

Voyage 1 Limited

46a Eastern Avenue

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 20 and 22 January 2015 and was unannounced. 46a Eastern Avenue provides accommodation and personal care for up to 6 people with a learning disability. There were 3 people living at the home when we visited.

The home has a registered manager. 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 who use the service were safe. Staff knew how to keep people safe from abuse and knew what to do if they thought a person was a risk. Risk to people's safety were assessed and managed well. People were supported to be as independent as possible while remaining safe. There were enough suitable staff to keep people safe, and recruitment practices were robust.

Staff were well supported by managers and had regular training and supervision to enable them to meet the needs of people who use the service. People were helped to have enough to eat and drink and staff supported

Summary of findings

people to maintain a healthy diet, as well as with shopping and cooking. People were supported to remain healthy and appropriate referrals were made to health care professionals when needed.

Staff were caring. Staff spoke to people who use the service in a caring and respectful way. People were involved in making decisions about their care and care plans were person centred.

People were involved in regular reviews of their care needs. Staff knew how to identify changes to people's care needs and the appropriate action they should take.

The provider regularly sought feedback from people who use the service, relatives, staff and others, and acted on it. They had a good complaints procedure in place, which people were supported to use if they needed to.

The service was well led. Staff were well motivated and gave positive feedback about working for the provider. The registered manager and provider had a strong emphasis on improving the quality of service. There was a robust incident and accident monitoring system in place. The registered manager led by example and promoted an open culture among staff.

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 were protected from avoidable harm and potential abuse.

Risks to people's safety were assessed and managed well. There were enough suitable staff to meet people's needs and there was a robust recruitment process in place.

People's medicines were managed safely

Good



Is the service effective?

The service was effective. People were asked for their consent in line with legislation. Staff were well trained and supervision and appraisals were up to date.

People were well supported to have enough to eat and drink maintain good health.

Good



Is the service caring?

The service was caring. People were treated with kindness and compassion and staff were respectful and caring.

People were supported to make decisions about their care and had their privacy and dignity protected.

Good



Is the service responsive?

The service was responsive. People's care needs were regularly reviewed and care plans centred on the needs of the individual.

People were supported to do the things that were important to them and to maintain relationship with their family and friends.

There was an appropriate system in place to manage complaints.

Good



Is the service well-led?

The service was well led. There was a positive culture at the home and the registered manager understood their responsibilities.

There were robust quality monitoring processes in place, and when areas for improvement were identified, action plans were put in place and improvements made.

Good



46a Eastern Avenue

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 20 and 22 January 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of.

We requested the Provider Information Return (PIR) and reviewed the information. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with all three people who use the service who had complex communication needs and could not always express their views to us. We observed staff supporting people who use the service. We also spoke with three care workers, the registered manager, the operations manager and a visitor. We reviewed all three people's care plans, health action plans, risk assessments and medicines administration records. We looked at staff training records for all 11 staff and supervision, appraisal and recruitment records for three staff. We also looked at various audits and other records relating to the management of the home.

Is the service safe?

Our findings

People were protected from avoidable harm and potential abuse. Staff were knowledgeable about safeguarding people from abuse and knew what action to take if they were concerned a person was at risk. All of the staff we spoke with knew how to raise concerns with the manager and they were confident that any issues they raised would be dealt with appropriately. The provider had appropriate safeguarding policies in place for staff to refer to if they needed to.

Risks to people's safety were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff. Risk assessments were proportionate and encouraged people to have as much freedom as possible while remaining safe. Staff gave good examples of how they supported people who may have behaviour which could cause themselves or others distress when going out, for example shopping or to the pub. Risks around the home were well managed, for example, water temperatures and cleanliness. There were regular safety audits to ensure any potential risks were identified and addressed accordingly.

The provider had appropriate plans in place to manage any unexpected emergencies which may arise, such as a fire or power failure. This was to ensure that the needs of people who used the service would continue to be met before, during and after any emergency. Staff had a good understanding of what they should do to keep people safe in the event of an emergency.

