

Voyage 1 Limited

Chantry Gardens

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 ●

Summary of findings

Overall summary

This was an announced inspection which took place on 17 March 2017.

The service offers accommodation and support to three people who have learning disabilities. The home is a domestic sized house, set within a housing estate. Accommodation is provided on one floor. Individuals have their own bedrooms and there are spacious communal areas.

There was a registered manager in post when we inspected the service. 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.

The service worked to ensure there were sufficient number of staff to meet the needs of people using the service. The registered manager told us a minimum ratio of two staff to three people was required for 14½ hours of each day shift and two staff to sleep at the home during the night.

An internal support team managed the provision of agency staff cover. The registered manager told us this team approached different agencies and consequently a lot of different agency staff had worked at the service over the past six weeks. This meant there was a risk many different staff entering the home who people were not familiar with, may lead to them feeling unsettled.

People participated in activities such as arts and crafts, reading, taking part in various community activities such as shopping and walking in the local area. People were also encouraged to engage in daily routines such as cleaning and tidying their rooms, laundry and preparation of their meals.

Meaningful activities were arranged for people which they said they enjoyed. The registered manager told us they were currently looking at setting long and short term personal goals for people as it had been highlighted during a recent review that these had not been set to ensure people were experiencing sufficient person centred activities.

Risk assessments had been completed and guidance on how to provide care in response to these were available in people's care records.

Staff had the knowledge and confidence to identify safeguarding concerns and who to report these to. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening.

Medicines were managed safely. We observed medicines being administered. Staff administered medicines as prescribed and signed for medicines when they were sure these had been taken.

The ordering, storage and disposal of medicines was well managed. Stock levels were regularly checked to ensure there were sufficient medicines available to people according to what they had been prescribed.

Systems were in place to track when staff training was due and to ensure this had been completed. Where staff were due training, this had been scheduled accordingly. Staff told us they were confident the training they received equipped them with the skills and knowledge necessary for them to support people in line with their needs.

There were positive caring interactions from staff towards people using the service. Staff knew how to support people to be independent; giving them choices. People's care records had details of their preferences, likes and dislikes. Staff were also aware of these and knew people well.

The registered manager was accessible and approachable throughout our inspection. Staff, relatives and people who used the service told us the registered manager was available if they needed to speak with her and had confidence in their abilities to manage the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service worked to ensure there were sufficient numbers of staff.

The administration, storage, disposal and ordering of medicines was well managed.

Staff had the knowledge necessary to identify and report safeguarding concerns.

Is the service effective?

Good ●

This service was effective.

Staff told us they had the training and skills needed to meet people's needs.

People had sufficient to eat and drink to maintain good health and were supported to have their health care needs met.

Management and staff acted in accordance with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

This service was caring.

People were treated with kindness and compassion in their day to day care and support.

Staff knew the people they were caring for including their preferences for how they would like to receive care.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People had care plans that detailed how they would like to receive care and support.

People and/or their relatives said they were able to speak with staff or the managers if they had any concerns or a complaint. People were confident their concerns would be listened to and appropriate action taken.



Is the service well-led?

Good ●

The service was well-led

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

Quality assurance systems to monitor and assess the quality of care were in place to assess and continually improve the quality of the service.

Systems were in place to gather the views of relatives. An action plan was developed to improve the service people received.

Chantry Gardens

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 checked 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 17 March 2017. We gave short notice of this inspection to the service. This was because the service was a small care home for people who are often out during the day and we needed to be sure that someone would be in. The inspection was completed by one inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with three people living at the home and two relatives, 3 staff members, one agency worker, and the registered manager.

We reviewed records relating to people's care and other records relating to the management of the home. These included the care records for three people, medicine administration records (MAR), four staff files, the provider's policies and a selection of the services other records relating to the management of the home.

We observed care and support in the communal lounge and dining area during the day. We spent time observing people's experiences at lunch time and observed the administration of medicines.

Is the service safe?

Our findings

The service worked to ensure there were sufficient numbers of staff in accordance with the identified needs of people using the service. The registered manager told us a minimum ratio of two staff to three people worked for 14½ hours on each day shift and two staff for a sleeping shift at night. They also told us they or the peripatetic manager would often be available to provide extra support at the service wherever possible but that during out of service activities this may leave one person on shift in the service. The service had a risk assessment and protocol for lone working in the event this may occur.

