

Voyage 1 Limited

Seaview







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

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

A registered manager was in post, however they were on annual leave at the time of the inspection. The operations manager and senior staff assisted with the

inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Seaview is a care home registered to provide care and support for up to eight people with a learning disability, specialising in caring for people with Autism and Prader-Willi Syndrome. This was an unannounced inspection. At the time of the inspection there were five

Summary of findings

people using the service. They said, staff were kind and caring and respected their rights and dignity. People said they did not have any complaints but would speak with staff or their family if they were unhappy.

The service had systems in place to keep people safe. Risks associated with people's care and support had been identified and guidance or good practice was in place to reduce these risks and keep people safe. Staff understood the importance of supporting people to make their own decisions where possible. People received their medicines when they should and safely.

People had been involved in developing their care plan and care plans showed detailed guidance for staff, to ensure people received a consistent approach to their care and support. When we asked staff about people's

needs, they were able to provide up to date information about all aspects of people's care and support. Staff received appropriate training and had the skills necessary to carry out their roles.

The service was well managed and there were systems in place to monitor the standards of care and support that people received. A pictorial complaints policy was in place so that people were supported to understand how to make a complaint or raise concerns.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

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 we spoke with told us they felt safe. They said they would tell staff if they were unhappy. They said that staff listened to them and supported them with their preferences and choices.

There were good reporting systems for accident and incidents. We saw when accidents or incidents occurred action was taken to ensure people remained as safe as possible. Detailed risk assessments were in place to ensure people were safe within the service and when on trips out. From our observations, staff provided care and support in line with these assessments. This meant that people took part in activities as risks had been assessed to protect them, for example, horse riding or going to the local shops.

Records showed that staffing levels were consistent to make sure that people's needs were met and there were robust systems in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective. People were receiving care from trained staff that knew them well and had the skills to carry out their roles. Staff told us that they received training appropriate to their role and discussed their development needs as part of regular one to one meetings and at their appraisal.

People had their needs assessed by the service before they moved into the service and were involved in their care planning. People showed us their care plans and were able to chat about the contents. The plans were comprehensive and showed people's personalised care and support needs. They detailed people's choices, preferences and independence skills.

People were supported to maintain a healthy diet. Nutritional assessments had been carried out for each person. We saw that health professionals had been involved in these assessments and clear guidance about how to meet people's nutritional needs were recorded in people's care plans.

Good



Is the service caring?

The service was caring. People told us that they were well cared for. They said the staff were caring and they enjoyed living in the service. They said: "I like the staff". "The staff are good". The staff spoke with people respectfully and in a friendly way. They took time to speak with people on an individual basis and listened to what they had to say.

Advocacy services were available to support people to make decisions about their daily lives. One person had recently moved to the service and records showed how they were supported to make these decisions by an independent advocate.

People were treated with dignity and had their privacy respected. We observed people making decisions as to what they wanted to do and staff respected this.

People could lock their bedroom doors if they wished and there were a number of rooms available where people could meet friends and relatives in private. Staff understood their responsibilities about maintaining people's confidentiality.

Good



Summary of findings

Is the service responsive?

The service was responsive. Staff were responsive to people's needs and people told us that there was always someone around when they needed them. People's care and support plans were reviewed with their relatives and updated regularly to make sure they were receiving the care they needed.

There were systems in place to support people when they were unable to make complex decision to ensure decisions were made in people's best interest.

People had opportunities to undertake a wide range of activities and were being supported to maximise their independence and lead an active life.

There was a complaints procedure in place, which included a pictorial format to help make sure people had the opportunity to understand how to raise any concerns.

Good



Is the service well-led?

The service was well led. Throughout our inspection, managers and staff spoke positively about the culture of the service and told us it was well-managed. There was an open and transparent culture within the home and the engagement and involvement of staff in planning and developing the service was promoted. A range of systems were in place to monitor and improve quality and safety within the service.

There was a management structure in place to help ensure the service delivered the organisational aims and values, resulting in people receiving a good standard of care and support. The staff had a clear understanding of why they were there and what their roles and responsibilities were.

The area manager and registered manager of the service completed a number of weekly and monthly checks to ensure they were providing a good quality service.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included what actions had been taken to resolve the issues so that risks to people of future occurrences were minimised.

The service had a business continuity policy in place, which stated each service would have a plan in place to deal with emergencies.

