

Voyage 1 Limited

20 Towngate East

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This was an announced inspection carried out on 3 March 2016.

20 Towngate East can provide accommodation and care for eight people who have a learning disability. There were eight people living in the service at the time of our inspection most of whom had special communication needs. They used a combination of words, signs and gestures to express themselves.

There was a registered manager. 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.

People had not always been helped to avoid the risk of accidents. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse and medicines were managed safely. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to care for people in the right way including how to respond to people who had special communication needs. People had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the care they needed including people who could become distressed. People had been consulted about the care they wanted to receive and staff had supported people to pursue a wide range of interests and hobbies. There was a system for resolving complaints.

Quality checks had not always ensured that problems in the running of the service were quickly resolved. Staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People had not always been helped to avoid the risk of accidents.

Staff knew how to keep people safe from the risk of abuse and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Good 

The service was effective.

Staff had received training and guidance to enable them to care for people in the right way. These skills included knowing how to meet people's special communication needs.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Is the service caring?

Good 

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and they were imaginative in how they responded to people's care needs.

Confidential information was kept private.

Is the service responsive?

Good 

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who could become distressed.

People had been supported to pursue a wide range of hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

The service was not consistently well led.

Quality checks had not always ensured that problems in the running of the service were quickly resolved.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was a registered manager and staff were well supported.

People had benefited from staff receiving good practice guidance.

Requires Improvement 

20 Towngate East

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 registered persons were 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.

Before our inspection we reviewed the information we held about the service. This included the Provider Information Return (PIR). This is a form that asks the registered persons to give some key information about the service, what the service does well and improvements they plan to make. We also took into account the notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 3 March 2016. We gave the registered persons a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

During the inspection we spent time in the company of six of the people who lived in the service. We also spoke with five care workers, a senior care worker, deputy manager, registered manager and the operations manager. We observed care that was provided in communal areas and looked at the care records for three of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with five relatives and with one health and social care professional. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

Is the service safe?

Our findings

We noted that some potential risks to people's safety had not been well managed. An example of this involved the way in which people were kept safe when using the service's people carrier vehicle. We were told that due to there only being limited space in driveway staff usually had to reverse the vehicle when leaving the property. We noted that the service was close to a busy road and staff said that when reversing their ability to safely complete the manoeuvre was significantly compromised by parked cars that restricted their view of any on-coming traffic. Staff said that there had been a number of 'very near misses' and one person described the situation as, 'an accident waiting to happen'. We noted that no arrangements had been made to reduce the risk involved such as by arranging for a member of staff to stand on the pavement to provide additional information for the driver. On the day of our inspection we saw the vehicle being edged out past a row of parked cars and into the road. We saw the vehicle having to stop abruptly on several occasions due to fast moving traffic suddenly coming into view.

Another example involved the garden path being uneven and having potholes in it due to poor maintenance. Staff said that this situation increased the risk that people who had reduced mobility would trip and be injured.

We raised both of these matters with the operations manager who assured us that they had already identified these issues. They also said that the registered persons planned to address the problems as quickly as possible, although they could not give us a clear commitment about how soon the necessary improvements would be introduced. The continuing delay in resolving these problems had reduced the registered persons' ability to keep people safe from the risks in question.

However, we noted that staff had appropriately managed other possible risks to people's safety. An example involved the use of special fixtures on the floor of the service's vehicle that enabled people who used wheelchairs to remain safe and secure when travelling. In addition, we noted that the registered persons had provided staff with written guidance about how to safely assist people should they need to quickly move to another part of the building in the event of an emergency such as a fire. We saw that staff knew what action to take so that the risk of accidents was reduced if it was necessary to assist people to move to a safer place.

Records showed that a small number of accidents or near misses had occurred in the service during the 12 months preceding our inspection. We saw that each of the events had been analysed and that steps had been taken to help prevent them from happening again. An example involved a person who had fallen from their chair when sitting at a dining table. We noted that staff had sought advice from a healthcare professional and that as a result revised and more secure seating arrangements had been made to support the person concerned.

