

Voyage 1 Limited







Mandalay

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This inspection took place on 26 June 2015 and was unannounced. At our last inspection in October 2013 the service met all the standards we looked at.

Mandalay is a care service that provides accommodation and care to a maximum of six people who may have complex needs and may have a learning disability. On the day of the inspection there were five people residing at the service.

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

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 and their relatives told us they felt safe at the service and safe and also with the staff that supported them. There was an established rota for both day and night duties which ensured people knew the staff and we saw during the inspection staff were kind and respectful to people.

Summary of findings

The registered manager and staff at the service had identified potential risks to people's safety and had implemented plans on how these risks would be reduced.

Staff had undertaken the training they needed to support people effectively including the principles of the Mental Capacity Act 2005 (MCA) and the registered manager made sure safe recruitment procedures were being followed.

There were systems in place to ensure medicines were stored securely and administered to people safely and appropriately.

Staff worked with people to write their care plans, family members and other professionals were also appropriately involved.

People had good access to healthcare professionals such as doctors, dentists and opticians and any changes to people's needs were responded to appropriately and quickly.

The care plans were detailed and clearly organised into sections for the ease of reading. The service had worked with people in order to provide personalised care.

There was a complaints and compliments system in operation.

People using the service, their relatives and other professionals on the whole spoke positively about the staff and registered manager. It was felt by some the service could communicate more effectively with them with regard to time and detail. However they did feel the service kept them involved and informed of relevant information. Relatives and professionals confirmed that they were asked about the quality of the service and had made comments about this. People felt the registered manager took their views into account in order to improve service delivery.

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 told us they felt safe at the service, because the staff were kind and knew them.

Risks to people's safety and been discussed with them and others appropriately and action had been taken to minimise any identified risks.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



Is the service effective?

The service was effective.

Staff had received training and understood the principles of the MCA

People worked with staff to prepare meals of their personal preference.

People had good access to healthcare professionals such as doctors, dentists and opticians.

Good



Is the service caring?

The service was caring.

We observed staff treating people with dignity with regard to how they were addressed and as individuals with different needs.

Staff demonstrated knowledge and understanding of peoples' likes, dislikes and preferences.

Staff kept people's personal information secure as well as ensuring their personal space and possessions were respected.

Good



Is the service responsive?

The service was responsive.

The service carried out a detailed assessment prior to anyone coming to the service to determine if the service could meet their personal needs.

Everyone at the service was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Good



Is the service well-led?

The service was well-led.

People and their relatives confirmed that they were asked about the quality of the service and had made comments about this. They felt the registered manager took their views into account in order to improve.

Good



Summary of findings

The service had a number of quality monitoring systems including surveys for people using the service, their relatives and other stakeholders.

Staff were positive about the management and told us they appreciated the clear guidance and support they received from the service policies and procedures and the manager.

Mandalay

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.

We undertook this unannounced inspection of Mandalay on 26 June 2015.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people.

This inspection was carried out by one inspector. We met with four people who used the service and listened to their views about the service. We spoke with three members of the care staff and the registered manager.

After the inspection we spoke with three relatives over the phone to get their views about the service. We also spoke with professionals involved with providing support to people at the service.

We looked at four people's care plans and other documents relating to people's care including risk assessments and medicines records. We looked at other records related to the managing of the service including staff meeting minutes as well as health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

People and their relatives told us they felt safe and had no concerns about how they were being supported at the service. One relative told us, “I have confidence in the staff and I feel my [relative] is safe.”

We saw from the training matrix and that staff had undertaken safeguarding training. We spoke with staff members and they told us about the various types of abuse and what they would do if they ever were concerned regarding a matter of safeguarding. The service had a policy and procedure for safeguarding and staff undertook training as part of their induction when joining the service and on-going training thereafter.

Care plans we looked at included risk assessments including any health issues and risks identified to the individual or others as a result of possible behaviours that challenged.

Where a risk had been identified the manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. One person told us about a strategy they had learnt and were now using should they become upset to deal with their frustrations. We saw that risk assessments had been completed to ensure people could go out to clubs, college and for days out.