Good



Seaview

Detailed findings

Background to this inspection

The inspection was carried out by one inspector, an expert by experience and their supporter. The expert and their supporter had knowledge and understanding of people with learning disabilities.

At our last inspection in August 2013 we had not identified any concerns with the service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We contacted the commissioners of the service and three healthcare professionals to obtain their views about the care provided in the service.

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We visited the service on 9 July 2014. During the inspection we spoke with all of the people living at the service, the operations manager, two team leaders and three staff. We also reviewed a variety of documents, which included three people's care plans, staff training and rotas, medication charts, quality surveys, and some of the home's policies and procedures, such as safeguarding and whistle blowing procedures. We spent time observing the care and support people received and their relationships with staff.

Following our visit we spoke with two relatives who were involved in the care of people living at the home.

Is the service safe?

Our findings

People who used the service told us they felt safe. People commented: “I feel safe here”. “I like it here”. Relatives also told us that they were confident their relatives were safe and well looked after. One relative commented: “We have no doubt that my relative is safe”.

Staff had an understanding of what to do if safeguarding concerns were identified. Staff had received safeguarding training and identified the various forms of abuse, the signs and what they should do if they suspected abuse was taking place. To encourage staff to report any concerns about the service there was a “Say what you See” policy in place with a 24 hour manned telephone number to report any concerns. Staff demonstrated their awareness of the procedure and this information was on display in the service so that staff, people who used the service, their relatives or other visitors had access to this information.

The service was meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people’s rights under the Mental Capacity Act 2005. Where people were unable to make complex decisions for themselves the service had considered the person’s capacity under the Mental Capacity Act 2005. We saw that advocacy services had been used to support people with their decisions and referrals were made to health care professionals, such as doctors and case managers, to make sure people decisions would be made in their best interests.

Staff kept a record of accidents and incidents. These contained detailed information about what had happened, and the action that had been taken as a result. These reports were also shared with people involved in the care of the person affected, for example social workers and other health care professionals. Family members also told us that they were kept informed of any changes in their relative’s health or care needs.

There was a system in place to identify risks and protect people from harm. This system also ensured guidelines were in place to minimise the risk of harm to people. For example there was detailed guidance on how to support a person to manage a behaviour which may challenge the service or others, by encouraging them to move to a safer

area of the service and to give them time to process the situation, then look for signs of improvement in their mood and use positive praise to reassure the person. This included the use of humour and listening techniques.

Each person’s care and support plan had a number of risk assessments completed. The assessments detailed what the activity was such as going out in the community, and the associated risk; who could be harmed; possible triggers (for example when the risk was from challenging behaviour); and guidance for staff to take. These assessments were reviewed on a regular basis and included how many staff were required to support each person safely.

Risk assessments showed that people were able to do activities that were potentially risky, either from the activity or how individuals may react to certain situations. Where risks were identified, people were still able to take part in these activities as support was provided to minimise the risk of harm to the person. This meant that people were able to take part in horse riding, bowling, attending shows, and other activities out in the community and in the home.

There were sufficient numbers of suitably skilled staff to meet people’s needs. Each shift had an identified shift leader who was responsible for allocating staff to people to make sure their needs were fully met. Before a person joined the service their staffing support levels were assessed and agreed so that the service would be able to provide sufficient staffing levels.

Staff rotas and our observations showed that there were enough staff on shift to meet the needs of people. There was a weekly planner used to identify the required support levels for each person and staffing levels were changed to meet individual’s requirements. For example on Saturday evening there was usually an additional staff member on duty to make sure people could participate in activities of their choice. Over the course of the inspection we saw that people always had a member of staff to support them, in accordance with the ratio recorded in their care plans. Staff told us that should individual care needs change and further support was required additional staff were provided to make sure people received the care they needed.

People told us there was always enough staff on duty to support them with their care and activity needs. We observed that when staff needed a one to one ratio, for example when people using the service were supported in

Is the service safe?

the kitchen to prepare and cook food, this did not affect the other people from receiving the care and support they needed. We saw that there were two waking night staff on duty and absences due to annual leave and sickness were covered by staff who worked within the organisation.

Medicines were being given to people safely and when they needed it. Some people told us about their medicines and knew when they should receive them. They said that if they needed pain relief they only had to ask staff and it would be available. There were appropriate systems in place for the receipt, recording, storage and disposal of medicines. Temperature checks on storage facilities were taken daily and recorded to ensure the quality of medicines used. Records showed that people received their prescribed medicines according to the prescriber's instructions.

