

Voyage 1 Limited

Bowens Field







Inspection report

24 Bowens Field
Wem
Shropshire
SY4 5AP

Tel: 01939 236517
Website: www.voyagecare.com

Date of inspection visit: 25 and 26 August 2015
Date of publication: 21/10/2015

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 25 and 26 August 2015 and was unannounced. At our previous inspection no improvements were identified as needed.

Bowens Field is registered to provide accommodation and personal care to a maximum of three people who have learning disabilities. There were three people living at the home on the day of our inspection.

A registered manager was in post and was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received training and understood how to keep people safe at the home. Staff understood the procedures they needed to follow if they suspected people were at risk.

Summary of findings

People's medicines were managed safely by staff and people received their medicines when they needed them. Staffing levels were monitored by the registered manager and additional staff were put on shift to meet the needs of people and to keep them safe.

People's right to make their own decisions were supported by staff. When people could not make their own decisions these were made on their behalf and in their best interests by people who knew them.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and made sure information was given to them in a way they could understand.

People were as independent as they could be and staff encouraged and supported this both inside and outside of the home. Staff treated people with kindness and respected people's right to privacy and dignity.

People were supported to take part in activities that they wanted to and that reflected what they were interested in. People were involved in agreeing what they wanted to do, what they enjoyed and what they had not enjoyed and this information was used to personalise people's care and support.

Staff at the home worked for the benefit of the people that lived there. People's opinions were sought and listened to and they were involved in what happened within their home.

Regular checks were completed by the provider and registered manager to monitor the quality of service that staff delivered at the home and improvements were made where needed.

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 confirmed that they were treated well by staff. Staff were aware how to support people safely and protect them from any danger, harm or abuse. Staff managed people's medicines safely and made sure they got their medicines when they needed them.

Good



Is the service effective?

The service was effective.

Staff respected people's right to make their own decisions and supported them to do so. People told us they could choose what they had to eat and staff helped them keep to a healthy diet. We saw that people were supported to access healthcare and support from other professionals when needed.

Good



Is the service caring?

The service was caring.

People told us that staff were kind to them and they were happy living at the home. Staff supported people to be involved in their own care by giving them information in a way they understood. Staff treated people with dignity and respected their privacy.

Good



Is the service responsive?

The service was responsive.

We found people received care and support that was personal to them and that was reviewed regularly. Staff supported people to decide how they wanted to spend their time and asked for their feedback and opinions on the support they received.

Good



Is the service well-led?

The service was well-led.

We found the home had a culture where they put people first and wanted them to be involved in what happened there. Systems were in place that monitored the quality of the service provided and took action where improvements were identified.

Good



Bowens Field

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 26 August 2015 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We

analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with three people who lived at the home and one relative. We spoke with four staff and one advocate. We viewed records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed records which related to staff training and recruitment and the management of the home.

People we spoke with were not able to give us an in depth view on what it was like to stay at the home. We therefore spent time observing how people spent their time and how staff interacted with people.

Is the service safe?

Our findings

People were able to confirm that staff treated them well at the home. Staff understood how the people they supported could be abused and discriminated against. They knew the procedures they needed to follow if they suspected people were at risk, including who to report their concerns to and where policies were located. All staff we spoke with understood their role in keeping people and their possessions safe and in protecting them from any danger or harm. We saw posters displayed in the home which encouraged people and staff to report any concerns they had. The registered manager told us that this information was discussed at 'house meetings' to ensure people knew how to report any concerns they had.

Everyone who lived at the home needed support to manage their money and systems were in place to ensure accurate records were kept and all spending was accounted for. We saw that records and receipts were kept of what people had purchased. These records were checked regularly by the registered manager and operations manager. Any purchase over a set amount of money had to be approved by the person's appointee and proved to be in the person's best interest to make the purchase.

Risks to people's safety and wellbeing had been assessed by staff and plans were in place to help minimise the risks people could be exposed to such as their mobility, support with eating and drinking and their level of dependence. Staff spoke about the need to balance people's independence with their safety and that even though people could make their own decisions not all of them could understand or recognise risks so staff needed to be aware of this and support them. They told us they reminded people of potential risks and hazards whilst they were supporting them. We saw one person running the water for their bath. We heard a staff member remind them to check the temperature of the water before they got in and why they needed to do this. The staff member supported them to do this.

Staff understood how to report accidents, incidents and near misses and knew the importance of following these policies to help minimise risks to people. The registered manager told us that they monitored these and the

information was shared with the provider to look for any trends. These were also discussed with staff and they would look for ways of learning from any accidents and incidents that happened.