Incidents and accidents were well reported and the registered manager conducted a thorough investigation of each incident. Action was taken to prevent any recurrence and trends were monitored to ensure any themes were identified. The registered manager and staff understood the importance of learning from incidents so they could make improvements

People had their needs met and were kept safe because there were enough suitable staff. Staffing levels were monitored to ensure people could participate in their chosen activities outside of the home, while other people who chose to stay in could do so. Staff had the right skills mix and the registered manager ensured there was always a member of staff on duty who was trained in medicines administration. There were good staff disciplinary procedures in place and a recent incident had been thoroughly investigated and managed well. Appropriate recruitment checks had been completed before current staff began work. This included disclosure and barring checks and employment history.

People's medicines were well managed so they received them safely. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff could not administer medicines unless they had been trained and assessed as competent to do this. There was a detailed policy in place to support staff to safely administer medicines. Staff confirmed they had completed medicines administration training and had their competency recently assessed. Where training was due soon, this had been organised. There was a safe procedure for storing, handling and disposing of medicines.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills to meet people's needs. Care workers gave positive feedback about the training and support they received. They said all of their training was up to date and training provided was "good". Staff said they felt well supported by management and they received regular one to one support during supervision sessions with senior staff. Staff were encouraged to discuss any issues they may have, including meeting people's care needs and any training requirements. Training was up to date for all staff and topics included safeguarding and equality and diversity. Supervision and appraisals were all completed. We observed people were well supported by staff. Staff had received training which enabled them to communicate well with people and meet their needs effectively.

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff explained the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. The registered manager was able to explain when a DoLS referral would be necessary and all appropriate DoLS referrals had been made to the relevant authorities.

People were asked for their consent by staff. Staff gave people the time they needed to make a decision. Staff knew people well and understood people's ways of communication. Staff knew when people were giving their consent or not, either verbally or by the body language and gestures they were using.

People were well supported to have enough to eat and drink and to maintain a balanced diet. People were encouraged to plan their meals and shop for food. We observed staff supporting people to make menu choices and shopping lists in a respectful and supportive way. People were encouraged to make healthy choices and were helped to maintain a healthy weight. People's weight was monitored and relevant referrals were made if there was a change to people's weight. Staff ensured people had access to drinks throughout the day, and encouraged people to make themselves cups of tea and glasses of squash.

All of the people using the service were supported to maintain good health and had access to healthcare services. Each person had a health action plan that identified their health needs and the support they required to remain well. This helped staff to ensure people had the contact they needed with health and social care professionals. People had regular health checks with health professionals such as the GP or dentist. Staff knew about people's individual medical conditions and how they should support each person to manage their condition and stay well. Staff knew what to do if a person's health needs changed and referrals were made to the appropriate person.

Is the service caring?

Our findings

All of the staff we spoke with talked about the people they supported in a very caring way. They knew people well and were able to describe in detail how they would meet people's care needs. Staff described how they would support people in a person centered way to make day to day choices. Staff understood the importance of enabling people to make their own decisions.

We observed staff treating people in a caring and kind way. People who had chosen to go shopping or out for lunch were well supported by staff. Staff ensured people were happy about where they were going and what they were doing. One person became distressed and staff immediately responded in a kind and compassionate way. Staff ensured people's needs were met in respect of their religious beliefs and disability. People were supported to make day to day decisions for themselves, for example, where to go out or what television programme to watch.

People and those important to them were involved in making choices and decisions about their care and support. For people who were not able to communicate verbally staff used a variety of methods to understand what

people's choices and preferences were. These included the use of pictures and understanding people's body language. People were spoken to in an appropriate way and were given enough time and opportunity to make decisions and staff respected those decisions.

