

Voyage 1 Limited

Seaview

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

About the service

Seaview is a residential care home providing personal care to 5 people with learning and support needs at the time of the inspection. The service can support up to six people and is provided across three floors of one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate for them and inclusive.

People's experience of using this service and what we found

People told us that they were happy living at the service and with the support they received. A relative told us, "They are absolutely brilliant. Seaview has worked so hard to give [my relative] a good quality of life."

People continued to be supported to remain safe and risks to their health and safety were well managed. People were protected from abuse. Medicines were well managed, and people received these on time and as prescribed.

Staff were well supported and supervised and had the skills and training they needed to support people. Staff continued to be recruited safely to make sure they were suitable to work with people with support needs.

People's needs continued to be assessed in a holistic way prior to them moving in to the service. The assessment process was thorough and were used to plan people's support. People were supported to access healthcare services including dental care when they needed to do so.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes which include control, choice and independence.

People were involved in decisions about their care and were supported to make choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring, and people were treated with kindness. Staff knew people well and used their knowledge

to assist people to communicate and express their views about their care and support. People were listened to and supported with their emotions. Staff respected people's privacy and people were treated in a dignified manner.

People had the opportunity to feedback about their support and any concerns through surveys, house meetings and were comfortable raising issues with the registered manager. People and their relatives knew how to complain if they choose to do so.

There were systems in place to check and maintain the quality of the service to ensure people received a good standard of care. The service continued to work in partnership with other service to improve outcomes for people. Incidents and accidents continued to be reported appropriately and were used as learning opportunities to improve people's support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published on 5 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Seaview

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Seaview is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and one relative about their experience of the care

provided. We spoke with five members of staff including the operations manager, registered manager and care staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at staff records in relation to training and staff supervision. We reviewed a variety of records relating to the management of the service, including incidents, healthcare and communication.

After the inspection

The operations manager and registered manager sent us more information on end of life care, staffing and staff training. This was sent in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There continued to be systems and processes in place to protect people from abuse.
- People told us that they felt safe at the service and staff had a good understanding of what the signs of abuse were and how to report these.
- Where concerns had been raised these had been reported to the local authority and action had been taken to protect people from future concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and there was information for staff to enable them to reduce risks. For example, where people needed support to manage their blood sugar levels there was clear information in place to enable staff to do this safely. Staff supported the person to monitor their blood sugar and there was information on what to do if it went above a certain level.
- There was information in people's care plan on how to support people when they had emotional based behaviours. This included emotional support plans for people and plans to promote positive behaviour. For example, there was information on what support people needed to remain calm. The effectiveness of different support had been analysed to identify what had worked well and what had not. As a result, there had been a reduction in behaviours. One relative said, "They have done a fantastic job. My relative has been really settled."
- People were protected from risks in the environment. Checks such as gas safety checks continued to be carried out. There were personal evacuation plans in place and staff knew how to support people to evacuate in the event of an emergency, such as a fire. The fire alarm had been serviced and tested to ensure that it was working correctly.

Staffing and recruitment

- During the inspection we raised concerns as some staff were working a significant number of long shifts without a break as there were not enough staff at the service. We raised this with the registered manager during the inspection. However, they were aware of this concern. Some staff had recently left and new staff were being recruited. Immediately after the inspection two staff, who knew the people who lived at the service, moved to Seaview from the providers other services. Agency cover was also arranged for some shifts. The operations manager sent us updated rota's and the concerns had been addressed.
- Staff continued to be recruited safely. Recruitment checks continued to be carried out centrally by the provider to ensure that staff were recruited safely. For example, to make sure disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People continued to receive their medicine on time and as prescribed. The support people needed with their medicines had been assessed. Everyone living at the service continued to need support with their medicines.
- Medicines administration records were complete. Medicines were ordered, stored and disposed of safely. For example, there were plans in place to keep medicines cool if the temperature in medicines cabinets became higher than medicines can be safely stored. Bottles and creams were dated when they were opened. This is because some creams and liquids are not as effective after they have been opened for a certain length of time.
- There was information on what medicines were for and how and when to administer them. Staff knew how people liked to take their medicines and provided this support. For example, one person liked to sit on a certain chair in the office to take his medicines. Staff made sure this chair was available and spoke to the person about what their medicines were for before supporting the person to take them.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed. People had STOMP plans in place. STOMP is an NHS England initiative to reduce the user of mood-altering medicines for people with learning disabilities. The use of these medicines was monitored and regularly reviewed with a view to stop using these medicines where possible and the use of these medicines had been reduced.