All staff administering medicines had received medicine training, including observation to make sure they had the competencies to administer medicines safely. People's allergies and how to support people with their medical conditions, such as diabetes, were recorded in their care and support plans. There was detailed information on what reactions people may suffer so that staff had guidelines of how to manage the side effects.

The home had an 'evacuation back pack' in place for any emergency. This included contact information of all staff, and senior management. It also included important information on each person, including medication and what would be seen as 'normal interactions' in case of any emergency, such as moving people to temporary accommodation in the event of a fire.

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and knowledge to effectively meet their assessed needs. There was a staff training plan in place. One staff member told us about their induction and that they received appropriate training in order for them to carry out their role and responsibilities. This included shadowing established staff to ensure they were competent and felt confident to work independently with people. This showed that new staff were supported to ensure they felt competent and confident in their new role.

Records confirmed that staff had received on-going training, such as medication, health and safety, mental capacity and infection control training. Staff told us that they received training updates, including safeguarding and moving and handling, and when required or requested they received specific training. For example some people in the service needed support with their behaviour and dietary requirements therefore staff had received additional relevant training to make sure they had the necessary skills and competencies to meet people's individual needs.

Staff told us and records confirmed that they received regular individual meetings with their line manager, team meetings and an annual appraisal, in order to support staff to deliver care and support safely and to an appropriate standard. Staff we spoke with commented that if they had any concerns they could approach the management team for advice or guidance.

Before people moved into Seaview a detailed care and support needs assessment had been completed by the registered manager. We saw that one person had moved into the service since the last inspection. Their needs had been assessed prior to admission and then a programme of transition had been put in place. Staff told us that there had been a series of short stays organised, such as calling in for coffee and staying for a meal.

Records showed that an Independent Mental Health Advocate (IMCA) (Independent Mental Capacity Advocate, a qualified person to support people who lack capacity to make certain decisions) had been involved in supporting one person to move into the service. This showed that people, were being supported to be involved in decisions around their care to make sure it was in their best interest.

Some people had restricted diets due to their health care needs and records showed that people had a diet to suit their individual dietary needs and preferences. A nutritional risk assessment had been undertaken for each person and when required people were supported by the relevant health care professionals, such as dieticians, to make sure they were receiving a healthy diet.

At lunch time people preferred to have a light meal such as a sandwich or salad and we sat in the dining room during the lunch time period. People had been involved in making their lunch and supported by staff with their choices and dietary needs. The atmosphere was very relaxed with people chatting to us and staff as they enjoyed their meal. People were encouraged to clear the table and remove the dishes to the kitchen.

Each person was encouraged to pick a meal of their choice and one person told us how much they enjoyed doing this. They said they went shopping for the ingredients and were supported by staff on a one to one basis to cook the meal of their choice. People said: "I like shopping each week for my meal". "I like the food here". "The food is good".

Staff were able to tell us about people's life histories, their interests and their preferences. This enabled them to provide support in a way which was appropriate to each person.

People had up to date, detailed care and support plans which recorded information that was important to them. This included information about their health and support needs, as well as a clear description of their hobbies, interests and wishes for the future. The plans were very detailed and gave good guidance to staff on how to support each person. To encourage people to help with their daily living chores they had photographs of themselves completing their daily living tasks, such as tidying their rooms or cleaning. Each section of the plan covered a different aspect of the person's life, for example personal care, medication, communication, and accessing the community. We noted that the plans showed people's individual communication needs such as the use of pictures or use Makaton (the use of signs and symbols to help people communicate).

People had access to regular health checks. Each person had an annual medicine review and there was information about the types of medicines they were prescribed in their care plan. People told us that staff supported them to go to

Is the service effective?

the doctors and dentist and attend specialist appointments. We noted at the time of the visit that an appointment was being made with a podiatrist for one person. Relatives also confirmed that their family member's health was regularly monitored and checked and prompt action was taken if their relative was unwell. Social Workers comments: "Care plans are person centred and help staff to support my client, the staff have been open to suggestions and advice", "They have always acted on and followed any advice that I have given and do not hesitate to contact me for support if required".

