

Voyage 1 Limited

The Cedars (Mansfield)

Inspection report

67 Mansfield Road
Blidworth
Mansfield
Nottinghamshire
NG21 0RB

Tel: 01623491033
Website: www.voyagecare.com

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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

We carried out an unannounced inspection of the service on 15 February 2017.

The Cedars (Mansfield) provides accommodation and personal care for up to seven people living with learning disabilities and an autistic spectrum disorder. At the time of our inspection there were seven people living at the service.

The Cedars (Mansfield) is required to have a registered manager in post. 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. At the time of the inspection the registered manager was in post but not available on the day of the inspection.

Staff had received safeguarding training and were aware of their role and responsibilities to protect people. They told us they would be confident to use the whistleblowing procedure in the service to report any poor practice they might observe or become aware of.

Risks associated to people's needs and the environment were assessed, planned for and monitored. Staff had been appropriately recruited, checks had been completed in relation to safety and suitability before they commenced their employment. There were sufficient staff deployed appropriately and staffing levels were flexible to meet people's individual needs.

People received their prescribed medicines appropriately and medicines were stored and managed safely.

Staff received an induction and ongoing training and support, to enable them to carry out their role effectively and safely.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005. Staff demonstrated their commitment to ensuring people were involved as fully as possible in making choices about how they wanted their care and support to be provided. People were appropriately protected under the Deprivation of Liberty Safeguards.

People received support to ensure their nutritional needs were met. People were involved in menu planning and their preferences and independence were encouraged. People were supported with their health needs and accessed community health services when required. Staff worked well with external healthcare professionals.

People were supported by kind, caring and compassionate staff that showed respect and promoted independence. Staff were knowledgeable about people's individual needs and what was important to them.

People had access to independent advocacy information should they have required this support. People were involved as fully as possible in reviews of their care to ensure the support provided met their needs. There were various care records and documents about people's needs, but it was not clear how this information linked together and was used to monitor and review people's needs, goals and aspirations.

People were supported by staff to follow interests and hobbies important to them. Staff had a person centred approach to the care and support provided. Systems were in place for receiving, handling and responding appropriately to complaints.

People had regular opportunities to provide feedback on the care and support they received in order to continue to drive forward improvements in the service.

Robust quality assurance systems were in place in order to ensure that that people received high quality, safe and effective care and support. The provider and registered manager were meeting their regulatory responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff understood what action they needed to take to keep people safe. Staff had received appropriate safeguarding training.

Risks to people's health and well-being including safety of the environment had been assessed and planned for.

There were sufficient staff available to meet people's needs and safety. New staff completed detailed recruitment checks before they started work.

People's prescribed medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that received an appropriate induction, training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People were supported where required with their nutritional needs and were involved in the planning of meals.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

Independent advocacy information was available for people

should they have required this support.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs. People were enabled to follow their own interests.

People were involved in reviews and discussions about the care and support they received as fully as possible. It was not clear how information recorded about a person was used to review and monitor their needs, goals and aspirations.

There was a complaints procedure available for people should they wish to complain about the service.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and vision of the service and were positive about the leadership of the service.

The provider had systems and processes that monitored the quality and safety of the service. The provider was aware of their regulatory responsibilities.

The Cedars (Mansfield)

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 checked 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 February 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we asked 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. We reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the commissioners of the service, healthcare professionals and Healthwatch to obtain their views about the care provided at the service.

We spoke with one person who shared their views about some aspects of the service they received. Due to people's complex needs associated with their autism and learning disability, we were unable to communicate with them to gain their views about the care and support they received and used observations to help us understand their experience.

During the inspection we spoke with the deputy manager, two senior staff and a support worker. We looked at the relevant parts of the care records of three people, three staff recruitment files and other records relating to the management of the service. This included medicines management and the systems in place to monitor quality and safety.

After the inspection we spoke with two relatives or friends for their feedback about how the service met their family member's needs.

Is the service safe?

Our findings

People were protected from avoidable harm. Relatives and friends of people who used the service were positive that staff supported people appropriately to keep them safe. One relative told us, "Some people have complex needs and behaviours and staff make sure people are safe."

