

Voyage 1 Limited

Bowens Field

Inspection report

24 Bowens Field
Wem
Shrewsbury
Shropshire
SY4 5AP

Tel: 01939236517
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

Bowens Field is a residential care home for three adults with learning disabilities. The house is in walking distance of local shops and amenities. Bowensfield meets the principals of Registering the Right Support CQC policy. At the time of inspection three people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated any risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by enough staff to keep them safe. Staff understood how to recognise and report abuse. Staff were recruited using safe recruitment procedures. People had risk assessments in place that ensured they could safely participate in activities they enjoyed. People's medicine was administered safely.

People's health and social care needs were assessed and reviewed on a regular basis. People were supported by staff that had received training relevant to their role. Staff worked well together to help people achieve their agreed outcomes. People had access to drinks and a balanced diet. People had access to relevant healthcare. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. People lived in a homely environment.

People were treated by staff with kindness and compassion. Staff actively sought people's views and communication was tailored to suit people's individual needs. People had the support of an advocate when they lacked capacity to make a decision. Staff respected people's privacy and made sure their care records were kept secure.

People's care plans were person centred and people accessed activities that matched their interests. Staff could identify when people were upset or concerned and supported them to seek a resolution. Staff understood the complaints procedure and what to do if they received a complaint. Due to people being in good health the provider was yet to explore people's wishes surrounding end of life care.

The registered manager had systems in place to monitor the quality of the service being delivered. Staff felt supported by the manager and received supervision. The provider shared information with the team around best practice.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Bowens Field

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 11 and 15 October 2018 and was unannounced.

The inspection was carried out by one inspector. Prior to the inspection we reviewed information held on the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Return (PIR) completed by the Registered manager. The PIR 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.

On the day of inspection, we spoke with two people living in the home and made observations of care delivery. Due to the impaired communication of people in the home we also spoke with one advocate. We spoke with two staff members and the registered manager of the service. We reviewed three people's care files and two staff files. We also looked at records relating to how the home was run such as, quality audits, accidents and incidents, medicine records, annual reviews, complaints and house meeting minutes.

Is the service safe?

Our findings

People were protected from abuse. People continued to be supported by a staff team who understood how to recognise abuse and what to do if they suspected abuse had happened. Posters were displayed around Bowens Field to inform people how to report concerns entitled 'See something/Say something'. People were visited several times a year by representatives from the local authority and an advocate who provided external monitoring of people's welfare.

Risks to people were assessed and minimised as much as possible to make sure people were kept safe, whilst achieving the outcome they wanted. People's assessments were detailed to ensure people could engage in activities meaningful to them such as walks in the country, working with horses and swimming. Risk assessment reviews occurred annually or when there had been some change. Health and safety checks occurred in the property and actions were followed up. Records were kept of how people responded to fire alarm tests. People had a Personal Emergency Evacuation Plan to ensure they would be supported to safety in the event of an unplanned emergency.

People were supported by sufficient staff, many of whom had worked at the service for several years. The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

People received their medicine on time, by trained staff. Medicine was clearly audited and there were clear instructions on how people liked to take their medicine. Protocols for 'as and when required' medicines were detailed. These included information such as people's physical presentation of pain, which helped staff to identify when people may require their medicine. The provider was aware of Project STOMP (NHS England 2016) which is a national project aiming to reduce the reliance on anti-psychotic medicine within the learning-disabled population. The provider had worked closely with a psychiatrist to successfully reduce long standing medicines which we were told has positively benefitted people. The advocate told us, "I've noticed since one person's medicine has changed that they are more alert."

People were supported by staff that understood and followed infection control procedures. On the first day of inspection Bowens Field was experiencing an outbreak of Noro Virus. The home had taken all necessary precautions. Contact had been made with Public Health England. Visitors to the home were restricted and details of all affected had been recorded.

Staff understood and fulfilled their responsibility to record accidents and incidents. These were reviewed by the manager and additional measures put in place when required. Behaviour monitoring charts were in place for one person. These were reviewed and discussed with the provider's in house behaviour team to see what lessons could be learnt.

Is the service effective?

Our findings

People had care plans that contained detailed information about their needs and choices. Care plans included communication profiles, personal history, important routines, health action plans, hospital passports and goals people wanted to achieve. Known health risks, such as choking, were included in the care plan. Medical appointments were recorded and the outcome was explained. Daily records required staff to report on the quality of people's day, as well as any tasks undertaken. Due to people's varying level of learning disability staff used different communication methods to ensure people could engage in the care planning process. People received support from external professionals that specialised in learning disability care such as, community nurses.

People were supported by staff who had received training relevant to their role. Training was delivered both in house and by the local training network. Staff undertook courses such as first aid, fire safety and the Mental Capacity Act. Staff told us, "The training we have covers everything we need to fulfil our role." The Registered manager had an on-line system for monitoring staff training records. New starters undertook the care certificate, a nationally recognised induction programme.

