Voyage 1 Limited

Chiltern View

Inspection report

Oving Road
Whitchurch
Aylesbury
Buckinghamshire
HP22 4ER

Tel: 01296641146
Website: www.voyagecare.com

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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 inspection took place on 13 and 14 February 2018. It was an unannounced visit to the service.

We previously inspected the service on the 14 and 15 January 2016.The service was meeting the requirements of the regulations at that time.

Chiltern View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide support for up to eight people with learning and or physical disabilities, at the time of our inspection eight people were living at the home.

Chiltern view is a single story building made up of people's bedrooms and communal areas, including a lounge and dining room. The building is accessible to all.

The service had 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 were supported by staff who demonstrated kindness and compassion. Staff had developed good working relationships with people. Staff told us they liked working at the home. One staff member told us "I thoroughly enjoy work and I enjoy working with the residents and they can make your day a lot better."

Staff were employed through a robust recruitment process and were supported in their role once appointed. Staff had access to a wide range of initial and ongoing training to maintain and develop their skills.

People were protected from abuse and staff had awareness of how to recognise abuse.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

Risks posed to people were not always acknowledged and potential harm to people was not always minimised. One person was put at risk as staff failed to ensure they measured the correct amount of thickener required in liquid to prevent choking. Risks posed to people as a result of unsafe premises were not always reported. For instance we found one person with a diagnosis of epilepsy was at risk of strangulation due to hanging electrical wires near their bed.

We observed there was poor infection prevention in place. The home required immediate cleaning and staff did not always observe good hand hygiene.

We found record management required improvement. Records did not always reflect current level of care required or activities which people had been involved in. We have made a recommendation about this in the report.

We found the providers quality assurance processes did not always pick up areas of improvement required. However the provider did have systems in place to share learning and discuss what they could improve on.

We found breaches 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 the 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 always safe.

People's likelihood of experiencing injury or harm was not always reduced as potential risks were not always managed.

People were not always protected from infections as staff did not always follow safe infection prevention techniques.

The risk of abuse was minimised because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were aware of their roles and responsibilities.

People were supported with their dietary needs.

People were supported to access healthcare to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received a personalised service by care staff who knew their likes and dislikes.

The service sought feedback from people and their relatives.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records did not routinely reflect people's needs and what activities they had been involved in.

Quality assurance processes did not always highlight areas of improvement.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Chiltern View

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 site visit took place on 13 and 14 February 2018 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at Chiltern View who were receiving care and support, the registered manager, an operational manager and a quality manager. While at the home we spoke with five care staff. We reviewed four staff recruitment files and three care plans in detail and a further one care plan to look at specific support needs for the person. We cross referenced practice against the provider's own policies and procedures.

Some of the people living at the home did not use spoken language to communicate. 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. Following the site visit we made attempted contact with eight relatives. We spoke with three relatives. We sent feedback requests to seven staff and at the time of writing the report had received one returned request.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in the home.

Requires Improvement

Is the service safe?

Our findings

We found mixed practice around medicine administration and storage. People who were prescribed regular medicines and medicines for occasional use (PRN) were supported by staff who had received appropriate training. Staff told us they felt confident in giving people their medicines. We observed four people when they were supported with their morning medicines. One person demonstrated to staff that they did not want to take their medicines. The member of staff used their knowledge about the person and strategies to support them to accept the medicine. This was conducted in a professional and calm manner. The person accepted the medicine. However when the same member of staff was counting the stock of another person medicine, they emptied the medicine into the palm of their hand. This meant the been exposed to risk of cross contamination. It also presented a risk to the staff member as the medicine may have been absorbed by their contact. We spoke with the member of staff concerned and they recognised this was not good practice. We also provided feedback to the registered manager and operational manager. They agreed systems would be put in place to prevent this happening in the future.

