

Voyage 1 Limited

39 Hawthorne Grove

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This service provides accommodation and support to three people with learning disabilities and at the time of our visit three people were living at the service. This inspection was unannounced and took place on the 3 February 2016. The home was last inspected in December 2013 and all the standards we inspected were met.

A registered manager was 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.

Members of staff knew the actions to take for some risk but not all risks were assessed. For example, support plans developed alongside risk assessments were not in place for weight management. Risk assessments were not in place to ensure people's safety or to enable them to take risks safely. For example, people with mobility needs.

Members of staff were not always working within the principles of the Mental Capacity Act 2005 (MCA). People's capacity to make specific decisions was not assessed, for example, flu vaccines, and for some medical treatment. Relatives without Power of Attorney were able to make best interest decisions for their family members. Legally only relatives with power of attorney are able to make best interest decisions.

Support plans had not been updated since 2013 and some lacked detail on how staff were to assist people with meeting their needs. They were not developed in line with best practice and changes in legislation such as Mental Capacity Act 2005 (MCA).

Where, people at times became frustrated and anxious, support plans were developed on how staff were to respond to the triggers and prevent the situation from escalating. Support plans were not developed for people who refused personal care. This meant staff were not given guidance on how to gain people's consent when they refused care and treatment.

We saw people sitting comfortably in communal areas with staff. Staff were aware of the safeguarding of vulnerable adults from abuse procedures. They knew the types of abuse and the actions they needed to take should they suspect abuse had taken place.

We saw staff enabled people to make decisions about their meals. Staff showed people the options available and confirmed the decision with the person. Although there was good interaction between people and staff we did not see people given an option on where to have their refreshments. Staff directed people to the dining room when refreshments were made.

Two staff were on duty throughout the day and at night two staff were sleeping in the property.

People were supported with their ongoing health and had an annual health check with their GP. However, health action plans were not updated to reflect people's current healthcare needs. People had regular checks from the dentists and opticians and had regular visits from chiropody.

Medicines were administered by the staff. Staff said their competency with medicine management was checked annually. Medication Administration Record (MAR) charts were signed by the staff to indicate the medicines administered.

People were supported to participate in community activities such as bowling and in-house activities which included meal preparation and reflexology.

Annual service reviews were undertaken to assess all areas of the service. Shortfalls were identified at the most recent quarterly audit which included reviewing documents such as support guidelines and health action plans and reassessing staff's competency with medicine administration. The action plan from the shortfalls identified was to be completed between January and March 2016.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Risks were not always assessed. Risk assessments on minimising the risk and for people to take risks safely had not been developed.

Sufficient levels of staff were deployed to meet people's needs.

Safe systems of medicine management were in place. Staff signed medication administration charts to show they had administered the medicines. Protocols for administering "when required" medicines were in place.

Staff knew the procedures they must follow if there were any allegations of abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were assisted by staff to make day to day decisions. People's capacity to make specific decisions was not always assessed. Members of staff showed a lack of understanding of the principles of the Mental Capacity Act (MCA) 2005. Relatives without power of attorney were asked to give their consent for best interest decisions.

Members of staff attended mandatory training set by the provider and other specific training to support people's changing needs. Staff benefitted from one to one meetings with the manager.

Is the service caring?

Good ●

The service was caring.

People received care and treatment in their preferred manner which respected their human rights.

Members of staff were respectful and consulted people before they offered support.

The interactions we observed between people and staff were positive.

Is the service responsive?

The service was not always responsive.

Support plans were not developed for all aspects of people's needs. Some support plans had not been updated and lacked detail on how to meet people's needs.

People were assisted to participate in community and in-house activities.

No complaints were had been received from relatives and members of the public since the last inspection.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Systems were not in place to gather people's views.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

Quality assurance systems to monitor and assess the quality of care were in place and protected from unsafe care and treatment.

Requires Improvement ●

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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 3 February 2016 and was unannounced.

The inspection was completed by one inspector. Before the inspection we reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with the manager, the registered manager of another service and two members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We also looked at records about the management of the service.

Is the service safe?

Our findings

Risks were not always reviewed and risk assessments were not developed on minimising the risk. For example, risk assessments had not been developed, for people who used wheelchairs. The "Going Out" risk assessment states a harness must be worn to prevent the person from standing. An action plan which gave staff guidance on how to ensure this person's safety in the home's vehicle was not developed from the risk assessment. We saw a reference to the harness in an assessment dated 2015 by the social worker. The registered manager said generic risk assessments were in place however, risk assessments were missing for one person who wears a harness and for another person that moves around the home on their hands and knees.

Staff knew the actions needed to minimise the risk for people that were losing weight and at risk of malnutrition. They said risk assessments were developed by the registered manager and deputy and there was an expectation staff read the assessments. A member of staff said risks were assessed for participating in activities and to support people with managing their behaviours. They said the risk assessments had not been reviewed for some time. Another member of staff said the risks to people needed to be re-assessed and where risks were identified risk assessments needed to be developed.