In addition, we saw that staff had taken action to promote people's wellbeing. These measures included arranging for some people to sleep on soft mattresses that reduced the risk of them developing sore skin. Another measure involved staff liaising with healthcare professionals so that a person could be supplied

with a special body support brace. This had been done because the person needed assistance to adopt an upright position so that there was less risk of them coughing and choking.

People showed us that they felt safe living in the service. We saw that they were relaxed when in the company of staff and we observed a lot of examples of people smiling when staff were present. In addition, we noted that people went out of their way to be close to staff. We saw an example of this when two people made a point of sitting near to a member of staff while they were waiting for another person to put on their overcoat before all of them went for a trip out in the service's vehicle. We noted that the member of staff engaged them in looking out of the window to check the weather. All of them then rubbed their hands together to reflect the need for them to dress up warmly given the frosty conditions. Relatives said they were confident that their family members were safe in the service. One of them said, "The staff are very kind indeed. Although there have been a lot of new staff in the past year, there are no bad ones and they're all genuinely caring."

We noted that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered manager had acted appropriately to raise a concern about the safety of one of the people who lived in the service. We noted that action had subsequently been taken to help prevent the same thing from happening again. This action had helped to ensure that people who lived in the service were kept safe.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we noted that they were correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that there had been one occasion in the 12 months preceding our inspection when a medicine had not been correctly dispensed by a member of staff. Although the event had not resulted in people experiencing direct harm, the registered manager had recognised the need to take steps to help prevent the mistake from happening again. These measures included providing additional training for the member of staff concerned and observing their practice to confirm that they had all of the knowledge and skills they needed.

The operations manager said that the level of staff cover provided in the service was based upon an assessment of the care each person needed to receive. These assessments were then reflected in funds made available by the various local authorities who paid for places in the service. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the practical assistance and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the operations manager said was necessary. People who lived in the service indicated that there were enough staff on duty to give them the individual attention they wished to receive. An example of this occurred when we saw a person holding the sleeve of a member of staff who was helping them to find something they had lost. The person clapped their hands and smiled while the member of staff retraced the person's steps and waved appreciatively when the lost item was returned to them. A relative said, "I am okay about the number of staff on duty on most days. I don't think my family member would be able to be so active and out and about if there weren't enough staff."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. Other checks involved obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

Staff had regularly met with the registered manager and deputy manager to review their work and to plan for their professional development. In addition, we noted that senior staff regularly observed the way in which other staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs for care. Records showed that that staff had been supported to obtain a nationally recognised qualification in care. We saw that in addition to this, staff had received training in key subjects including how to support people who have a learning disability and who have complex needs for care resulting from particular healthcare conditions. The registered manager said that this training was necessary to confirm that staff were competent to care for people in the right way.

We saw that staff had the knowledge and skills they needed. We observed an example of this when staff effectively supported a person who had special needs to organise their day to follow a particular routine. We noted how the person concerned was pleased to be assisted to move in a deliberate way from one activity to the next. Another example, involved a member of staff quietly accompanying a person to bathroom so that they could assist them to promote their continence. A relative said, "I have been a bit concerned about all of the staff changes. But having said that even the new staff know what they're doing and I'm confident things are generally right in the service."

People said and showed us that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. For example, when we asked about their relationships with staff a person put their arms around a nearby member of staff, smiled and said, "I'm all okay here with everyone."

We observed that staff were supporting people to eat and drink enough to stay well. Records showed that people had been offered the opportunity to have their body weight checked. This had been done to help to identify any significant changes that might need to be referred to a healthcare professional. We noted that the registered manager had consulted with healthcare professionals to develop special arrangements to support two people who sometimes did not eat all of their meals and who were at risk of losing weight. The arrangements included staff gently encouraging them to eat and providing them with food supplements that increased their intake of calories.