Risks associated with the environment were assessed and monitored. We saw that dangerous items and substances were kept safely locked away in designated store cupboards and equipment within the home was regularly checked by professionals. Contingency plans were in place and people had individual plans which informed staff how to safely assist them in the event of an emergency within the home.

Staff we spoke with thought that staffing levels were sufficient to keep people safe. On the first day of our inspection one staff member supported three people and we discussed the staffing rationale with the registered manager. People who lived at the home had a high level of independence within the home and one staff member was sufficient to meet people's needs. We explored how people would be supported safely during emergencies or unforeseen events. The registered manager told us that a contingency plan was in place if they needed extra staff at short notice and one of the provider's other homes could be contacted to provide staff if required. When people had appointments or took part in their hobbies and interests extra staff worked to support everyone safely and this was identified in advance. On the second day of our inspection we saw that two staff and the registered manager were on shift due to individual activities people were taking part in. We saw that appropriate checks were completed on new staff prior to them starting work at the home. This included obtaining references from previous employers and completing checks to ensure they were suitable to work with people living at the home.

We saw that staff gave people the support they needed to take their medicine when they needed to take it. Staff stayed with people while they took their medicine and ensured they had a drink to take their tablets with. We saw that the support staff gave was consistent with what people had identified in their care records about how they wanted to be supported. Medicines were stored safely and administration records we looked at showed that people received their medicine as prescribed. Staff received training before they were able to support people with their medicines and their competence was confirmed through an annual assessment.

Is the service effective?

Our findings

People confirmed that staff always asked their permission before they did anything. One staff member said, “It’s their right to do what they want to do, we involve other people in helping to make decisions if needed, everyone has an advocate and decisions we help them to make have to be in their best interests”. We saw that staff obtained people’s consent and supported them to make their own decisions whether it be around their personal care, how to spend their time or choice of food and drink. Staff told us of ways they gained consent from people and how they supported people to understand their choices. Staff told us that for one person they looked at their body language and facial expressions to confirm their agreement. We saw clear information in people’s records which showed that staff had considered the support people needed to give their informed consent. It also gave instruction on what to do in the event of people refusing any care or treatment and how this could be detrimental to their health. This meant that staff ensured people’s right to consent to their own care and treatment was protected.

We found that the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed to ensure that the rights of people who may lack mental capacity to make particular decisions were protected. People’s capacity to make and understand some decisions about their own care and treatment had been assessed and was documented appropriately. We saw capacity assessments had been completed and best interests decisions made on behalf of people. These decisions had been made following the involvement with relevant other people including relatives, professionals, staff and advocate. The registered manager had made appropriate applications to the local authority with regards to Deprivation of Liberty Safeguards (DoLS) which had been authorised.

Staff had received training which reflected the needs of people who lived at the home and this training was kept updated. We saw that staff had the skills to meet people’s needs and to communicate effectively with them. Staff knew which training they were required to complete and were given the time to do this. All staff felt supported in their roles by the registered manager. They told us they received one to one time with the registered manager but this was not always in a structured or pre-arranged way. They told us that this was not an issue for them as they saw the registered manager often and felt comfortable to talk with them about concerns they had and any training they felt they needed.

People told us that they helped with the food shopping, had a choice of what they could eat and that they could help themselves to snacks and drinks throughout the day. One person told us they liked to help with the cooking and staff told us that they encouraged each person to contribute to the preparation or cooking of meals as much as they could. Menus were discussed and agreed at house meetings and people were encouraged and supported to choose the healthiest options for themselves. Any risks associated with eating and drinking, such as swallowing problems, were assessed by staff. Where people had medical conditions staff had taken advice from other professionals to ensure they ate the healthiest diet they could, such as a reduced salt diet.

People were supported to access healthcare and routine health screening appointments when they needed it. We saw people had health action plans in place and these were written in an easy read format so that people were involved and could understand what these meant for them.

Is the service caring?

Our findings

People were able to confirm that staff were kind, nice and that they liked living at the home. One relative told us that they knew their family member was happy living at the home because they would tell them if not. They were happy that their family member liked the staff and had a good relationship with them. They told us that when they spoke with staff they were always polite and respectful and they answered any questions they had.

We saw that people were relaxed when staff chatted with them and there was lots of laughter to be heard throughout the home. We noted that most staff with had worked at the home for a number of years. One staff member told us that this helped to build good relationships between people, staff and relatives. When staff spoke to us about the people they supported they did so in a way that was respectful and caring. Staff were knowledgeable on what support people needed and how the support they provided met people's needs.

