. At the time of our inspection all staff were up to date with their training.

Records showed that staff had regular supervision meetings with the registered manager and were able to discuss their performance and areas for development. One staff member told us, "We have them every three months. They are very helpful because I was unsure of things so I was able to ask without feeling stupid. I could definitely speak to the manager about anything". A second staff member said, "I find them useful. You don't always get the time to sit down and say things that are bothering you or give ideas and sometimes you don't want to say things at the monthly team meetings so its good have the opportunity. You get feedback on what people think and what you are doing right".

The staff that we spoke with had a basic understanding 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. 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).

The registered manager and staff displayed and understanding of the Deprivation of Liberty Safeguards (DoLS) and the registered manager had made applications for a DoLS where appropriate. For example, as people could not always use nurse call buttons to summon help, sound monitors were placed in bedrooms to allow staff to hear if a person required help. The DoLS application was assessed and approved. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People were supported to eat and drink enough and a variety of meal options were offered. People were involved in agreeing a menu plan each week. Where people could not communicate verbally, picture cards were used to show the options. Staff produced a weekly shopping list from the menu plan and people helped on shopping trips. We saw that people could choose to eat their meals when they wanted and food and drink was available between meals. For example we saw one person having breakfast at 10:30am. We observed the lunch and tea time meals. People appeared to enjoy the food in a pleasant environment and were interacting with staff and other people.

People's nutritional needs were assessed regularly and care plans contained information of people's nutritional requirements. For example one person required, and received, high calorie food as they had difficulty maintaining weight.

People were supported to maintain good health and had access to healthcare when required. We saw that staff were aware of people's usual state of health and were vigilant in seeking help if they noticed any changes. For example one person did not communicate verbally, staff noticed they were unwell and immediately sought professional assistance. As a result of this the person received lifesaving medical intervention. Staff supported the person and their relative through the whole process and liaised with hospital and other health staff to ensure the persons best interests and welfare were respected.

## Is the service effective?

Care plans showed that staff sought advice from health professionals including a dietician and speech and language therapists to support people with their health care. People were supported to see their GP, Dentist and Optician when they needed.



# Is the service caring?

## Our findings

People who used the service indicated and their relatives told us that they were happy with the care they received at 19-23 Church Street. People's relatives told us, "[Staff] are very kind, very caring people. They always keep you well informed and look after you". A second relative said, "they are very kind and respectful; it's just like going home".

People were supported by staff that knew them well and understood their individual needs and their likes and dislikes. Our observations showed staff clearly knew people well and when we spoke with staff we saw they had a good knowledge of people's likes, dislikes and what support they needed. We observed very strong positive relationships between staff and people who used the service with staff demonstrating obvious concern for people's welfare.

People were asked if they preferred male or female carers and, although no one expressed a preference, the conversation was documented.

People were supported to make choices about how to spend their time and were encouraged to be as independent as possible. For example one person was not confident in crowds and staff had worked with them to support them shop for their own clothes, attend the theatre and go out for meals, which had a positive impact on the person's wellbeing. Other people at the service attended social clubs and college courses. We observed staff asking people what food they would like for meals and people were involved in choosing the menu for each week. Staff used their knowledge of people's communication methods and used aids such as picture cards to ensure everyone had a say in compiling a shopping list. The weekly shop was then bought from the list.

People were supported to participate in activities that were important to them and maintain relationships with friends and family. For example we observed a staff member asking one person what gift they would like to buy their Grandmother for Christmas. The person suggested clothes. Staff and relatives informed us they regularly supported

people to buy presents for their families. Staff demonstrated a strong understanding of people's preferences for activities and the encouragement or support people required. We saw that capacity assessments had been completed regarding people's ability to vote in local and general elections. Although the assessment found the person lacked capacity to make an informed decisions, easy read information about political parties was included along with guidance on voting procedures.

The deputy manager informed us that no one at the service used an advocate and they had not had reason to involve one in the past. They told us that people's relatives and staff acted as advocates in their care and actions. This was confirmed by staff and relatives we spoke. A relative told us, "The same people tend to support [relative] all the time. I've always been pleased that they understand her and know what going on". A staff member said "When people can't communicate we use our knowledge of them and involve their families".

People were treated with dignity and had their privacy protected. We saw that staff received training on dignity and respect as part of their induction programme and staff demonstrated a good understanding of this. One staff member said "[Deputy manager] is very strong on dignity and respect; we discuss it all the time". A second staff member said, "I always make sure people are covered up when possible. Talk them through exactly what I am doing and make sure it is ok with them. I always ask if it is ok with them what I'm going to do. Make sure curtains and doors are shut before any personal care is carried out". This was confirmed by our observations during our visit and by comments from people's relatives we spoke with.

Relatives told us they could visit at any time and staff were always friendly and helpful. One relative told us, "We went around a few places and we all wanted [relative] to go here. They are very kind and respectful, with all the people and visitors and relatives. I just walk in and make myself a cup of tea, it's like going home".