Staff demonstrated they were aware of their role and responsibility in safeguarding people from any type of harm. One staff member said, "We've had safeguarding training, there is information on display for staff and people who use the service about reporting concerns. We know who to contact outside of the service to report safeguarding concerns." Staff were knowledgeable about the different categories of abuse and had a policy and procedure available to support them. Records viewed confirmed what we were told.

Staff were observed to be attentive to people's needs and safety and responded effectively if people became anxious. For example, one person experienced periods of distress that impacted on others. Staff were quick to respond and provided reassurance and support, ensuring people were safe at all times.

Relative and friends told us that they felt any associated risks to people's needs were assessed, managed and monitored well. One relative said, "I'm involved in discussions and decisions about how risks are managed, the staff really know people's needs and to support them to keep safe."

Staff told us that they found risk plans informative and provided appropriate guidance and support. Additionally, staff said that any concerns about risks were discussed in staff handover meetings. We found staff were knowledgeable about people's individual risks and the action required to keep them safe. This told us that people could be assured that any risks were known and understood by staff.

Processes were in place to ensure people's freedom was not unnecessarily restricted. For example, people had access to all parts of the service, including a safe and secure garden. Whilst people required support to access the community for safety reasons, staff supported people frequently on community activities.

We found care records included risk plans that advised staff of how to manage and reduce any risk to people's safety as far as was possible. We saw what action staff had taken when concerns were identified about people's safety. For example, referrals to healthcare professionals were made to provide additional support and guidance to staff to provide effective and safe support.

Accidents and incidents were recorded and analysed by the registered manager for themes and patterns. A staff member told us how incidents were discussed at staff meetings, this was to discuss what had happened and consider if anything could be improved upon to reduce further risks. This told us that the management team had a responsive and analytical approach to how accidents and incidents were managed.

People had emergency evacuation plans in place that informed staff of their support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place and

available for staff that advised them of action to take in the event of an incident affecting the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

The premises and environment, internally and externally, were found to be secure to protect people's safety. Maintenance checks were being carried out internally and by external contractors and these were found to be up to date.

Relatives and friends told us that in their opinion they felt there were sufficient staff available to meet people's needs. One relative said, "I have no concerns about the staffing levels."

A senior member of staff told us that they were responsible for developing the staff roster. They said that they considered the staff skill mix in terms of experience. This staff member told us, "Any shortfalls in staffing the team pick up, it's never an issue covering shifts." The deputy manager said that staffing levels were reviewed and flexible dependent on people's needs. An example was given how staffing levels had increased for a period due to a change in a person's needs who required additional support. Staff confirmed this to be correct. This told us that people could be assured that the management team had a responsive approach to people's fluctuating needs, staffing levels were adjusted as required.

On the day of our inspection we observed people were supported by staff with activities both in the community and internally. Staff were seen to be organised and had the right mix of experience, skills and knowledge. Staff had time to spend with people and clearly understood their different roles and responsibilities.

Safe staff recruitment processes were in place. Staff confirmed they had undertaken appropriate checks before starting work. We looked at three staff files and we saw all the required checks had been carried out before staff had commenced their employment. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

Relatives and friends were positive that medicines were managed safely. One relative said, "As far as I'm aware medicines are given on time and there are no problems."

The deputy manager told us about the system and processes in place to manage people's medicines. Staff told us what training they had received, this included competency checks to ensure they followed best practice guidance. Records confirmed what we were told.

We observed staff administer people's medicines. Best practice was followed including staying with the person to check they had taken their medicines safely.

We found the ordering, storage; administration and management of medicines were in line with best practice guidance. Medicine Administration records (MAR) were used to confirm each person received their medicines at the correct time and as written on their prescription. We saw these had been fully completed and confirmed people had received their medicines correctly. There was an auditing system in place that was found to be up to date that reviewed how medicines were managed. This told us that people could be assured their medicines were managed safely.

Is the service effective?

Our findings

People were supported by staff that had received relevant training and support to effectively meet their individual needs. Relatives and friends were positive about the staff team's approach and competence in meeting people's needs. One relative said, "The staff learn pretty quickly, I know they shadow experienced staff when they first start. You can see the new staff stay back and watch. I don't know what training they do but know they attend different courses."