The registered manager told us they were currently in the process of recruiting new staff. An internal support team managed the provision of agency staff cover to ensure adequate numbers during staff shortage. This team approached different agencies and consequently a lot of different agency staff had worked at the service over the past six weeks. When we asked the registered manager whether any attempts had been made to deploy the same agency staff they told us they were not able to influence this as it was managed centrally and they were not actively involved with this process. This meant there was a risk many different staff entering the home who people were not familiar with, may lead to them feeling unsettled.

People were protected against the risk of potential harm and abuse. Staff were trained in safeguarding vulnerable adults and were aware of the different types of abuse people may experience such as verbal, physical or financial. Staff knew who they should report any concerns to and what actions they should take should they suspect abuse had taken place. The protocol for reporting safeguarding concerns was displayed on the staff noticeboard. Staff told us this is what they would refer to if they required specific phone numbers of the people they needed to speak to with such concerns in the event the registered manager was not available at the time. When we asked one person whether they felt safe the said "Yes, I feel safe".

The registered manager acted as the financial appointee for two people using the service. There were robust financial procedures in place and twice daily audits to ensure financial records and balances were accurate.

People's medicines were managed so they received them safely and as prescribed. Medicines were stored in line with the provider's procedure and guidance for the safe management of medicines and where required, were disposed of safely. We reviewed a selection of medicine administration records (MAR) and found them to be completed satisfactorily, indicating people received their medicines safely as prescribed or "when required."

The service carried out regular service and maintenance checks to ensure the safety of people, their visitors and staff. These included the daily checks of fridge and freezer temperatures where food was stored and regular fire panel, emergency lighting, water temperature checks and the prevention and assessment of legionella.

The service had a disaster contingency plan and clear instructions for staff were available in the entrance to the home on how to respond to emergencies such as fire, flood and severe weather and also how to safely evacuate people using the service.

Risk assessments had been completed which identified specific risks for each individual. These included areas such as mobility, emotional or behavioural support and specific risks relating to health conditions.

Is the service effective?

Our findings

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 to 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).

Where people did not have the capacity to make specific decisions for themselves, mental capacity assessments had been undertaken and meetings held to ensure decisions made were in the person's best interests. For example, one staff member told us there was a monitor in one person's room to help identify when their breathing changed which may indicate they were unwell. They told us a DoLS had been submitted in line with this and multi-disciplinary discussions had taken place to ensure this was implemented in their best interest. The registered manager told us that where required applications for DoLS authorisations had been submitted by the provider to the local authority. Documentation to show mental capacity assessments had been completed, the rationale and who was involved in discussions around best interest decisions were filed in people's care records.

Staff demonstrated a good understanding of supporting people to make choices and decisions about their daily living. They explained people were always offered the choice of what they wanted to eat and drink and how they wanted to spend their day. We observed staff asking people what drinks they would like and also at mealtimes, what they would like to eat. Staff told us each person could make decisions about their daily living and they encouraged people to do so.

People told us they liked the food and were able to make choices about what they had to eat. A seasonal menu was available that people were able to choose from. There was fresh water and squash available around the home, and snacks which included fruit and crisps. People were able to help themselves to these snacks or staff said they offered these more regularly to people who may not always have the capacity to think to help themselves but would benefit from having these. People's weights were regularly monitored to ensure they were maintaining a healthy weight and staff supported people if they needed assistance to ensure they had enough to eat and drink. One staff member told us how they encouraged a person to eat more fruit and vegetables by making food look appetising and making it easily available to them. They told us they presented food in a way that made the food more appealing such as chopping vegetables the way they liked them.

Communication between staff was effective. All the staff we spoke with were knowledgeable about the people they supported and had an understanding of how people communicated and what their preferences, likes and dislikes were. On the day of our inspection, an agency worker had been supplied as

regular permanent staff were not available. The agency worker told us they had not previously worked at the service but had received a full and comprehensive induction when they arrived. This had included being introduced to people using the service, information on people's routines and how they liked to be supported and being informed of safety procedures including fire safety and the layout of the home. They also told us they read the support guidance for people which was confirmed by our observations.

Staff told us they received a mix of face to face and online training which gave them the knowledge and skills required of their role. A system was in place to provide staff with mandatory training. This included training in the safeguarding of vulnerable adults, first aid, moving and handling and fire safety. We looked at the training matrix, which showed training staff had undertaken. Training needs were also monitored by management through individual support and development meetings with staff. New members of staff received a thorough induction which included shadowing an experienced member of staff prior to working unsupervised.