People were not able to tell us their experiences of living at the home. We saw people sitting comfortably together in communal areas with staff. People did not reject staff attention. Staff said they attended safeguarding of vulnerable adults from abuse training. They knew the types of abuse and what the expected actions for suspected abuse were. A member of staff said they had attended refresher safeguarding of adults procedure training. This meant staff's knowledge of safeguarding of vulnerable adults from abuse was regularly updated.

People were supported by sufficient staff. Two staff were on duty throughout the day and at night two staff slept at the home. A member of staff said there were staffing vacancies. They said existing staff covered vacant hours and annual leave. This meant the care was delivered to people was by staff who knew them.

Medicines were administered from a monitored dosage system. Photographs were attached to individual profile's to assist with identification and safe medication administration. The individual profiles also described how the person preferred to take their medicines. Medicine administration records (MAR) charts were signed by the staff to indicate that the medicines had been administered. However we found that for one person the MAR chart was signed as given but it was not administered.

Some people were prescribed with medicines to be administered "when required". Protocols that gave staff guidance on administering these medicines were developed. These gave staff information on the purpose of the medicine and the maximum dose to be administered in a 24 hour period.

Is the service effective?

Our findings

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's capacity to make specific decisions was not always assessed. For example, a strict regime on fluids because of a "fixation" was detailed in a eating and drinking care plan. However, the person's capacity to make decisions was not assessed and a best interest decision was not made by the appropriate decision maker. Another person used a harness to prevent them from standing in the home's vehicle but a mental capacity assessment was not undertaken to assess the person's capacity to make this decision. The care plan for mobility said the relative was "aware and happy" to use this equipment. It was not clear if the relative had power of attorney for care and treatment and legally able to make these decisions.

We could find no evidence to show that people's mental capacity had been reviewed for flu vaccines when these were being given on an annual basis. Where best interest decisions had to be made they were documented in the decision making agreement and included were the decision For example, dental treatment, flu vaccines and finances. For some financial decisions the next of kin was documented as the decision maker but they did not have the legal power to make these decisions.

Staff said people at the home were able to make day to day decisions. For example, activities they took part in, what they wore and the menu. Another member of staff said where people had communication needs visual choices were offered. For example, the meal choices were shown to the person. We noted people were not asked if they liked to have their refreshments in the lounge but informed their refreshments were ready and in the dining room.

Some people at times presented with behaviours others found difficult. A member of staff said some people at times were reluctant to accept personal care. They said people were not forced but given time to accept care. Support plans were developed for people who presented with self- injurious behaviours. The triggers that indicated to staff the behaviour was escalating and how staff were to respond were included in the support plan. We saw risk assessments were in place for supporting people with managing aggression but we saw that these had not been reviewed since 2010.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said the people living at the home had to be accompanied in the community. They said some people needed two staff to support them in the community. Deprivation of Liberty Safeguards (DoLS) applications for continuous supervision had been submitted to the Supervisory authority and had been authorised.

A member of staff said they attended mandatory training set by the provider and other specific training to meet the needs of people. Staff said one to one meetings with the registered manager were regular. A member of staff said within a week of the registered manager starting at the home one to one meetings were organised. Another member of staff told us one to one meetings with the registered manager happened every eight weeks. They said issues with staff and people were discussed and there was some knowledge checks and understanding of policies and procedures.

Staff said menus were devised on discussions with staff on their knowledge of the person. They said menus reflected the seasons and there were two choices at mealtimes. The menus in place showed people had cereals and toast for breakfast, a light lunch and a main meal in the evening. We saw a good range of fresh fruit and vegetables, dried and frozen food.

Staff said they organised GP visits for people using the service. We saw that records of visits from healthcare professionals were maintained. People had health action plans which helped staff support people to maintain good health. However, the health action plans were not reviewed when people's needs changed. For example, staff recorded on 4 December 2015 that one person had a health check and was developing signs of Parkinson and low blood pressure. The health action plan was not reviewed to add this current health information about the person.

Hospital passports were in place which included important and essential information about the person for medical staff to deliver consistent care and treatment in the event of an admission.

Is the service caring?

Our findings

The people living at the service were not able to tell us about their experiences. We found a quiet atmosphere and when people needed staff attention we saw there was interaction between them. We saw people going out with staff to participate in community activities. When people returned from their trip we saw them move around the home freely.

Before the lunchtime meal we observed staff asking people to select their preferred meal from the options given and we saw the preferred meal was served. For example, we saw people point to their preference and pushed the meal away when they had finished eating.

We saw people sit in their preferred areas of the home. For example, quietly in the conservatory. We saw people move between their bedroom and the lounge. When the shift changed and before the tea-time meal a member of staff entered the lounge and told people "cup of tea time" we then saw people leave the lounge and go into the kitchen to have refreshments before the evening meal.