Staff told us about the induction, training and support they received. Records confirmed that staff completed the Care Certificate as part of their induction. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff told us that they had received training in a variety of areas including fire safety, first aid, food safety, nutritional awareness and autism awareness. A reoccurring theme raised by staff was that the training they were required to complete, was largely on-line training which they did not like but preferred face to face training. We shared this with the deputy manager who agreed to inform the registered provider. The staff training plan confirmed staff had received training as described to us. This told us that staff kept up to date with best practice guidance.

Staff were positive about the support they received from the management team. One staff member said, "We get regular meetings where we talk about our work, it's good. The managers are really supportive and approachable and are very knowledgeable." Records confirmed staff received opportunities to review their work, training and development needs.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Relatives and friends told us that they were confident people were involved as fully as possible in day to day decisions about their care and support. One relative said, "Staff involve [relative] as much as possible, I'm involved in best interest decisions."

Staff demonstrated an understanding of the principles of both MCA and DoLS. One staff member told us, "We offer people choices constantly and respect their decisions. Sometimes people cannot consent and

best interest decisions are made in discussion with relatives and professionals."

We observed that staff talked to people before providing support, and where people expressed a preference staff respected them. People were clearly involved in day to day decisions as fully as possible.

Where people had been identified as lacking mental capacity to consent to a specific decision, consideration had been given to how staff needed to communicate with the person. For example, this included what the best way was to present choices to help the person understand, and what the best time was for the person. This told us that good practice was used to support people to be fully consulted in decisions about their care.

Records confirmed that where concerns had been identified about people's freedom and liberty, applications had been made appropriately to the supervisory body responsible for granting authorisations. Some people had restrictions placed upon them and where conditions were in place, we saw these were being met and staff were aware of these.

People were supported to eat and drink sufficiently and received a balanced diet based on their nutritional needs and preferences. A person who used the service told us, "We get a choice and different things to eat." Relatives and friends were positive that people received appropriate support with their eating and drinking. One relative said, "I've witnessed the meals being prepared, they always smell nice and appetising, I've never known [relative] to complain, they have a good appetite."

Staff were knowledgeable about people's food preferences and needs. A staff member said, "We always include fresh vegetables and salad. Some people have specific healthy eating plans that we support them with. Drinks and snacks are always available."

We observed people were encouraged and supported with choices of meals and drinks and independence was promoted. For example, some people used adapted eating utensils to support their independence with eating. People were involved in the planning of the menu and with food shopping, preparation and cooking. There was an easily accessible menu for people, this was in an easy to read format, with pictures of the food provided. We found food stocks were good and stored correctly and appropriate for people's individual needs.

Care records demonstrated people's dietary and nutritional needs had been assessed and planned for. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were supported to have their weight monitored so action could be taken if significant changes occurred.

People's relatives and friends were positive that people were supported appropriately with their healthcare needs. One relative said, "If staff pick up on any changes with a person's health they respond immediately."

We found staff to be very knowledgeable about people's healthcare needs. They gave examples of the action they had taken when concerns had been identified, and explained how they supported people to access and attend health services. Records confirmed what we were told. This told us that people could be assured that their healthcare needs were known, understood and appropriate action was taken when changes occurred.

People had a 'Health Action Plan', this recorded information about the person's health needs, the professionals who supported those needs, and their various appointments. This demonstrated people had

been supported appropriately with their healthcare needs and the provider used best practice guidance.

Is the service caring?

Our findings

People had developed positive and caring relationships with the staff that supported them. A person who used the service told us, "The staff are good, nice. I talked with [staff name] about going on holiday and activities I like to do."

Relatives and friends were positive about the approach of staff and described the staff as kind and caring. One relative told us, "Staff are very approachable and helpful. They're wonderful, I've observed them, they are kind, patient with people. I've seen them reassure and calm people, holding their hands and gently talking with them."

Positive feedback was received from an external healthcare professional. They said about the staff, "My impression from the staff team was very positive, I found them to be thoughtful, respectful and motivated to provide good care for [name of person who used the service]."

Staff spoke positively about working at the service, they were knowledgeable about people's individual needs, routines and preferences. They spoke with compassion about the people they cared for and had a clear understanding of what was important to people such as their routines and preferences. One staff member said, "I love working here, we have a close relationship with the people we support." Another staff member told us, "Every day is different, it's been something new every day, I love my job."

We observed how staff interacted and supported people who used the service. We found them to be caring, considerate and sensitive in their approach. People were offered choices of activities and how they wished to spend their time, staff respected and acted upon these choices. We observed staff greeted people with warmth and friendliness.