We saw that people’s risk assessments had been discussed with people, relatives and supporting professionals and were reviewed on a regular basis. Changes had been made to people’s risk assessment when required.

The staff recorded accidents and incidents and considered any lessons that could be learnt after an occurrence. Risk assessments and checks regarding the safety and security of the premises were up to date and had been reviewed. This included fire risk assessments for the service and the provider had made plans for foreseeable emergencies including fire evacuation plans.

Staff told us that prior to working at the service they had completed an application form and attended an interview. The recruitment files contained the necessary

documentation to ensure people employed were suitable to work in this service. They included references, proof of identity, DBS checks and information about the experience and skills of the individual. Staff confirmed they had not been allowed to commence working at the service until all checks had been completed.

People using the service, their relatives and staff we spoke with didn’t have any concerns about staffing levels. We saw that staff had time to be with people, take them to various venues, stay if it was appropriate, prepare meals together and have time to talk and plan together. The service, in response to needs identified, had changed the staffing levels at night so that one member of staff was permanently available to support people and a colleague did a sleep-in duty

The service operated a key worker system so that individuals could spend time with their designated keyworker which underpinned the risk assessments and in turn safety of the service.

The manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff would be deployed if people needed to attend healthcare appointments. We saw from the staff rota that the service employed regular permanent staff.

One person told us, “The staff bring me my tablets at set times when the Doctor said I should take it.” They also told us that the staff would explain what the medicines were for, when they had asked. We looked at the storage arrangements for medicines and looked at each person’s medication administration record (MAR). Staff had signed the MAR when medicines had been administered and the stock balance of the medicines remaining was correct. Relatives we spoke with said they were happy with the medicine procedures of the service.

We saw that people’s medicines were reviewed on a regular basis by appropriate healthcare professionals. Staff told us they had attended training in the safe management of medicines. The manager carried out observed competencies with all staff on a regular basis.

Is the service effective?

Our findings

People who used the service were positive about the staff. I person said. "The staff are nice and help me with my shopping." Relatives told us the staff were kind and helpful to their relatives, but one relative did feel the service could communicate with them more quickly and effectively regarding points they had raised with the service. They explained that things did get done but could be done faster.

Staff were positive about their induction and we saw records of these inductions which included studying the statement of purpose and organisation's philosophy of care. All of the staff were positive about the support they received in relation to supervision and training. One staff member told us. "I learnt a lot in my induction training and have continued with the on-going training."

The staff considered that they were provided with a very good level of training in the areas required so they could provide a good service support people effectively. A member of staff told us. "I have had training on challenging behaviours which was good." Staff told us how they had put their training into practice. One example given was that when a person was upset, the staff would give them the opportunity to talk to a staff member one to one at the time. However this was not always appropriate as the person would make it clear they did not wish to speak. Staff would then leave the person and attempt to speak with them a short time later, once they had reflected upon what was upsetting them.

We saw the training matrix which informed us about the training provided thus far this year and future training arrangements. Staff told us that they would discuss learning from training at staff meetings and any training needs were discussed in their supervision. One staff member told us. "Supervision is positive we look at what is going well and look at any improvements and agree how this will be achieved."

We spoke with two professionals that supported people at the service and they consider the service was effective to work with. Using their skills and knowledge the staff had recorded information and implemented the action to provide care to people. One staff member told us.

Staff understood the principles of the MCA 2005 regarding an individual's capacity and should a deprivation of liberty

be required to be implemented. Staff told us that if the person could not make certain decisions then they would have to consider what was in that person's "best interests". This had involved working with relatives and other professionals. Staff gave us examples of situations that people had capacity to make decisions and others where "best interests" meeting had been arranged and outcomes documented. Staff told us how they communicated information to people, on a one to one basis, consideration was given as to where and when to talk with the person in order that they could explain information and support the person

The manager had reviewed the service policy and procedure in relation to the Deprivation of Liberty Safeguards (DoLS). These safeguards are put in place to protect people's liberty where the service may need to restrict people's movement both in and out of the service. For example, if someone left the service which was unknown to the staff this would be unsafe for them. Hence the service would have to provide a member of staff to go with the person. This took planning and through working effectively the service rarely could not meet the person request to go out and invariable when this was the case. A member of staff was soon available to support the person with their request. We saw that everyone had been subject to a DoLS assessment to make sure they were not being unduly restricted and that any restrictions required for their safety were being regularly monitored and reviewed with the local authority. People we spoke with did not raise any concerns about restrictions on their movements. The service planned staffing so that there were sufficient staff available to meet people's needs where they needed to be supported when leaving the service.