Medicines were stored in each person's bedroom in a locked cabinet. Additional medicine and equipment used to administer medicine via a percutaneous endoscopic gastrostomy (PEG) was stored in a locked room. A PEG is a way of passing food, medicines and fluid into the body via a tube which is passed through the skin into the stomach. Medicines were stored within safe temperatures as per manufactures guidance. We noted there was a large amount of stock kept in the additional storage room. We spoke with staff about this. One person had been in hospital for a period of time which had resulted in stock from repeat prescriptions not being used up. However we acknowledge this had been addressed by the provider. We received assurance from the provider that systems would be in place to monitor stock control to ensure the stock was used in date order.

Where people were prescribed PRN medicines, staff had access to additional guidance as to when and why the medicine should be used. The provider had been working with the clinical commissioning group pharmacist on implementing improved practices around medicine management. We noted a number of recommendations had been completed at the time of our inspection.

We checked if the home had appropriate systems in place to monitor the prevention of infections and maintain good hygiene. We asked the registered manager if there was a person dedicated to lead on infection control. They told us they were responsible. We made the registered manager and operational manager aware of the state of cleanliness of one person bedroom. We found a red stain on the ceiling, walls, window blinds and furniture. We asked when the room was last cleaned and asked to review the records. We were informed by the registered manager there were no records. However a cleaning day was identified on the person's records. We spoke with staff about this and they explained that it was a medicine administered via a PEG. We found there was a lack of responsibility for cleaning within the home. In one bathroom we found mould to be growing on the celling. We made the registered manager and operational manager aware of our concerns regarding the cleanliness of the dining room. We noted food had accumulated in the furniture and it was clear it had been present for a while. Since the site visit we have sought reassurance from the provider a deep clean had been arranged.

We asked the provider to send us a copy of their infection control policy, it clearly outlined that staff should not wear nail varnish. The provider's infection prevention and control procedure dated January 2018 stated 'Fingernails should be kept short and free from nail polish as this can crack and harbour micro-organisms.' We observed a number of staff were wearing nail varnish. We spoke with registered manager about this and they assured us they would address this with staff.

Risks to people as a result of their medical condition, or the home environment were not always routinely recognised and managed to prevent harm. A number of health and safety checks were undertaken by staff who worked at the home and by the provider's property management team. However we noted not all risk were identified. For instance, we noted there were loose wires in one person's bedroom. These were very close to the head of the person's bed. The person had a diagnosis of epilepsy. This meant the person was at risk of strangulation if they suffered an epileptic seizure. We asked the registered manager and operational manager to check all bedrooms to identify risks posed to people as a result of loose wires. We acknowledge the registered manager had reported the required work to the property team by the end of our site visit. However this had not been previously identified by the staff or property team.

People were exposed to the potential risk of Legionella as water temperatures which fell outside of safe levels were not always escalated for investigation. We noted the water temperature was outside of safe levels for over three months and no remedial action had been taken. The registered manager raised this issue with the property management team on the second day of our inspection.

One person was identified at risk of choking and required all fluids to be thickened. The person had been assessed by a speech and language therapist. They had advised in writing the correct amount of thickener to be used to ensure the person was not exposed to risk of choking. We asked the staff to describe the amount of thickener to be used. We received mixed responses from staff. Which meant that staff were not consistently following safe practices. When we measured the cup used by staff it contained more liquid than required. This meant that staff were giving liquids to the person which could have caused them to choke. We sought immediate reassurance from the registered manager to protect the safety of the person concerned.

The management of medicines and potential risks posed to people were not monitored to ensure people were protected from potential harm. All these were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had a personal emergency evacuation plan to advise staff on the support they required in an emergency. We noted equipment in use was regularly maintained and gas and electricity safety certificates were in date.

The provider has systems in place to cascade safety alerts and used their own internal systems to share learning about safety incidents. The provider also had systems in place to learn from when things went wrong. We noted 'lesson learnt' were discussed at regional management meetings. The providers' newsletter also contained links to lessons learnt and safety alerts.

People were supported by staff with the appropriate experience and character to work with people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. The registered manager advised there had been a number of personnel changes in the service. This was confirmed by what relatives told us.

We observed there were enough staff on duty on the days of the inspection to meet people's needs.