Preventing and controlling infection

- Staff supported people to keep the service clean. Staff had completed food hygiene and infection control training and understood how to reduce the risk of infection spreading.
- Staff had access to personal protective equipment and we observed staff used these where appropriate. Staff also supported service users to use items such as gloves when making food for other people at the service.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Incidents, including near misses, were reported and well documented. They were analysed, and action was taken to prevent harm. For example, where there had been incidents relating to emotional behaviour the incident was analysed to assess what triggered the incidents. Staff reviewed what support had worked well to enable the person to feel calm again. There was a de-briefing session for staff and the lessons learned were shared with staff and updated in people's support plans.
- Medicines were monitored, and any concerns were followed up by staff. For example, when the medicine count identified there was one more tablet that expected medical assistance was sought to ensure that there was no risk to the person.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving in to the service. The assessment was holistic and provided a good level of detail about the support people needed. For example, the registered manager visited people on a number of occasions to complete the assessment including accompanying them when they were out in the community.
- People visited the service before moving in. One person was planning to move in to the service. They had visited for lunch and were planning to visit again. This meant people had the opportunity to meet staff and get to know other people before they lived with them.
- Assessments were used to plan people's support. This included making sure support was provided for people's equality and diversity needs such as their religion, culture and expressing their sexuality or gender identity.
- There was a system in place to receive and review updated advice, best practice guidance and changes to the law. For example, current guidance on medicine administration from NICE. NICE is the National Institute for health and Care Excellence and publishes good practice information and guidance.

Staff support: induction, training, skills and experience

- Staff continued to have the training and skills they needed, and staff knew how to support people well. For example, some people, who had anxieties relating to food, went to an event where there was an unexpected buffet. Staff had the skills and knowledge they needed to support people in this situation. This meant people were able to remain at the event, participate in the buffet in a safe and healthy way and enjoy the evening's entertainment.
- Staff had also completed training specific to people's needs such as, autism awareness. Staff had also completed dementia training to enable them to continue to support people as they got older. Staff had also completed MAPA training. MAPA stands for management of actual or potential aggression and provides staff with the learning they needed to support people with emotional based behaviour.
- Staff had completed an induction prior to working with people and told us that they had had time to read people's care plans. Staff received regular supervision, annual appraisals and told that they were well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with effective support to eat and drink well. People were positive about the food at the service and said it was nice.
- Some people needed liquids to be thickened to reduce the risk of choking, this support was provided. Some people living at the service had anxieties relating to food and were at risk of overeating. The menu for

the week was planned in advance and was on display for people in pictorial form. Where appropriate people's snacks were also planned. This had helped people to reduce their anxieties. Where there was a risk of people becoming overweight people's weight had remained stable and within a healthy range.

- People had access to drinks throughout the day. Staff made drinks for people, people made drinks for themselves and offered drinks to others. Where people were at risk from dehydration their fluid intake was monitored against set targets and those targets were consistently achieved.

Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to maintain their health. For example, one person needed to watch what they ate to maintain their blood sugar levels. Staff had discussed healthy eating with the person and supported them to make healthy choices. The person had remained well.
- Staff supported people to access healthcare and attend annual health checks when they needed it. Staff were mindful how everyday illnesses and minor ailments could affect people more if they had underlying health condition. When people became unwell staff sought help where appropriate such as contacting the GP.
- People were supported with dental healthcare. People's dental needs were assessed, and they had access to dental service. We observed that people were encouraged to brush their own teeth and praised when they did so.

Adapting service, design, decoration to meet people's needs

- The building was adapted to meet people's needs. For example, there were downstairs bedroom and bathrooms for people who would have difficulty managing the stairs.
- People's rooms were personalised to suit their tastes and needs. One person proudly showed me their room and the personal items that were in it that were important to them. The environment was pleasant and spacious. People told us they were happy with their environment.
- There was an accessible garden which people enjoyed using. Where people liked to be involved in maintaining the garden they had been supported to do so when the weather permitted this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

- Where people needed support to make decision this was documented in their support plan. For example, where people needed time and a quiet space to think things through. Staff told us that people were involved in decisions and that this was important to people and to staff.
- Staff had a good understanding of mental capacity and that people had the right to make decisions for themselves where this was possible. One staff said, "Everyone is making some decisions for themselves. For example, one person has chosen to go on a long trip. Another declined a flu jab, we discussed this with them and later they consented."
- Where people were unable to make decisions for themselves best interest meetings were held in line with

the MCA. One decision had not been recorded, however this was resolved immediately after the inspection and had been discussed with relevant people.

- Applications for DoLS have been submitted where appropriate to ensure that people were not being deprived of their liberty unlawfully.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were happy living at the service. One person said, "The staff look after me nicely. I like living here." Staff knew what was important to people and understood people's nonverbal communication. For example, staff asked the inspector to move when they noticed that one person wanted to sit in that chair. The person was happy with this support from staff.
- There was a relaxed atmosphere at the service. Staff told us that the registered manager had made changes at the service which had resulted in the atmosphere being calmer. Staff said this had had a positive effect on people. One person said, "The staff are nice. They look after me okay. I like to sit here in the quiet for a while and they let me do that when I feel I want to."
- People's equality and diversity needs under the Equality Act 2010 were respected and supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their disability, sexual orientation, gender identity or religion. For example, people were supported to attend religious services and regular religious events where this was important to them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decision that affected them. Staff said, "People know that they have a voice here and are part of the decisions." For example, people took part in interviewing new staff. One staff said, "The people we support were involved in the interview when I came and that made me want to work here." People also had access to advocates where they needed this support. Advocates are independent workers who help people express their views.
- People were supported to express themselves. Where people had emotional based behaviour, this was analysed to consider what the person was seeking to communicate. The registered manager said, "Every time a person presents a behaviour, it's not a behaviour, they are trying to communicate." This approach had led to positive outcomes for people. For example, one person was shouting at staff, staff identified what was frustrating the person and supported them to resolve it. They provided the person with support to express their feeling and the person became calm again.
- There were regular meetings for people where people discussed their support and any changes they wanted such as changes to their activities or within the house.