One person told us. "I like the food, we plan on Sundays what to buy at the shops and we cook with the staff." When we arrived at the service one person had just left to go on holiday, one person was in bed as they chose to get up later than other people and take a later breakfast. The other people living at the service were busy preparing the cooked lunch which was of their choice. We saw that menus were in a pictorial format. They had made by the people who used the service to help them remember and select meals when planning. We saw that the cupboards and refrigerator were well stocked with food so that people could have an alternative if they changed their mind from their original choice.

Is the service effective?

People's weight was being monitored and discussed with them and staff if any concerns were identified. Staff had worked with people to provide information about a healthy choice of foods to eat, as well as what people could consider as treats. Staff considered one of their biggest challenges was supporting people to find a balance between treats and snacks and healthy eating. We saw records that showed one person had reduced their weight with the support of the staff and other professionals. They were extremely proud of their achievement.

We saw that people had been referred to appropriate health care professionals such as GPs, behaviour therapists

and dieticians. We saw that care plans included information and treatment advice from these healthcare professionals which had been followed. People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

We saw that assistance from medical professionals was sought quickly when people's needs changed. People and their relatives confirmed they had good access to health and social care professionals.

Is the service caring?

Our findings

One person told us. "I like the staff, we do things together and they do care about me."

We saw that people were very relaxed in the company of staff and it was clear that positive and supportive relationships had developed. Staff were involved in activities such as discussing the contents of a book, while also giving people personal space and time when they wished to be on their own. A relative told us. "I am very pleased, my [relative] is here, they had come on leaps and bounds."

We observed the staff handover and heard the staff talk with respect and care about people. We also observed staff working with people in a dignified and supportive way. The staff were visible within the service while not intruding and hence were available to support people when they wanted support.

We saw that people had contributed to their care plans. Staff told us about regular key worker sessions they had with people and how they looked at what the person wanted to do and how they followed the person's needs and wishes. This included when some people had wanted to change their college course from the original choice. Staff felt that these one to one sessions enabled people to increase their independence and to make their own decisions and choices about their care. One person we spoke with told us. "The staff are friendly and easy to talk with".

There were regular meetings between people using the service and staff. We saw that a trampoline had been

installed into the garden as a result of discussions from these meetings. A member of staff explained to use that as well as keeping a written record of meetings it was important to summarise verbally what had been discussed. Communication with some people was better verbally than in writing. We also saw that people were able to express their views and make choices about their care on a daily basis. For example on the day of our inspection the service had arranged an additional shopping trip at the request of some of the people living at the service.

One person told us about new friends they had made a club they attended. We saw that people were supported to maintain relationships with their family and friends as well as make new friendships. People's cultural and spiritual needs had been discussed with them. One person was proud of her background and heritage in particular about where they had lived in the past and wished to return in the future. This had been recorded in the care plan and meeting those aspirations in the future had been recorded.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people's privacy, such as knocking upon doors and being asked to enter. Staff told us that people living at the service with an age range between them of four years did have a great deal in common with regard to music and films they enjoyed. However the staff respected and treated people with dignity while also encouraging them to pursue their own interests. One person enjoyed painting and drawing and their work had been put on display in a part of the service.

Is the service responsive?

Our findings

A relative told us. “It is a fine service, the staff have responded to my [relatives] needs.”

The manager and staff responded appropriately to people’s changing needs. We saw that the service had worked with other professionals to change as required the support needs of a person’s physical health needs. We also saw documented how the service had worked with other professionals so that there was a co-ordinated care package regarding a person’s challenging behaviour. This package was designed to support the person to meet their needs and for staff to be clear about how they would support.