However we received mixed feedback from staff and relatives about the way staff were deployed. One relative told us "They [The service] has a problem with drivers, if I had not have taken [Name of person] out, he would not have been out. He didn't even go Christmas shopping." Another relative told us "[Name of staff] always used to drive, she used to take [Name of person] to the local pub, but that hasn't happened in long time." The registered manager was aware of the lack of availability of staff who could drive the minibus. They told us "We have a new member of staff and they are willing to drive the bus." On day two of the inspection we noted a taxi had been booked to take people out.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. One person told us they felt the staff kept them safe. They told us they would tell the registered manager if they were worried about their safety. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC. The registered manager was working with the local authority and the police on a recent concern that was raised about staff practice. We spoke with the registered manager about how they could discuss people's safety at house meetings to ensure everyone who lived at the home knew how to get help if needed.

The provider used its regional management meetings to discuss safeguarding scenario's, to share learning and increase manager's knowledge of how to manage safeguarding concerns.

Staff were aware of how to raise concerns about staffing practice and had access to a confidential reporting telephone number to raise concerns.

Good

Is the service effective?

Our findings

Prior to moving into the home, people had an assessment of their needs. A senior member of staff would visit the person to talk to them and their chosen representative. The assessment was conducted in conjunction with information the provider had received from the referrer. In most cases this was the local authority. The assessment gathered information about the person for a wide range of topics, including, physical health, mobility, expressing sexuality and communication as examples. Where the assessment identified specific equipment was required, the provider ensured this was in place prior to the person moving in. One person required a sensor to alert staff the person was having an epileptic seizure and we noted this was in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We noted mental capacity assessments had been undertaken for people, and where appropriate and in partnership with a legal representative or family member best interest decisions were made. The provider and registered manager were aware of the need to apply to the local authority to deprive a person of their liberty. A number of people had been referred and assessed. The provider had received authorisation to deprive people of their liberty. We checked if any conditions had been placed on the authorisation. One person had a condition which meant their care needs should be assessed by the local authority. At the time of the inspection this had not been carried out. The registered manager agreed to chase this.

The registered manager had identified there was a gap in staff's understanding of the MCA and associated code of practice. We noted they had put plans in place to address this.

The provider supported new members of staff to understand their roles and responsibilities. One new member of staff was on duty during the course of our inspection and we noted they were additional to the required number of staff. This meant there were supported to work alongside existing staff members. New staff undertook an induction period in which they were given guidance about the provider's policies and procedures and an opportunity to learn about the people they were going to support.

The registered manager had identified that prior to their starting at the service; staff did not always receive a one to one meeting in line with the provider's policy. They had introduced regular supervision meetings for staff to rectify this. An annual appraisal of staff performance was monitored by the provider. Staff we spoke

with told us they felt supported by the registered manager.

Staff were supported to maintain their skills and knowledge through regular training. The registered manager and provider monitored staff training needs. If bespoke training was identified this was sourced from external agencies.

People were supported to have a balanced diet. Staff prepared fresh food on a daily basis. Staff was knowledgeable about people's likes and dislikes in respect of food choices. On day one of our inspection people were celebrating shrove Tuesday with pancakes. One person did not eat all of their pancake and staff responded quickly to offer and alternative, their favourite sandwich. Three of the people who lived at the home, were able to request a drink when they wanted. This was communicated both verbally and gesturing. Where safe to do so, people were encouraged to be involved in making of their drink.

Where concern had been raised about people's nutritional intake, the service worked in partnership with external healthcare professionals. For instance one person had been supported by a dietitian in the past. One person received all their nutrition and hydration via a PEG. Staff told us they had received training on how to administer this safely and felt confident to support the person.

Each person had a heath action plan; this is a plan to communicate what support they needed when attending health appointment. In addition to that, each person had a heath passport, which detailed information about them. The document was given to hospital staff in the event of a person being admitted for treatment.