In addition, staff had consulted with healthcare professionals about how best to assist some people to reduce the risk of them choking when eating their meals. We saw that staff were reliably following detailed guidelines that described how foods such as meat should be softened and how some drinks should be thickened.

Staff had consulted with people about the meals they wanted to have and records showed us that they were provided with a choice of meals that reflected their preferences. We saw that staff supported people to be as involved as possible in all stages of preparing meals from shopping, cooking and laying the table to clearing away afterwards. This helped to engage people in taking care of themselves and in addition it contributed to catering being enjoyed as a shared activity.

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health.

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to use particular medicines and why it was advisable to attend doctors' appointments.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included involving relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. An example of this involved key people having been consulted when it had been necessary for a person to receive dental treatment that involved the use of sedation.

People can only be deprived of their liberty in order 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). We found that the registered manager had ensured that people were fully protected by the DoLS. Records showed that they had applied for the necessary authorisations from the local authority in relation to all of the people who lived in the service. This was because they lacked mental capacity and it was likely that all of them might need to be deprived of their liberty in order to keep them safe. The registered manager said that all of the people concerned could place themselves at risk if they chose to leave the service on their own and so would be actively discouraged from doing so. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.

Is the service caring?

Our findings

People who lived in the service said or showed us that they were positive about the quality of care they received. An example of this occurred when a person who had special communication needs jokingly tapped a member of staff on the shoulder and then moved so that they could not be easily seen. Both the person concerned and the member of staff laughed and enjoyed the humour of the moment. Another person pointed towards a member of staff and said, "They're good to me and they are my friends." A relative said, "I think that the staff are indeed very caring and don't have concerns on that score."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. An example of this involved the way in which a person was supported so that they could enjoy their relative calling to the service to see them. This involved discussing with them when their relative was due to call and anticipating the things they would probably do such as going out with them to a local café.

Staff were knowledgeable about the care people required, gave them time to express their wishes and respected the decisions they made. We observed an example of this when a person indicated that they wanted to spend time with a member of staff who was speaking with us. We noted that as soon as the member of staff noticed that the person had approached them they stopped what they had been doing in order to give the person their full attention. The member of staff did not return to speak with us until the person had received the assistance they wanted and had become engaged in doing something else.

The registered manager had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. Although it had not been necessary to use them, there were arrangements to quickly access an advocate if someone did not have family or friends to help them make their voice heard.

We noted that staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas. Bathroom and toilet doors could be locked when the rooms were in use. We saw staff knocking on the doors to private areas and waiting for permission before entering. A person said, "I like my bedroom and it's how I want it." A relative said, "I think it's important for my family member to have their own space, somewhere that's personal to them. The staff have helped my family member to decorate their bedroom and to put up pictures that interest them."

We were told that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. Records showed that staff were assisting people to keep in touch with relatives by telephone and by sending birthday and Christmas cards. A relative said, "There's very much a relaxed atmosphere in the service and I always feel that the staff are happy to see relatives in the service and in general there's a family feeling to the place."

Written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by staff. We noted that staff understood the importance of respecting confidential information. For example, we observed that staff did not discuss information relating to a person who lived in the service if another person who lived there was present.

Is the service responsive?

Our findings

Staff had consulted with people about the everyday care they wanted to receive and had recorded the results in their individual care plans. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose the new top they wanted to wear after they had accidentally spilt a drink. A member of staff was heard to speak with the person about the colour of the tops they had ready for use so that they could choose which one they wanted to wear next. Shortly afterwards we saw the person concerned smiling and pointing to the clean top they had just put on.

People showed us that staff were providing them with all of the practical assistance they needed. We saw that this support was carefully provided so that people were gently encouraged to do things for themselves whenever possible. An example of this involved a member of staff suggesting to a person that they put their used clothes in one place in their bedroom. They explained that this was a good idea so that the person could easily find them later on when it was time to take them to the laundry.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using sounds, signs and gestures to add meaning to the single words and short sentences that they preferred to use. For example, we observed how staff knew how to respond to a person who indicated that they wanted to move from the dining room to the lounge by understanding the signs they were using. These signs involved the person concerned pointing to the door of the dining room and then acting as if they were singing in order to refer to the karaoke machine which was kept in the lounge. We saw the person smile as soon as a member of staff recognised that they wanted to go to the lounge and provided them with the necessary assistance.