Regular supervisions were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. Staff told us these meeting were useful and gave them the opportunity to discuss any difficulties or concerns they had. However staff also said they could approach the registered manager at any time to discuss any suggestions or raise any issues. Staff also received an annual appraisal of their performance.

People were supported to have access to healthcare services and to attend appointments for regular check-ups or when there were changes to their health or well-being.

Health action plans were in place for each person. These were reviewed every three months or according to any changes in people's health. These included hospital passports which described people's needs to inform how hospital staff should to treat and care for them in the event a person was admitted to hospital. The action plan also detailed health appointments and details of referrals to health and social care professionals and included correspondence with updates following advice and guidance given during appointments.

Is the service caring?

Our findings

People were supported to maintain their independence and access the local community. Staff told us how they promoted people's independence, for example encouraging them to take part in meal preparation, tidying their rooms, doing their own laundry and shopping for their own clothes and toiletries. People's care plans gave details on how much people could do for themselves and were clear about the level of encouragement or support they needed around specific areas of care. Staff told us about one person who was unable to get dressed independently. They told us how they gave them simple choices such as getting two items of clothing for them to choose to wear. This was reflected in the guidance in their care plan which included information on how to support them by giving them straight forward instructions and choices.

Staff knew the people they were supporting well. They were knowledgeable about how people communicated, their abilities, their likes, dislikes and preferences. When we spoke to one person using the service they told us they were "quite happy at Chantry Gardens. They are good staff. I like it very much at Chantry Gardens". The same person told us about how staff took them shopping to help them choose food they would like then showed us the art and crafts they had created which had been put on the walls in the communal areas of the home. One staff member told us about when they went shopping with people to choose new items for re-furnishing the communal areas of the home. They told us people had enjoyed this, particularly the stop for coffee before coming back home.

People were involved in monthly 'house meetings' which enabled them talk with staff about how they were feeling, what changes they would like such as changes to the décor of the home, planning new menus and what new activities they would be interested in participating in. People told us they liked their rooms. Two people spoke about how they had recently chosen the paint for their room as one was soon to be decorated and the other already completed. Staff and one person talked together to us about their work in the garden. They talked about the bedding plants they had bought and planted last year. The person we spoke with explained how they had planted them and that they would like to do that again. The staff member asked them if they would like to do that at the weekend to which they replied "yes". The same person said they had also helped to paint the garden furniture last year and were going to choose a different colour to paint it this year as soon as the weather improved.

People were treated with privacy and dignity. Staff told us how they would protect people's privacy by always knocking on their door and waiting prior to entering their room, ensuring curtains and doors were closed during personal care and always asking permission prior to carrying out tasks. One staff member told us although they regularly helped a person with the care of their hair they always asked them before helping them with this and if they declined support, they would always respect this. Another staff member said "Dignity and respect is all about giving people the opportunity to make their own choices and not to make assumptions. Even if there is something they do regularly, I make sure I still ask them what they want, as one day the answer may be different".

We observed lunch which took place at a dining table. Staff and people ate together and there was a friendly and relaxed atmosphere. There were conversations about what they had done and seen during the morning

and what they would like to do in the afternoon.

People's relatives spoke positively about the staff and registered manager. One relative told us "They (staff) understand what X needs and watches out for them. I know X is happy there and wants to stay".

Is the service responsive?

Our findings

Care plans were in place and reflected people's needs and choices. For example, in one person's care plan, there was guidance for how to help reduce their anxiety prior to attending appointments and for another person how to recognise triggers to certain behaviours and how to mitigate or manage these. Care plans also detailed how people liked to take their medication; off a spoon or having their tablets placed into their hands. This was confirmed during our observations of a medicines round where people were administered their medicines according to these choices.

People were involved in making decisions around what they would like in their support plans. Information was produced using different formats. These included pictures, photographs and symbols to help people understand the information provided. A one page profile was available for each person. This included what they liked and information about them such as their personality and what people liked and admired about them. This included details that were specific to each individual and also included what was important to them and how to staff could support them. In one person's profile it said they liked the company of others and enjoyed swimming, drawing and doing puzzles. In another person's profile it stated they enjoyed art and music, baking and going out for lunch.