People were supported to access external healthcare. For instance, people were referred to the GP when a change in their condition was noted. One person was seen regularly by the district nursing team for skin care. On day two of our inspection staff had called the GP as one person was displaying symptoms that they were unwell.

The home was accessible for all abilities, we noted that some people choose to mobilise around the home on the floor. The choice of flooring prevented harm to people. People had access to sensory equipment within their rooms. We noted there was only one communal lounge area. People who wanted quiet space chose to go to their rooms. The home did have a conservatory area, however this was not suitable to be used by people. The registered manager advised us the area was work in progress and it was hoped it could be used by people in the near future. We also acknowledge the registered manager had identified the environment required updating and painting. One relative had provided feedback to the service that they would like better use of the outdoor space. The operational manager informed us, this was being considered.

Good

Is the service caring?

Our findings

Throughout our inspection we observed staff treated people with kindness and compassion. This was supported by what one person told us. They said "I like the staff, they are kind." Relatives we spoke with also confirmed staff were kind and caring. Comments from relatives included, "The staff are very nice, I am very happy…I don't worry because I know she is well looked after," "Basically the care is quite good." A third relative told us "I think he is well looked after, he likes some of the staff, the staff are kind and caring."

Staff consistently demonstrated they could understand how people communicated their needs. This was a mixture of spoken word, gestures and signs. Where people showed they were distressed, staff quickly picked up on this and provided emotional support. One person was showing signs of anxiety, staff intervened and the person soon became relaxed. Each person had detailed information in their care plan about their communication needs.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff had knowledge of people's likes and dislikes. One person expressed an interest in the trains and buses and staff were talking to them about that. Another person spoke about their family and we observed staff communicating with them about making a telephone call to them.

The provider had sought feedback from people and their relatives about their experience of living at the home. Comments the provider received back included "Staff are always very friendly and take an interest in the residents" and "Care and support are very good. Clients always look well cared for." Another relative had commented "Excellent manager, great staff, and beautiful location. No complaints at all."

Each person had a dedicated member of staff called a keyworker. The member of staff was responsible for co-ordinator the person's care and communication with their family. The keyworker met with the person on a regular basis. The registered manager had recently introduced monthly keyworker letters to family members to ensure family members were kept up to date with what their relative had been involved in.

People were invited to attend house meetings; however feedback from people was minimal. The registered manager was seeking alternative ways of obtaining views of people who lived at the home.

Where identified people had access and were referred to advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

Staff demonstrated a commitment to providing a dignified service. We observed staff seeking consent from people and involving them in decisions about their care. One person who was supported to enter the lounge in their wheelchair was asked "Where would you like to sit [Name of person]?"

Handover meetings and communication between staff was carried out in a room with the door shut in order to promote people's privacy and dignity. Information about people was kept securely and only appropriate people who required access to this were provided with it.

Good

Is the service responsive?

Our findings

People who lived at Chiltern View were supported to receive personalised care. Care plans were written with in depth detail about how the person should be supported. Care plans were written for a number of key areas and provided staff with guidance on how to provide safe care. One person required specific support at night. The care plan clearly identified how the person required to be supported. Photographs were available for staff to demonstrate how equipment should be used. Another person required the use of a specialist bed mattress. The care plan detailed what setting the mattress should be at. We checked the mattress against the setting detailed in the care plan. The mattress was at the correct setting to prevent pressure damage the to the person's skin.

Where people's needs had changed the service did not always ensure care plans reflected the change in need. One person's mobility had deteriorated and the care plan stated they could self-propel in their wheelchair, however we noted staff supported the person by pushing the wheelchair throughout the course of the inspection. We highlighted this to the registered manager.

We received feedback from relatives which supported previous feedback the provider had received about the access to meaningful activities and the local community areas. One relative told us "There is not enough going on, too many staff sitting around and watching television." Another relative told us "I like him to go out more, they [The home] struggle with drivers of the mini bus, he used to go out at least once a week. He does not like taxis." One relative had previously commented to the provider "The ability to not be able to get out and about for the clients. Staff not always able to drive the company vehicle and staff not available to take clients to various activities or social events due to not being able to drive. Another relative told the provider "The level of structured activities, [Does not work well]."