People were involved in their own care and treatment and in making choices on how they wanted their care delivered. Staff told us that with support people made their own choices and identified their preferences with regards to their own care. They supported people by speaking clearly,

presenting information slowly, using the computer and using photos and pictures to help reinforce choices. People's care records contained a decision making profile which detailed how to support them to make their own choices. One relative told us that they felt involved in their family member's care and they were kept up to date by staff on what was happening.

Each person who lived at the home had an advocate who helped them to make some decisions and also confirmed that decisions made by staff were in the person's best interests. The advocate told us that staff had supported them to spend time with people to get to know them and get to know their personalities. They were involved in ensuring that decisions people were supported to make by staff were in their best interests and what they wanted.

People's independence was promoted by staff. One person told us they always hoovered in the mornings and took pride in keeping their bedroom clean and tidy. All people living at the home were encouraged to help with doing their own laundry, food shopping, preparing and cooking meals and were supported to do as much as they could. Staff respected people's privacy by discussing private matters away from other people and respecting people's dignity when supporting them with personal care.

Is the service responsive?

Our findings

Staff supported people the way they wanted and respected people's preferences and views. One person told us they were looking forward to going on their holiday. Staff had helped them to choose where to go, their hotel and what they were going to do on their holiday. All aspects of the holiday had been discussed with the person and staff had used a computer to show the person relevant information to help them make their choices. We saw that people were supported to spend their time how they wanted to. One person spent time working on a local farm, another person enjoyed going for a coffee and another person enjoyed walking. Staff told us that trips out were discussed with the three people who lived at the home and staff to agree what they would do together to ensure everyone's preferences were supported. Where required extra staff would work to ensure people's preferences were met.

People's care needs, preferences, wishes and what was important to them was known by staff and this was used to create individual plans of support for each person. One person told us that they liked to cook and staff helped them, they told us they liked to go to cafes and staff supported them to do this. Each person with the support of staff kept a record of what they had done, what they had enjoyed and what they hadn't enjoyed on a daily basis. This information was used to review their support needs so their

care plans were updated as any changes were identified in their health or social needs and preferences. Relatives were invited to and kept up to date on any meetings to review their family member's support and told us they got told if anything had changed.

The provider sought people's opinions and encouraged feedback on the quality of care provided. The provider sent yearly surveys to people, their relatives and staff to ask for their opinions of the home. In response to one relative's comments they told us that communication had been improved and regular information was now sent to them on what activities their family member had done. House meetings were held where the registered manager sought people's feedback. Discussions were held about what people wanted to do with their time, both outside and within the home. People also had the opportunity to raise any concerns they had at these meetings. The registered manager told us that this was not just restricted to the house meetings and that people were encouraged to give their opinions on a daily basis.

The provider had a complaints procedure in place and we saw that this had been followed by the registered manager. Relatives felt comfortable in raising concerns with the registered manager and any of the staff. We saw one complaint had been received in the last 12 months and this had been responded to appropriately by the registered manager.

Is the service well-led?

Our findings

People and staff were kept involved in what happened at the home and were encouraged to give their feedback, opinions and ideas for improvements through regular meetings and surveys. We saw a positive culture where people and staff were comfortable with each other. All staff spoke of Bowens Field being each person's home and that their focus was solely on the people that lived there. One staff member said, "This is their home and we're here to support them to live a fulfilled life. They're here to make their own choices and we support them with that". People were supported to access the local area safely and took part in events within the community. Staff told us that people attended a weekly coffee morning where they met other people from the local community and were able to build friendships. The registered manager told us that because this was a small home people and staff worked closely together. This helped to create an open, friendly and homely culture.

Staff spoke positively about their roles, understood what was expected from them and they felt supported by the registered manager. They were encouraged to question practice and understood how to whistleblow if they felt they needed to. Whistleblowing is when a staff member

reports suspected wrongdoing at work. We saw posters around the home which informed people, staff and visitors how to report concerns through a provider initiative called, "See something, say something".

The home had a registered manager who had been in post for a number of years. Staff found them approachable and "one of the team". During our visit we saw that the registered manager supported people and staff and was actively involved with what happened around the home. They told us they felt supported by the provider and received regular visits from their operations manager. Staff were aware of the on call management arrangements and they told us they always knew who to contact if the registered manager was not working.

We saw systems were in place which enabled the provider and registered manager to monitor the quality of the care provided at the home. Where needed we saw that areas for improvement had been identified and actions had been taken to address these improvements. Audits followed the Care Quality Commission's five key questions and key lines of enquiry. The registered manager told us this was helpful in getting familiar with our new methodology. Following the last audit improvements had been identified as needed to some staff records and this had been addressed and actioned by the registered manager. Daily checks were completed by staff and the registered manager which fed into a weekly service report the registered manager sent to the provider.