There was information available to ensure that people's preferences and choices were known if they moved to another service, for example a stay in hospital. We saw that hospital passports had been developed for each person. These detailed all the important information about the person, for example how they communicated, medication, care and support needs, and personal preferences.

Is the service caring?

Our findings

During our inspection we found that people were supported by kind and attentive staff. People were relaxed in the company of staff, and we saw that two people were laughing and dancing to the exercise session. There were regular house meetings so that people had the opportunity to discuss any issues about the service. We asked staff about the people who they supported. They were able to tell us about each person, their likes and dislikes, personal interests and what was important to them.

We spoke with all of the people using the service and those who were able told us that the staff were caring. The care plans detailed an explanation of what a good day looked like for the person and what a bad day looked like. This meant that staff were given clear information about how to support the person and could quickly identify when they were not happy.

Relatives said the staff were compassionate and caring and understood the needs of their relative. Their comments included, "The staff listen to people using the service, and they are caring and kind". Relatives told us that the staff knew the people they were caring for and commented positively on the care and support their family member received.

People told us staff respected their privacy and dignity. We observed that one person's care plan identified that they liked to spend time on their own in their room and we saw that this was respected. Care and support plans were personalised with pictures to enhance people's understanding and there were detailed profiles of what and who was important to them. One health care professional we spoke with told us they had observed staff supporting

people with their privacy and dignity such as making sure they had privacy to talk to people confidentially when they needed to. They commented: "I have seen my client treated with respect, dignity and warmth by staff".

Staff told us they covered privacy and dignity during their induction training and there were policies and procedures in place. We saw that staff treated people with kindness and supported them on a one to one basis to make sure they could do what they wanted to do, such as their laundry or daily household chores. Staff commented: "We make sure people are supported to do what they want, making sure we promote their independence at all times".

People had privacy when they needed it. Each person was able to lock their bedroom door if they wished. One person took us to their room and unlocked the door. There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private. For example there were two lounges and a dining room.

People were being supported to be as independent as possible. We saw that one person was able to manage their own monies whilst others were supported by staff with their finances. People could access their money at any time should they wish to take part in activities or go to the shops. There were systems in place to make sure people finances were clearly recorded so that people could be confident their money was being handled safely.

We observed that care plans were very detailed and staff worked to them accordingly. All care plans were stored in the working office for confidentiality. In discussions with staff they demonstrated they understood the need to keep information about people confidential. For example, only sharing information with people on a 'need to know' basis.

Is the service responsive?

Our findings

People told us that the staff were always around when they needed them. They said they came promptly when they called them. We spent some time talking with people and staff and observed their interaction with people using the service throughout the day. People were discussing their day and what they wanted to do. One person decided they did not want to use the transport provided by the home and requested to use public transport. This meant that staff responded to people's choices and they were supported to change their daily routines if they so wished.

Staff gave people time to discuss what they wanted, for example if they required something to eat or drink and people were relaxed and comfortable in the presence of the staff. We observed that staff clearly knew people well and spoke with them about the things that were meaningful to them. We observed friendly and light hearted discussions which seemed to be enjoyed by the people.

People and staff had the opportunity to develop the service as there were regular meetings with people and staff to discuss the service. For example people had been involved in the menu planning for the service, which had been assessed by a dietician to make sure people were receiving a healthy diet. These meetings provided a forum where any concerns, issues or ideas were discussed, such as menus or activities.

There were systems in place to gather the views about the quality of care being provided in the service. We saw that satisfaction surveys had been sent to relatives, health care professionals and staff. The registered manager was in the process of collating and summarising the information to see what could be improved in the service. These results will then be forwarded to the head office and analysed by the Quality Assurance Officer. A health care professional stated: "I have been very impressed when visiting for care reviews at the way the staff have worked with my client in preparing for the meeting and in ensuring that they are able to present his views".

We saw that care plans were regularly reviewed to make sure that staff had up to date information about people's needs and the support they required. The plans were very detailed with regard to individual communication, for example, the use of pictures to aid communication and

information such as "I will frown if I am not sure what you are saying". This meant that staff had the guidance they needed to ensure that people were supported to understand and agree with the care to be provided.

Each care and support plan included details of people's relatives, their interests and what was important to them. People told us that their relatives came to pick them up to take them out or visit their home on a regular basis. They said they were able to join in with activities of their choice and meet up with friends at the local disco or day centre.