We noted an emphasis was placed upon people's independence. For example, we saw people were encouraged and supported to get their own breakfast, choosing their own preference of food. A person was asked if they needed assistance to open and pour a carton of drink instead of just doing this for the person. A daily activity planner showed what domestic tasks had been delegated to people and we saw people were actively involved in the preparation of meals. This told us that staff had an enabling approach that promoted independence.

We saw good examples of how well staff knew and understood what was important to people. For example, one person liked to go swimming which they did on the day of our inspection. On return from a swimming session, a staff member supported the person to choose when they would like to go again. They did this by giving the diary to the person so they could choose a day. When they did this the staff member advised the person what staff were on duty on this day and asked them who they would like to support them. The person made their decision and wrote their request in the diary.

People looked relaxed within the company of staff who had time to spend with people. From the relaxed atmosphere and smiles of both staff and people who used the service, it was clear to see they enjoyed each

other's company. People were included in discussion and conversations, there was laughter and friendly exchanges between people and staff.

People used different communication methods and preferences to express themselves. We found staff were attentive to people's communication, picking up on gestures, spoken language, behaviours and the vocal sound and tones people made. Around the service was information displayed in easy read language to support people's communication needs. The deputy manager gave an example of how staff were introducing different communication methods to support people. An example was the use of The Picture Exchange Communication System (PECS). This is the use of pictures to support communication. This was being introduced to support people to effectively choose the activities they wished to do.

Staff gave examples of how people were involved in opportunities to talk about the care and support they received. This included regular meetings with people. A person who used the service confirmed this by telling us about meetings they had with their keyworker. This is a member of staff that has additional responsibility for a named person. We saw records that confirmed what were told. Where people had asked to do certain activities we saw they had been supported with this. An example was how a person had requested to visit Cadburys World; plans were in place for this to happen.

Information was on display advising people about independent advocacy. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. This told us if people required this support advocacy services were arranged.

Relatives and friends were positive that people received care that respected their privacy, dignity and was respectful. A relative said, "Staff treat every person as an individual."

Staff could explain how they ensured people were treated with dignity and respect. A staff member said, "We have a dignity blanket we use if people take their clothes off in the communal areas, it protects their dignity. I treat people how I myself, would want to be treated."

We found staff were respectful; they used people's preferred names, asked people's opinions before providing care and were sensitive and discreet in the support they provided. People's personal space and privacy was also respected.

People's care records were stored securely so that they could only be accessed by those who needed them. This protected people's personal details. People's support plans advised staff of support people required with any personal issues or care and were written sensitively and respectfully.

People had access to their bedrooms when they wished should they require some private time. Relatives told us that there were no restrictions about when they visited. A relative said, "I can go anytime it's not a problem, sometimes I contact them before hand, other times I just turn up."

Is the service responsive?

Our findings

People who used the service received care and support that was personalised to their individual needs and in a way they wished to be supported. One person told us about their interests and hobbies and how staff supported them with their activities that were important to them. They also said that they got a choice of what time they got up and went to bed.

Relatives and friends were positive that people received care and support that was personal and individual. A relative told us, "The staff do an excellent job. [Relative] is very active and needs occupying. Staff manage this very well, they keep them happy going out a great deal, they are always on the lookout for them to try new things, they have a real have a go approach." Another relative said, "The staff are open to ideas and suggestions, it's a very good service and changes we request are acted upon without any question."

Staff told us that they had detailed information about people's individual needs that guided and directed them of how to meet people's needs. A staff member said, "We have a lot of information about people's needs, but spending time with people is really good so we get to understand more about what's important to people."

Staff gave examples of how they had responded to people's particular interests. An example was given of how an external shed had been developed into a workshop for a person that had a particular interest in unscrewing items such as door handles. We saw this shed had been painted externally and contained items of interest for the person. However, the shed was found to have no heating and was therefore unable to be used during the winter period. The deputy manager said discussions were in progress about how this environment could be improved upon. Another example was given how a person had a particular interest in sailing. This person was supported by two staff in 2016 to have a holiday in Norfolk that had attached to the property a free rental boat.