Information was documented in people's daily records to inform other staff of what daily activities they had participated in and also included details of any changes to people's health or well-being to inform staff when they came on duty at the start of their shift.

A weekly activities programme was in place. People were supported to participate in activities with other people living at the service or to carry out their hobbies and interests independently. For example, one person enjoyed creating different textiles out of wool and also creating artwork and another person enjoyed looking at pictures of vehicles and creating various things with play dough. One staff member told us people had annual passes to a local wildlife park which, when the weather permitted, people visited regularly and another said they regularly supported two people to take walks out in the local community and find a bench to sit and watch the traffic go by as they particularly enjoyed this activity. On the walls around the home there were photographs of when people had been on day trips and also where they had joined in with other activities and seasonal celebrations.

Whilst these activities were available, they were not always geared towards people's own personal interests. When we asked staff about this they told us this was because there were not always enough staff to enable them to support each person individually to take part in activities of their own tastes. They said this was particularly evident when people wanted to do things beyond the scope of the local community as only two staff members were able to drive the minibus. In addition to this, staff told us due to the staffing ratio if one person did not want to leave the home but the others did, and there was only one staff member on duty it would not be possible for these trips to go ahead as all people needed to be supported. However, another staff member told us despite not having the provision of one to one care, people did get to go out and do what they wanted on most days. The registered manager told us this was something that had been identified a few weeks prior to the inspection during a review of people's care and support. In response to

this they were in the process of recruiting more staff and had started looking at doing more meaningful activities in a more person centred way as well as looking at and planning people's short and long term goals with them.

A complaints procedure was available and visible on the noticeboard in the entrance of the home. There were also cards available which said 'see something, say something' to encourage concerns to be reported. Staff told us one person used a diary which they liked staff to read. Staff told us if there was anything concerning this person or something they wished to complain about, they would write for staff to see. Relatives said they had a good relationship with the manager and deputy and would approach them with complaints although both said they had no cause to complain. No complaints had been received in the last 12 months however; the registered manager told us how they would deal with them in the event any were reported.

Is the service well-led?

Our findings

There was a registered manager in post and they were available throughout the inspection. The registered manager was also responsible for the day to day running of two other services within the same company and told us they split their time between all three services.

The registered manager told us they had not had their full quota of staff for approximately three months and as a result of this had not always been able to cover all shifts according to the number of staff assessed as being required. In response to this the service had since recruited more staff and were still in the process of recruiting more to rectify this.

Staff told us they liked working at the service saying overall, they worked well together as a team. They told us the registered manager was approachable and if they had any concerns they were confident these would be addressed appropriately. Staff meetings took place once every two months however, staff said any issues or concerns were always addressed immediately. Staff meetings included topical discussions on best practice and plans at each meeting to focus on a particular topic to ensure staff were all working consistently accordingly to the needs of individuals. For example, one staff member told us about the most recent staff meeting where they had discussed the most appropriate way to support a person with behaviours that may challenge. They told us they had discussed the triggers, signs and how to support this person and keep them safe. They told us although this information was in this person's care plan, it was good to have a discussion on their own experiences which helped to recognise how they could all work together to achieve the best outcomes for this person.

We looked at the agenda items for a meeting in January 2017. This showed items for discussion included vehicle safety checks, training due for renewal, recruitment of staff and focus on how to continue encouraging people's independence and supporting them to do activities they would like to do.

Annual satisfaction questionnaires were sent to people, their relatives and professionals. Information from this contributed to the annual service review in order to help focus on what was working and what was not working so well. The last annual review had taken place in July 2016 and had identified the need for more staff to be recruited, to have a more varied programme of person-centred activities with a particular focus on people's links to the community to prevent social isolation and the need for a hard standing outside the property to make it easier for people to get in and out of the minibus. An action plan had been produced and at the time of the inspection we were told about the current progress. The registered manager told us this included the recruitment of one staff member and further interviews being planned, people had gone to other services to meet people for afternoon tea with plans to do this on a regular basis and a hard standing was now in place at the front of the home.

Regular audits were completed to identify any risks within the service, for example the monitoring of accidents and incidents. The registered manager explained accidents and incidents were logged into the system and this information was reviewed by the director and an internal auditor. From these, any new risks identified would be categorised as high, medium or low and tracked for identification of patterns or trends

and subsequently monitored accordingly.