We noted people had been supported to have access to a range of activities within the home and outside. On day two of the inspection we observed staff sitting with people and helping them with arts and crafts. We were informed a karaoke evening was planned. The registered manager advised they had purchased new music which they knew one person in particular liked.

Staff were responsible for recording people's engagement in activities within and outside of the home. However when we checked what had been recorded for the first day of our inspection, this did not match what we observed. Staff recorded what activities were offered not the actual engagement of people in those activities. This gave a false impression of what a person had carried out. We provided this feedback to the registered manager.

The registered manager advised that a number of BBQs took place last summer and they were keen to develop more meaningful activities. A frantic theatre group visited the home once a quarter to put on a play for people. The staff supported people to celebrate important events like birthdays. The provider encouraged its service to be engaged in activities, last year they held a picnic event which Chiltern View attended.

The service had a compliments and complaint procedures in place. The registered manager was aware of one ongoing complaint from a member of the public. The complaint was a long standing issue which the home and provider were trying to manage. Feedback was sought from people and their relatives through annual surveys and keyworker meetings. The registered manager and provider used the feedback to drive improvements to the service.

At the time of our inspection no-one was receiving end of life care. The provider was committed to providing a home for life. The registered manager was aware of external agencies who would provide support should the need arise.

Requires Improvement

Is the service well-led?

Our findings

We found mixed practice about how the service was managed. The provider had a clear management structure in place. The registered manager was supported by an operational manager who visited the service on a regular basis. The provider also had quality assurance officers in place. One of which had been supporting the registered manager since they commenced in post.

The provider had established policies and quality assurance processes in place to monitor and drive improvements within the service. The quality audits topics matched our key lines of enquiry. The provider monitored action plans on a regular basis. However some of the issues we have identified were not highlighted by the provider or registered manager in their internal audits. For instance the property team had undertaken an audit, however they had failed to pick up the risk of ligature of hanging wires or mould in one bathroom.

We found the management of records within the home required improvement. Care plans were not always updated to reflect current needs and some care plans contained conflicting information. Records written by staff were not always an accurate picture of what the person had been involved in throughout the day.

Where records were maintained to monitor people's safety, staff did not routinely highlight to the registered manager where people may be subject to potential harm.

The lack of effective records management highlighted were all breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a clear structure in place to manage information. The provider used a newsletter to communicate with staff about changes that affected them, this included best practice guidance and learning from when things go wrong. The provider communicated it's values regularly. We noted regional meetings were used to support managers to develop a service which provided a high level of quality. The registered manager held regular staff meetings to support staff to understand their role. We noted safeguarding, training; health and safety were discussed at the meetings as examples. Staff were able to share their views at team meetings. Staff we spoke with told us they felt valued and able to share ideas on how to improve the service.

The service worked in partnership with other agencies. For instance one person was experiencing a change in their condition. The registered manager was in regular contact with external healthcare professionals to ensure the person received the right care.

We received positive feedback about the registered manager, relatives told us they had confidence in them to improve the service and staff told us they felt supported. Throughout the course of our inspection we noted the registered manager was visible and supported staff on shift. We observed people were confident to seek the manager's attention.

Since our last inspection there have been a number of personnel changes in the service and the current staff team are all relatively new to working at the home. However we observed good team work, staff communicated well with each other and supported each other. One staff member told us "The staff are lovely; we all get along well with the residents. The residents treat you as if you are family and the majority of them are easy to work with and look after. Staff are supportive and will help where possible."

Staff told us they liked working at the home, one member of staff told us "I love it." Another staff member told us "I thoroughly enjoy work and I enjoy working with the residents and they can make your day a lot better."

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The service had not had any incident which had met the duty of candour threshold. However the registered manager was aware

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a DoLS is authorised. We checked our records and we had been notified when required.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to the health and safety of service users of receiving care or treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure records always reflected peoples current care needs.