People had free access to the kitchen and could make drinks whenever they wanted. People made menu choices as a group. Staff used pictures to ensure everyone could participate in the decision-making process. People could have alternative meals to each other. People's weight was monitored monthly to ensure any significant fluctuations were reviewed.

People lived in a house that was homely, clean and in good decorative order. People were observed supporting to help with the housework and took pride in their rooms. One person told us, "I like the house and I like my room". The building was suitable for people's needs, no adaptations were required.

People were supported to make decisions. Where people lacked capacity, we saw evidence of best interest meetings being held that involved input from family members and an advocate. The provider had necessary paperwork in place to demonstrate they were meeting the deprivation of liberty safeguards. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The relevant notifications had been made to CQC when a deprivation was granted.

Is the service caring?

Our findings

People were treated with kindness and respect by staff. People were spoken to politely and there was humour between people and the staff team. One person told us, "The staff are nice to me and I'm happy at Bowens Field."

When people were unwell they were observed receiving care that was compassionate. People received reassurance that they would be able to replace activities that due to illness, it had been necessary to cancel. One person told us, "I'm better now, staff will take me out and book my holiday again, I was going away for the weekend".

Formal house meetings were held throughout the year and informal conversations occurred daily. This ensured people knew what was happening each day and any changes were explained. The advocate visited on a regular basis. An advocate provides independent help and support with understanding issues and putting forward a person's own views, feelings and ideas. The advocate told us, "I am always made to feel welcome here and do visit at different times. People always seem well supported and they are part of the local community. I feel confident that if I say something that the staff always listen and respond appropriately."

People had lived together at Bowens Field for 18 years. The dynamics between people were respected and any difficulties sensitively managed. Relationships with families were maintained by welcoming visits to the home and by supporting people to go and visit their family. One person's holiday was arranged to enable them to spend time with aging relatives.

People's privacy was respected. Staff knocked on people's bedroom doors and waited for a response before entering. Staff encouraged people to complete activities around the home that promoted independence. People were supported by staff to complete the shopping list before going out shopping. We observed people being prompted to attend to personal care needs. One person returned from working at the stables and was encouraged to have a wash before going bowling.

People's care records were kept secure to ensure confidentiality was maintained.

Is the service responsive?

Our findings

People were engaged in activities in the community and on the day of inspection were in and out of the home. Staff completed daily records and were required to report on whether people had made any progress against their agreed outcomes. People enjoyed activities that were varied and encompassed activities people were known to enjoy as well as daily living tasks.

People did have to compromise throughout the week as sometimes there was only one staff member to support three people. However the provider tried to plan activities that ensured any shared time was dedicated to tasks everyone was happy doing together. Recently the registered manager had secured increased one to one funding for people and we saw that the hours were being used for activities specific to the individual. One person told us, "I like to go with staff for a cappuccino, I like that it is just me."

People were engaged in conversations with staff throughout the day which empowered them to make choices. We observed people asking staff various questions which were always responded to. We saw staff making sure people with limited verbal communication were given essential information to ensure they remained engaged. We saw pictorial menu pictures being used to aid with the shopping list.

People were supported by staff who could identify if they were upset or had a concern. Staff spoken to understood the process if any of the people living at Bowens Field or another party wanted to raise a complaint due to something upsetting them. The home has not received a formal complaint for some time however there was a clear process in place. Staff told us, "We would always record a complaint if it was received. Depending on the severity of the complaint we would seek to resolve as soon as possible or escalate the complaint to the correct person who could deal with it."

Due to people living at Bowens Field being of working age and in good health the provider has not yet explored end of life care with people or their families. We spoke with the registered manager about the subject and they said it would be an area that they would be exploring in the future.

Is the service well-led?

Our findings

There was a registered manager in post and present on the day of inspection. 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.

Staff told us they received support and guidance from the registered manager. One staff member told us, "I feel well supported in my role and we work well as a team.". Another staff member told us, "We can, and do ring the manager whenever we need anything." We saw that team meetings, supervisions and appraisals were happening as regularly as they were able to arrange.

Staff told us that senior managers from the organisation visited throughout the year. We saw the provider shared information via a weekly bulletin regarding changes in the company and developments in the health and social care sector. People's care plans showed an awareness of national initiatives in learning disability care. People had achieved positive outcomes because of Project STOMP.

The Registered manager had governance systems in place. Records evidenced that key tasks were being completed such as medicine counts and health and safety checks. The Registered manager completed a quality audit each quarter and produced an action plan. Previous audits showed that actions were being completed in a timely manner such as maintenance tasks. The provider completed an annual review of the service and gathered wider feedback from people, their families and people connected to the service. Feedback received was positive. A review of the rota demonstrated that many staff lone work, but the registered manager worked their hours to ensure they saw most staff each week.

People had activities in the local area and a good network of people they know. People access external services appropriate to their needs. People visited the local community centre, attended clubs and leisure facilities.

Notifications were submitted to CQC within the required time frames and the provider had display the results of the previous inspection.