In addition, we found that staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about the number of people who were gathered in the dining room and the heightened level of activity in the space. Staff responded to this by suggesting that the person enjoy some quiet time in the lounge that was nearby and from which the person could still see the dining room. Soon after this event we saw the person relaxing in the quieter surroundings of the lounge.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. An example of this involved staff being aware of the need to respond to people's spiritual needs that might include supporting them to attend religious ceremonies. We also noted that staff had offered people the opportunity to become more familiar with different countries and different cultures. One of the ways this had been done was by inviting people to dine in a themed way by enjoying a series of meals that were associated with a particular country.

Staff had supported people to pursue their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These

included attending a local resource centre, going swimming, visiting places of interest and attending social functions. In addition, people had been supported to enjoy a summer holiday each year that reflected their particular interests.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We noted that people had been given a user-friendly complaints procedure that used pictures to explain their right to make a complaint. The registered persons had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection. A relative said, "I've no worries about complaining if I needed to. I've never had to complain as such because if there are niggles they pretty much get sorted out quickly and so don't drag on."

Is the service well-led?

Our findings

Records showed that the operations manager and the registered manager had regularly completed quality checks that were intended to ensure that people reliably received all of the care and facilities they needed. These checks included making sure that people were being given all of the practical assistance they wanted, medicines were safely managed, people were correctly supported to manage their money and staff were receiving all of the support they needed.

However, we noted that some of the checks had not been robust. This was because mistakes had not been noticed in the way that the registered persons told us about particular events that had occurred in the service. These events involved the authorisations that had been received by the registered persons to deprive six people of their liberty. Although this shortfall had not resulted in the people concerned experiencing any direct harm, it had reduced our ability to check that the authorisations were in place to ensure that people received care that always respected their legal rights.

We noted that in addition to this oversight, action had not always been quickly taken once other problems had been identified. This included the problems we found concerning the safe use of the service's vehicle and the arrangements for people to gain access to the garden.

These shortfalls in the systems used to resolve problems in the running of the service had reduced the registered persons' ability to ensure that people consistently received an appropriate response to their needs for care.

People who lived in the service said and showed us that they were asked for their views about their home as part of everyday life. We saw an example of this when a member of staff discussed with people possible destinations for trips out so that they could choose where to go. We saw them engaging people who had special communication needs by pointing to pictures and objects that related to different destinations. This was done so that the people concerned were helped to indicate their choices. Another person told us, "I see the staff a lot and I say things I want to do." Records showed that there were regular house meetings at which staff supported people to suggest improvements to their home. We noted that their views had been acted upon with examples including purchasing a larger television for the lounge and installing a tropical fish tank.

We noted that relatives had also been invited to comment on how well the service was meeting their family members' needs. We were told that relatives had been invited to attend an Annual Service Review. At this event they had been given the opportunity to meet informally with the operations manager, registered manager and staff to discuss how well the service was performing. Records showed that in addition to this measure relatives had been offered the opportunity to complete a quality questionnaire to give additional feedback on the service. A relative said, "I do think that the staff are quite open to suggestions and they're not defensive at all."

People showed us that they knew who the registered manager was and that they were helpful. During our

inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a very detailed knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We noted that staff were being provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they needed to raise any concerns about poor practice.

We found that the operations manager and the registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved arrangements that had been made for a member of staff to begin attending a regular regional meeting with staff from other services. The purpose of the meeting was to discuss and share ideas about how to develop good standards of hygiene in residential care settings. The registered manager said that the member of staff in question would be given a lead responsibility for making sure that any suggested improvements were introduced in the service. This was so that people who lived in the service could continue to be confident that their home was clean and hygienic.