

Voyage 1 Limited

Mountearl

Inspection report

73 Leigham Court Road
Streatham
London
SW16 2NR

Tel: 02087690322
Website: www.voyagecare.com

Date of inspection visit:
08 February 2018
13 February 2018

Date of publication:
27 February 2018

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 comprehensive inspection took place on 8 and 13 February 2018 and was unannounced. Mountearl 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.

Mountearl accommodates eight people, with mental health conditions and a learning disability, cross two separate units, each of which has separate adapted facilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last Care Quality Commission (CQC) inspection in November 2015, the overall rating for this service was Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

The service had a registered manager in place. 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 had developed systems to protect people from identified risks. Risk management plans incorporated behavioural support plans that were regular reviewed to reflect people's changing needs and guidance from healthcare professionals.

People continued to be protected against the risk of abuse. Staff were aware of the correct procedure in identifying, responding to; and escalating suspected abuse. Staff received training in safeguarding vulnerable adults and the provider regularly supported people to express their concerns.

People continued to receive care and support from familiar staff that had undergone pre-employment checks to assess their suitability to work. The provider ensured sufficient numbers of staff were on duty to keep people safe. Where people's presentation and needs changed, this was reflected in the increased staffing levels.

People received their medicines as prescribed. Robust systems in place ensured medicines were managed safely. Audits of medicine were carried out four times a day, which ensured errors were identified swiftly and action taken to minimise the impact on people.

The provider ensured staff had the skills and knowledge to carry out their roles effectively. Staff were supported to access regular training to meet people's needs. Regular supervisions and annual appraisals were carried out and enabled staff to reflect on their working practices.

The service had an embedded culture of ensuring people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service do support this practice. Staff had sufficient knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were treated as equals and had their differences embraced and encouraged. The service actively supported people to recognise their religious and cultural preferences as and when they wished.

The service had liaised with dieticians to ensure people were supported to access nutritious foods that met their dietary needs and requirements. People were encouraged to make healthy choices and supported to devise the weekly menus. People with specific dietary requirements were catered for.

People continued to be supported to develop their care plans, which were person centred and gave staff clear guidance on how to meet their social, health, medical and mental health needs in a responsive manner.

The service had an embedded culture that encouraged people to access activities that met their social needs. People were supported to access the community and participate in activities of their choice.

The service undertook regular audits to monitor the service performance. Audits enabled the provider to identify issues and act swiftly to minimise the impact on people. The provider consistently sought feedback on the service delivery to drive improvements.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Mountearl

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 unannounced comprehensive inspection took place on 8 and 13 February 2018 and was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. For example, the Provider Information Return (PIR) and statutory notifications. A PIR is a form that requires providers to give us some key information about the service, what the service does well and improvements they plan to make. Statutory notifications are information about important events which the service is required to tell us about by law. We used this information to plan our inspection.

During the inspection we spoke with three people, two care staff, property manager, deputy manager, registered manager and area manager. We looked at four care plans, three staff files, complaints file, medicines administration records, quality assurance records and other records relating to the management of the service. We also carried out observations of staff interacting with people.

After the inspection we contacted two relatives and two healthcare professionals to gather their views of the service.

Is the service safe?

Our findings

People, their relatives and a healthcare professional, told us they continued to feel safe at Mountearl. A relative told us, "Oh yes, I know he's safe. [Relative's] behaviours have improved tremendously." A healthcare professional said, "The staff are quite good in relation to the person I manage. There have been some incidents but [the service] have put measures in place to address this."

The service developed risk management plans that identified known risks and gave staff clear guidance on how to keep people safe. Risk management plans were comprehensive and detailed known triggers, how people may present when agitated and how to safely respond to these situations. Risk management plans were person centred and covered, for example, accessing the community, medicine administration and behavioural management. Records confirmed risk management plans were regularly reviewed and discussed with healthcare professionals to ensure they were current and accurately reflected safe strategies in de-escalation techniques.