We saw that the staff team had planned for the possible future care needs of people. This had been discussed with the people themselves and families. Staff told us about how they had supported people to move on to supported housing as their confidence and skills regarding independent living had grown.

Before anyone came to the service, a detailed assessment was carried out to determine if the service could meet the person’s individual needs. They were also invited to visit the service for a look around, to have a meal and meet the other people living there. We saw that the assessment and the needs identified were the carried through to a care plan detailing the support that the person required. The care plans also specified what the person could achieve themselves and went to provide information about personal preferences and aspirations. This meant that the assessments and resulting care plans were needs led.

The manager confirmed that everyone had been assessed and the service had held a vacancy for quite some time. This was because as well as meeting the needs of the individual the service was also understanding of the needs and environment created by the existing people. At the time of the inspection all people using the service were female and within a four year age gap. Hence the importance of trying to balance everyone’s needs.

Each person had a detailed health action plan which was sent in with them if they needed to go to hospital. This gave hospital staff information about the person’s needs as well as important information about any health matters or concerns.

We saw that people could take part in recreational activities both inside and outside the service as well as take part in various community activities. One relative commented. “It very good to see the number of activities and events [my relative] is doing and enjoying.” On the day of the inspection, all people went out at some time and all people other than the person that had left to go on holiday were present. One person told us. “I enjoy going to college and shopping, but I also like time here to watch films.”

The service complaints policy and procedure was available in prominent positions and work had been done so that it was easy to understand. People and their relatives told us they had no complaints about the service but felt able to talk to staff or the management if they did. The manager told us about how the staff worked with people on a permanent basis and hence were able to resolve issues as they arose. They also explained to us how a complaint would be recorded and the process that would be used by the service to resolve the situation.

One person we spoke with told us. “The manager talks with me every day and they listen to me.”

Staff told us that people were encouraged to raise any concerns with the manager.

We saw, from minutes of meetings with people using the service that any potential concerns and complaints were discussed and everyone was reminded about how they could make a complaint. Also that people were living together and well having their person space, to be respectful of other people in the community settings.

Is the service well-led?

Our findings

We spoke with people using the service, their relatives and other professionals and they all confirmed that they were asked about the quality of the service and had made comments about this. They felt the manager took their views into account in order to improve service delivery. A

relatives described the manager as. "Very helpful, approachable and on the ball."

We saw from meeting minutes that one person had suggested where to go shopping and some foods to buy to try out. This had been acted upon and we saw that everyone had discussed and suggested where they wanted to go on their holidays.

Staff were positive about the manager and the support and advice they received from them. They told us that there was an open culture at the service and they did not worry about raising any concerns. A staff member told us. "We work as a good team here and things such as the rota are done fairly."

Staff told us about improvements to the service that had come about as a result of regular staff meetings. For example, having a service vehicle was extremely important to be able to take people to appointments and longer distances, while this was balanced with using the local transport. The service had discussed achieving a balance of takeaways meals and cooking meals with people.

The service had developed a number of quality monitoring systems. As well as the manager carrying out audits, we saw the area manager visited regularly and carried out

management audits and also the organisations audit team visited to carry out audits. We saw that whenever audits had been undertaken the service had responded with an action plan with dates to achieve the set goals. An example identified was using pictures to support communication.

We saw that the service had carried out quality monitoring surveys with people who used the service, their relatives, staff and other stakeholders. We saw the results from the last surveys were positive, in particular the interactions between the people using the service and staff.

We asked staff how the service's vision and values were shared with them. Staff told us this was discussed in meetings and during supervisions. Staff understood the ethos which they told us looked at everyone as a unique individual with different care, social and cultural needs and preferences.

Staff also told us that the manager encouraged staff to look at ways of maintaining and improving people's independence and we saw that people were supported to carry out activities of daily living such as organising their room and helping with meals. We saw that these values were identified within all aspects of people's care plans.

The manager had implemented systems to audit various health and safety and treatment monitoring within the service. We saw that the handover sheet used between shifts contained information about activities, medication and also health and safety checks so that all staff were aware when the emergency lighting for example was last checked and when the next check was planned.