Respecting and promoting people's privacy, dignity and independence

- People were supported to increase their independence. For example, one person showed us their bedroom drawers which were labelled so they knew where clothes were. This helped them to be able to do things for themselves such as put clothes away and get dressed independently. Another person had

adaptive cutlery which enabled them to eat without support from staff.

- People's privacy and dignity were respected. For example, technology was used to enable people to spend time alone in their room safely. Staff knocked on people's doors and spoke to people quietly when asking them questions about their support needs so that other people could not hear.
- People's records were stored securely to protect people's privacy. Staff had completed training in data security and knew that people's information was confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support was regularly reviewed, and people and their relatives were involved in these reviews. Pictorial information was used on review forms to support people to understand and engage with the process. One person told us they were listened to at their review which had taken place on the day of the inspection.
- We found that some people would benefit from undertaking more learning-based activities and increasing their daily living skills. However, this had been identified by the registered manager prior to the inspection and was being addressed. For example, one person told us they were starting life skill classes. The person was very happy about this and was excited to start.
- Care plans contained a good level of detail about people's preferences. For example, how people liked to be supported with personal care and what they could do for themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend events which were important to them and they enjoyed. Activities were personalised, and people went out alone with staff support or in small groups if they chose to do so. For example, people went to day centres, the cinema, and on trips out. One person had a passion for transport and was supported to enjoy this through collecting models and undertaking train journeys. People told us they regularly went to a disco and enjoyed this.
- Where people were in relationships they were provided with the support they needed to maintain these. For example, they were supported to speak to their partner on the telephone and go out on dates.
- People's relatives and partners were welcome to visit them at the service. Staff supported people to go out with their relatives where needed. For example, on trips out shopping.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and there was information in people's care plans about the support they needed.
- Information was provided to people in a suitable format. For example, there was easy read information in place in people's care plans to enable them to understand their support. The menu was provided in picture format. Information about external services such as advocacy service was on display in easy read format.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise any concerns or complaints they had. They were able to speak to the registered manager if they wanted to do so. The registered manager was accessible to people and we observed people were comfortable going in to the office or speaking to them when they were in other parts of the service.
- There was a complaints policy in place which was available to people in an accessible format.
- There had been no complaints about people's care and support since the last inspection.

End of life care and support

- No one at the service was being supported at the end of their life.
- There were no end of life care plans in place. However, the registered manager had already identified this concern prior to the inspection and plans were sent to us after the inspection.
- The end of life plans we received after the inspection included information about what support they wanted at the end of their life and after their death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service which focused on involving people in their own decisions and person-centred support. Staff told us that the manager, who had been at the service for a year, had made improvement to the culture. People and staff were more relaxed and settled.
- Staff told us they felt supported. The registered manager complimented staff and used the communication book to send staff positive messages such as, 'I am proud to be part of such an amazing team. One staff said, "The registered manager mucks in we all get on well together. I feel supported and the registered manager always asks me if I am well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- When things went wrong or there were incidents relatives were kept informed where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had informed the Care Quality Commission of significant events which happened within the service, as required by law.
- It is a legal requirement that the rating is on display at the service and on the providers website. This requirement was met. The rating was displayed at the service and accessible to people and any visitors to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular meetings for people where they could discuss their concerns and plan activities. People were also invited to raise any issues about maintenance, or health and safety at these meetings or outside of them. The maintenance issues people raised were logged on the providers system and were actioned in a timely way. For example, one person's bedroom light was not working and was fixed on the same day.

- There was an annual survey for people where they were supported to express their views. Relatives and professionals were also surveyed. Feedback about the support provided and staff was positive. One relative said, "We work closely together, it's a lovely relationship."
- There were regular meetings for staff and staff were invited to raise any concerns. Staff also undertook an annual survey. Where staff had raised concerns, these were being addressed.

Continuous learning and improving care

- Audits continued to be in place to check the quality of the service and address concerns. There were regular audits that were completed by the registered manager of support plans, medicines, infection control, staff files, maintenance and health and safety. The operations manager also undertook an audit of the service on behalf of the provider. Where audits had identified shortfalls action had been taken or was planned. For example, audits had identified that one member of staff needed to complete some training, and this had been addressed.
- The provider held events for registered managers to get together and share best practice. These included talks from outside agencies to promote learning. The registered manager attended these events.

Working in partnership with others

- People were referred to health and social care services appropriately such as GPs, occupational therapists and mental health professionals. Staff were kept informed of the outcome of any health visit as appropriate.
- People continued to engage with and access the community. For example, people went out shopping, to attend events and clubs.
- Staff worked with health and social care professionals to improve outcomes for people. For example, staff had worked with an occupational therapist to encourage one person to go out more and be more active.
- Health professionals had come to give talks to staff to promote learning.