Care plans varied depending on the needs of the individual. Some plans had been produced using pictures and simple language to ensure people could be fully involved in the process. Details included information about supporting the person's behavioural needs, personal care preferences and guidance for staff on people's communication needs. There was evidence of how the person and others important to them had been involved in making decisions about their care, as well as information about best interest decisions.

People had their privacy and dignity protected. They were treated with respect and listened to. When talking about people who use the service staff spoke in a very respectful way. Staff described and we observed how they respected people's choices and aimed to support people to be as independent as possible. People had the privacy they needed and were able to spend time alone in their own rooms if they chose to.

Is the service responsive?

Our findings

People's needs were regularly reviewed with the person, those important to them and health care professionals. People were supported to be involved as much as they were able. Care plans reflected people's choices, preferences and needs, to enable staff to provide person centred care. Care plans were updated when needed and staff informed of any changes that were made. Regular reviews were completed with the person and those that were important to them being fully involved. People told us about their upcoming review and who they had invited to attend.

Staff knew what to do to meet each person's individual needs. They ensured they used people's care plans to enable them to provide care that was centred on each individual. Staff were able to describe how they would identify changes in people's health and how they would seek support from senior staff or make a referral to outside health care professional as soon as possible.

People were supported to do the things that were important to them. This included getting support to meet their spiritual and social needs. People were supported by staff to take part in activities and hobbies that were

important to them, as well as going on holiday. People told us about holidays they had been on and day trips they had taken part in. People were supported to maintain relationships with those that were important to them. This included making phone calls and visits to relatives and attending church. People's relatives and friends were able to visit whenever they wanted to. People's participation in their individual interests, activities and education were well promoted by staff.

The registered manager took a positive approach to gather people's views about the service. They actively sought feedback and used it to identify areas for improvement. People and those important to them were invited to be involved in an annual quality review. The last one was completed in 2014 and feedback was positive. People were supported to attend regular house meetings where they were asked for their feedback. Areas discussed included activities and holidays. Any feedback given was acted on.

The provider had a complaints procedure in place which staff were aware of and knew how to use. The registered manager knew what they should do to support a person who uses the service to make a complaint and how to manage a complaint properly. The service had not received any recent complaints.

Is the service well-led?

Our findings

Staff said the registered manager was accessible, helpful and supportive. They were able to discuss good and poor practice during regular staff meetings. There was an open culture which encouraged staff to make suggestions as to how the service could be improved. Staff told us when they gave feedback, management acknowledged their feedback and acted on it. All of the staff gave complimentary feedback about the registered manager. Staff said when the manager provided feedback about their performance, it was constructive, and helped them to improve their skills.

The registered manager led by example and spent a lot of time supporting people who use the service, as well as providing support to staff to help them develop their skills. The registered manager knew the people who used the service well, and was able to discuss individual's care needs in detail. They dealt with any concerns in an open and objective way. The registered manager and provider had used feedback from previous inspections to develop the quality of service and were keen to participate fully in the inspection process.

The registered manager was aware of the culture of the home and the attitudes and values of staff. They had identified areas for improvement and were encouraging staff to develop their caring skills and confidence.

Leadership in the home was visible. The registered manager had an excellent understanding of their role and responsibilities and ensured that staff understood what was expected of them. Staff were motivated and gave positive feedback about the way the service was run.

There were quality monitoring processes in place. The service carried out regular audits to monitor the quality of the service and to help inform and plan improvements. These included regular audits such as the content of people's care plans, environment and health and safety, and medication. The provider also monitored the quality of service and a senior manager visited the service regularly. When the manager visited they spoke with people who use the service to ask for their feedback and reviewed the quality audits. Where concerns were identified, action plans were put in place and improvements were made.

Both the registered manager and operations managers talked about plans for improving the service. They wanted to help people meet their aspirations and not just meet their needs. Quality improvements had been made by 'lessons learnt', and any changes in the service that were made were to improve quality and not just for the sake of them. The registered manager understood the key challenges and achievements at the service. Records were completed accurately and were up to date. The service had a robust data management system in place.