# Is the service responsive?

## Our findings

People received care that was personalised and responsive to their needs. We saw from care plans that, where possible, people and their relatives were involved in the planning, design and review of their care. For example one record showed that staff had attempted to discuss the management of a medical condition with one person but found they were not happy to do so and consulted with the person's relatives and staff. One person's relative told us, "We sign each section of the care plan to say we agree with everything we've seen and it complies with what we would wish. From time to time we've asked the staff to include something and they have".

Staff we spoke with said, "When people can communicate they are involved but if they can't we use our knowledge of them and ask their families to be involved. Family are always involved in everything".

Staff told us people did not have a set routine and had choice of when to go to bed, wake up and how they spent their day. One member of staff told us, "If they would like to have breakfast in bed that's fine. We always support people in their room we wouldn't just leave them. If they feel like they don't want to get up and fancy their breakfast that's fine".

We saw that monthly meetings had been held for people who use the service and staff to keep them updated about developments and give them an opportunity to feedback on what activities they would like to do.

Staff we spoke with had an excellent knowledge of the preferences of people and how they liked to spend their time and how they preferred to be supported. Staff knew what would work well for individuals and what would not. We saw people's preferred daily routines and how they

liked to be supported were detailed in their care plans. Staff told us they found the care plans very useful for understanding people's needs. One staff member said, "The care plans are really useful. They helped me get to know every service user. Obviously I'd met [people] but I felt I'd got to know about them from the care plans".

People were supported to access the local community by going shopping, for meals or walking in the area. Activities and holidays were planned with people. We saw that every person had an annual holiday and meetings were held to discuss trips out, which were then arranged. Staff told us, "Externally there are discos two-three times a week, swimming twice a week, lunches, day centre, bowling, the cinema with specialist screenings. At bowling they really get involved. Internally they have a lot of pyjama parties, X factor night, popcorn and things, disco in the activity room. A DJ came in for a proper disco".

People's relatives and staff told us they would feel comfortable in raising an issue with the registered manager and deputy manager and were confident these would be dealt with appropriately. A relative told us, "I've never had any real concerns and any slight concerns I've had [registered manager] has dealt with them straight away". A second relative said, "I've made one or two complaints but it was resolved happily. I spoke to spoke to [registered manager and deputy manager], I know I can speak to them, they are like friends, they are brilliant".

The service had a complaints leaflet available in easy read format and a copy of the complaints procedure was included in each person's care handbook. We saw that four formal complaints had been received since our previous inspection, all of which were responded to and investigated within the time scales set out in the policy. All four were resolved to the satisfaction of the complainant.

# Is the service well-led?

## Our findings

Relatives told us they were satisfied with the way the service was run with one person saying, “They keep me informed in a lot of ways, everything is always discussed”.

We found that the service was well led. People and their relatives had a chance to have their say on how the service was run via regular meetings and an annual survey. We saw that where suggestions had been made, people’s views were considered and acted upon.

For example the staff and relatives survey for 2015 had 23 responses. A number of these indicated that people felt not enough staff were on duty for each shift. The provider reviewed this and additional staff were employed. A staff member told us, “Now we’ve had four new starters we are running on full staff every day. We usually have between six and eight staff on which means the residents get out a lot more”.

The registered manager and deputy manager carried out a range of weekly and monthly audits of the service. These included audits of medicines, infection prevention and control, care records and equipment. We saw that where areas for improvement were identified these were acted on. For example, an infection control audit showed walls were dirty so these were cleaned. Additionally, all audits were reviewed by the provider’s area manager. Also a manager from a different service in the group carried out a regular audit of the whole service to give an objective view. Care and support plans were regularly reviewed to ensure they were still relevant and where changes were required

these were made in partnership with the person, their relatives and staff. Staff competency and performance was monitored by the management team via observation of practice and regular supervision meetings.

We saw that people had a good relationship with the registered manager and deputy manager and were comfortable and confident to approach them. We saw the registered manager and deputy manager interacting with people throughout our visit and they clearly knew people’s personalities very well and engaged in an open and inclusive way.

There was a registered manager in post and they were clear about their responsibilities and always notified us of significant events in the service. There was an open and friendly culture in the service. Staff told us they felt supported and could raise issues or make suggestions at any time and felt they were listened to. A staff member told us, “I know I can go to [registered manager and deputy manager]. If they are not on duty they are always on the end of the phone. I know if I need advice they are always available, they will always answer the phone. I have called them when they are off duty; they are always at the end of the phone.”

Risks to people were identified and assessed and information on how to manage these risks was available to staff. Risk assessments were in place to allow staff to safely support people both in the service and in the community. Assessments were devised in such a way as to promote people’s independence as much as possible. Plans were in place to deal with any emergencies that may arise in the service or community.