Staff said they knew the people living at the home and relationships had developed over many years of supporting these individuals. They said knowing the person's likes and dislikes ensured staff were able to deliver care and treatment in their preferred manner.

Documentation in place gave staff information about the person, their life before their admission to the home, the things that were important to the person and their preference on how to support them. One page profiles detailed the things that were important to the person and how staff were to support them. Social history described the family background, their early year's education and previous placements before their admission to their current home. Daily life plans in place gave staff guidance on how people liked their care and treatment to be provided. People's daily routines and leisure activities were detailed and described the person's preference, how some choices were made for example, when people wanted to retire they would take the staff to their room.

Members of staff got to know people's preferences about the way their care was to be delivered. A member of staff said "everybody is different. The more you know people, the better you are able to care for people."

People's rights were respected by the staff. A member of staff said "treating people as individuals, enabling them to have choices and seeking consent to care respected people. Another member of staff said people's privacy was respected during personal care and their information was kept confidential.

Is the service responsive?

Our findings

Support plans had not been updated since 2013, they lacked detail and guidance to staff on how to meet the needs identified for each person. For example, the personal care support plan provided little direction to staff on how to support one person. The action plan was to encourage the person to have daily shower and if they should refuse to report to the manger. How staff were to encourage the person and the person's ability to manage their personal care was not included in the support plan.

Staff said support plans were developed by the registered manager and deputy based on staff's perception of people's preferences and feedback from families. A member of staff said support plans were more for new staff as they gave a picture of the person and their daily routine. They said staff built on the information as they worked with the person. However, support plans were not up date. Another member of staff said the support plans had irrelevant information and needed to be updated. They said people need to be reassessed for all areas and where risks the risk assessment needs to be part of the support guidance.

The daily living skills plan for this person did not detail the aim of the support plan. The action plan lacked detail on how staff were to assist this person as "full support" was needed with daily living skills. Staff were to encourage the person but how staff were to encourage this individual was not included in the action plan. We saw for one person a "typical day" support plan was developed and described their preferred routines which included aspects of care this person was able to manage for themselves

Eating and drinking support plan for the same person gave staff guidance on the regime to be followed for refreshments as the person can become "fixated" on drinks. The input from specialists and the best interest decision made on behalf of this person was not part of their support plan.

Activities and holiday support plans in place lacked detail. For example, one person was unable to have input into the development of their care plan, but they were able to express emotion such as dislike and enjoyment and needed support to access activities. The guidance was for staff to offer new activities and challenges. The types of activities and challenges the person should experience did not form part of the action plan, nor was a plan of activities developed from the information gathered.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Handovers took place when shift changes occurred. Staff recorded the day's events in the monthly recording work book, which included the person's food and fluid intake, and the in-house and community activity participated in. Staff said they discussed events from their shift with the staff coming on duty.

Staff said ideas of activities were discussed at team meetings. A member of staff said people participated in activities which included, swimming, bowling and they went for coffees and meals out. Activities planners were held in people's care records and on the day of our visit people went bowling with the staff.

A member of staff explained that as people were not able to say if they had concerns their behaviour would be observed and where there were changes discussions with other staff would take place to assess the cause of the changes in behaviour. The procedure for raising concerns was on display. No formal complaints had been received since 2012.

Is the service well-led?

Our findings

The registered manager became registered with the Care Quality Commission on the 16 February 2016. A member of staff said the registered manager was new and where suggestions were made by the staff to improve the service action was taken. They said the team was stable and they worked well together. Another member of staff said the team was small and was supportive of each other.

Staff said team meetings were held to discuss issues and pass on information about changes in procedures and policy. They said team meetings were reinstated by the newly appointed registered manager.

Staff valued the people they cared for and were motivated to provide people with high quality care. A member of staff said the organisation's vision was to provide high standards and promote partnership working. Another member of staff said the vision was to give the best care, that people came first, and they were respected at all times.

The registered manager said setting realistic timescales for meeting action plans and assessing people's capacity to make decisions had been a challenge. Their aim was to develop a transparent service by better communications with staff, people and families.

The quality assurance arrangements in place protected people's safety and well-being. However, the views of people and their relatives about the service had not been gathered. The registered manager said the staff had regular contact with relatives and they were invited to reviews. This meant relatives had an opportunity to give their feedback about the service.

The quality audits had identified shortfalls were identified at the most recent quarterly audit which included reviewing documents such as support guidelines and health action plans and reassessing staff's competency with medicine administration. The action plan from the shortfalls identified was to be completed between January and March 2016. Information from the audits and reviews was used to develop an action plan to address any shortfalls and to promote best practice through the service. A range of internal audits were undertaken to monitor the care people receive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Support plans in place lacked detailed and did not give staff guidance on meeting people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People capacity to make specific decisions was not always assessed. Where people lacked capacity to make decisions consent was gained from relatives without power of attorney. Deprivation of Liberty Safegaurds (DoLS) applications were not made to the supervisory body for people subject to continuous supervision.