Relatives and friends told us that people were supported to go on holiday each year and that they led active and full lives. One relative said, "[Relative] is always busy doing something, they go swimming, social clubs, shopping, community trips and holidays."

Staff also told us about the activities and opportunities people received, staff said these were based on people's individual needs and wishes. Records confirmed that people received opportunities based on their individual and diverse needs.

During our inspection we observed people were supported with a range of indoor and community activities. For example, a person was supported to go swimming, another person went to the dentist with a member of staff, another person attended a community group, another person was supported to have lunch out and went shopping. Some people spent time in their rooms or in the communal areas.

People received a detailed pre-assessment before they moved to the service. This is important to ensure people's needs are known and assessed to ensure they can be met. Support plans were then developed that

detailed people's physical and mental health needs, including diverse needs, routines and preferences. This enabled staff to be aware of what was important to people and to understand their individual needs. For example, some people experienced periods of high anxiety and behaviours associated with their mental health needs. Positive behavioural support plan advised staff of the strategies used to support people at times of heightened anxiety.

We found examples where people had specific needs associated with their mental health but information available for staff about what this meant for the person was limited. Staff agreed that additional information and specific training in some people's mental health conditions would be of benefit. We also found that support plans were not frequently reviewed and daily records, keyworker meetings and annual reviews did not easily link together to show what people's goals and aspirations were and how these were achieved. We discussed this with the deputy manager who agreed to discuss this with the registered manager.

People had information about how to make a complaint available and presented in an appropriate format to support their communication needs. Relatives told us that they knew how to make a complaint but had never had to but felt confident to do so if required. A relative said, "I've not made a complaint but if I've asked about something or expressed a concern, the manager or deputy go out their way to give me the answer, they are very responsive."

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. We looked at the provider's complaints policy and procedure which was detailed and informative. No complaints had been received in the last 12 months.

Is the service well-led?

Our findings

The service had a positive person centred, inclusive and open approach. Relatives and friends were very complimentary about the service that was provided. A relative said, "It's a very well run service, the management team are very open and approachable and the communication is good, I feel staff provide individual care for each person." Another relative told us, "It's an excellent service where it's very much an open door approach, you can go to the management team any time, they are kind and caring and want the best for people."

Positive feedback was received from a visiting healthcare professional. They told us, "I found the home to be a pleasant and relaxed environment on the occasions that I visited. I was asked to present my identification badge on each visit and sign in. I felt the staff team on the whole had a positive attitude towards receiving input from outside agencies."

Staff had a clear understanding of the vision and values of the service. A staff member told us, "Our role is to support people to remain safe but to try new experiences, promote independence and to never assume anything." We found staff were clear about their role and responsibilities and that they worked well together using effective communication.

As part of the provider's internal quality and assurance procedures annual surveys were sent to people who used the service, relatives, friends, professionals and staff. Relatives confirmed they had received a survey in 2016 inviting them to share their feedback about the service. The deputy manager told us that the feedback received was analysed and an action plan developed to address any issues identified. As a result of feedback the deputy manager said that there were plans to develop a multi sensory room for people. A relative told us in response to their feedback a communication diary had been introduced to enable them to be fully informed of the activities their relative had participated in each day.

Staff were positive about the leadership of the service; they described the deputy manager and registered manager as very supportive. A staff member said, "The manager is really good at getting the best from us, they listen, encourage and support new ideas." Another staff member told us, "The management team are brilliant, really supportive and personable; we can contact them anytime for advice."

The conditions of registration with CQC were met. The service had a registered manager in place who was very experienced in managing services. The registered manager was supported by the deputy manager, operations manager and quality team within the organisation. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received the required notifications in a timely way.

There was a system of audits and processes in place that continually checked on quality and safety. We found these had been completed in areas such as health and safety, medicines, accidents and support plans to ensure that the service complied with legislative requirements and promoted best practice. The registered manager was required to submit regular audits to senior managers within the organisation, this

was to enable them to have continued overview of how the service was managing and improving areas of quality and safety. This told us that the provider had systematic procedures in place that demonstrated the service was continually driving forward improvements to the service people received.

Staff told us that there were regular staff meetings that they found supportive and informative. Team meetings gave the management team an opportunity to deliver clear and consistent messages to staff, and for the team to discuss issues and be involved in the development of the service.

A whistleblowing policy was in place. A 'whistleblower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.