We saw that there were a number of activities arranged for people. There was a mix of internal activities in the house and external activities in the community. We saw from the care plans that these activities met people's individual interests. At the time of the inspection one person went to the local town by bus, another went to the local shops and one person went horse riding. We heard another person using the service was talking about going to see a show at the weekend. Two people also told us they were looking forward to going home to see their parents.

Staff said: "We support all of the people to participate in the activities of their choice, the staff work well as a team to make sure this happens".

One person showed us their room and adjustments had been made to their chair and desk to make sure they were able to use them safely. The wardrobe height had also been adjusted so they could access their clothes more easily. This meant that the service responded to individual needs and made the required adjustments so that people would be supported to remain as independent as possible.

People were encouraged to raise concerns and the provider's policy on complaints included pictorial representations to aid understanding and improve communication. There was guidance in the care plans about people's daily lives and indicators of what to look for to make sure they were being positively supported. There had been two complaints since the previous inspection and these had been addressed in accordance with the home's policy and showed that an amicable result was reached with the complainants. Staff spoken with were aware of the policy and procedure to follow if they received a complaint. Staff told us that people were given the opportunity to raise their concerns at their regular meetings and staff knew when people were not happy.

Is the service well-led?

Our findings

The registered manager and staff actively encouraged people to feedback about the service being provided. There were good lines of communication which were tailored to individual needs, which gave people the opportunity to voice their opinions. People spoke with staff confidently and they knew the staff well, including the senior staff and management team.

The service was well managed and the registered manager maintained a strong and visible presence within the service. This was achieved by working at different times of the day, including weekends and evenings to make sure staff, people using the service, visitors and family had opportunities to ask questions, or raise and concerns.

Relatives and visiting professionals were positive about the service. Their comments included: "The home keep good records, they are person centred and help to support people who use the service." "Staff are very good; it is very homely and personable". "We are overall very pleased with the service".

There was a whistle blowing policy called "See it, say it" in place, which was on display in the service and staff told us they would not hesitate to use this if they had any concerns. The policy included direct telephone contact with the Area Manager or manager on call so that staff had 24 hour support to raise concerns or issues. At the time of the inspection no issues had been raised through this policy. Staff told us they had confidence in the management team and felt comfortable in bringing concerns to their attention. They said that any issues taken to their line manager were dealt promptly and the policy was an added extra should anyone not feel at ease to question practice.

The organisation had a range of measures in place to monitor the running of the service. For example checks on the quality of the service were carried out on a quarterly basis by the operations manager and annually by the quality manager. We saw that actions plans were put into place if improvements were identified. These were monitored at follow up visits to ensure they had been completed. The checks included monitoring the care plans, health and safety, including incidents of problem behaviour and the administering of medicines.

We noted that during the routine checks of the medication by the registered manager, there had been two medication errors. The incidents had been investigated and as a result the administration of the medicines had been reviewed. Additional checks had been introduced such as two people checking the quantities of the medicines and each staff member involved had received updated medication training to make sure they had the competencies to give people their medicines safely. Staff practice was also investigated to assess whether disciplinary action would be necessary. This meant that the service had carried out a thorough investigation and implemented changes to reduce the risk of such incidents happening again.

Each week the registered manager also carried out a service report which was forwarded to head office. This report included accidents and incidents, including challenging behaviour. The information was monitored to make sure action was taken to reduce any risks to people using the service. A health care professional commented: "When incidents occur the service has put measures in place to prevent something similar happening again".

When a relative commented on the annual survey about the cleanliness of a bathroom, we saw that the registered manager reviewed and implemented a new cleaning schedule to make sure any issues raised were addressed.

We saw there was an established staffing structure in place. Staff understood the lines of accountability and their roles and responsibilities. Each shift had a dedicated shift leader and staff responsibilities were allocated at the beginning of the shift to ensure that people were receiving the care they needed. We spoke with staff who felt there was an open and supportive culture about the service. They had found members of the management team and the organisation representatives approachable and friendly.

Staff told us that they were able to access the management team at any time day or night. Staff were aware of this system and told us the service had an open and supportive culture meaning they felt comfortable in taking any concerns forward. We asked staff if they were supported to question the practice in the service and one staff members stated: "Absolutely".

There were on call arrangements in place and there was also a contingency plan to ensure that any emergencies would be actioned appropriately.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.