Staff had sufficient understanding on how to identify different types of abuse, respond and escalate their concerns. The service had guidance for people to report their concerns in the communal area noticeboard and in their private rooms. Staff confirmed they had received safeguarding training and would feel confident in whistleblowing should they feel this was appropriate. The registered manager was aware of how to raise safeguarding alerts and had informed the CQC when appropriate.

People continued to be supported by sufficient numbers of suitable staff to keep them safe. Staff confirmed there were enough staff on duty to keep people safe. Where agreed in people's care package, people who required additional support to participate in community based activities had staff made available to them to do so. People who required 1:1 support during the day were also provided with the support agreed. Throughout the inspection we observed staff spending time with people in an unhurried manner, this showed there were sufficient numbers of staff available to them.

Staff employed by the service, were subject to pre-employment checks to ensure their suitability for the role. For example, Disclosure and Barring Service (DBS) checks and suitable references. A DBS is a criminal record check, employers can undertake to make safer recruitment decisions. The provider had taken additional steps to ensure the suitability of staff, by implementing annual criminal record self-declaration forms.

The registered manager had taken all reasonable steps to ensure the safety of the service and environment. All electrical, fire and gas safety checks had been carried out in line with good practice. Maintenance issues that had been identified had been reported following the providers policy. However, we did identify one issue with an ensuite shower that had not been fixed for a period of time. The registered manager was able to evidence this had been escalated to the maintenance department, however the issue was on-going. We raised our concerns with the area manager, who assured us this would be completed without delay. On the second day of our inspection the ensuite shower had been fixed and an action plan implemented to ensure no repeat occurrences.

People continued to receive their medicines safely and in line with good practice. People confirmed they received their medicines on time and records indicated staff had received training in medicine management. Medicine administration records (MAR)s were completed with no omissions and medicines were stored safely and in line with the prescribers guidelines. Medicine audits were carried out four times a day to ensure stocks and balances were correct, which was confirmed during our review of the medicine procedure. This indicated people received their medicines as prescribed.

The service had a clear and comprehensive policy on the management of infection control. Cleaning schedules were in place that identified specific areas that required cleaning, either on a daily, weekly or monthly basis. The kitchen area within the service was kept clean, food produce was clearly labelled and disposed of when outside the best before date. Staff were provided with personal protective equipment (PPE) to minimise the risk of cross contamination and had received training in infection prevention and control.

Is the service effective?

Our findings

People received effective support from staff who underwent comprehensive training to enhance their skills and knowledge and meet people's needs. A relative told us, "Yes, they [staff members] are very well trained. They don't do an easy job and they've got a lot of people and I've seen a big difference in my relative."

The provider had an embedded culture of ensuring all new employees underwent a rigorous induction process. Staff confirmed they received an induction that enabled them to effectively carry out their role; records confirmed what staff told us. Inductions covered all aspects of their role, including, expectations, wellbeing and ethos. Staff confirmed they had their competency for all aspects of the role monitored and approved, prior to working without direct support.

Staff were encouraged to regularly reflect on their working practices through frequent supervisions and annual appraisals. Supervision records confirmed, people's wellbeing, what had gone well, areas that required improvements and any additional training identified. Staff confirmed they found supervisions helpful in their personal development and could request additional supervisions should they feel necessary. Records also confirmed annual appraisals took place.

We reviewed the training matrix which documented all training received or pending for staff. Staff confirmed training met their needs and enabled them to carry out their role safely and confidently. Staff also told us, they could request additional training should they feel this necessary. We identified staff received training in safeguarding, medicines administration, working in a person centred way, Mental Capacity Act 2005 and other training the provider deemed as mandatory.

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 people 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).

We checked whether the provider whether was working within the principles of the MCA. At the time of the inspection the registered manager had reapplied to the 'Supervisory Body', for eleven standard DoLS authorisations. We identified the registered manager had applied for these prior to the existing granted authorisations had expired. We also identified the registered manager was complying with the conditions applied within the granted authorisations.

People's consent to care and treatment continued to be sought prior to being delivered. Throughout the inspection we observed staff seeking people's consent. Where consent was not given, staff were respectful of people' to deliver care and support. For example, when asking if they could come into their personal rooms. People continued to be provided with sufficient amounts to eat and drink that met their dietary needs

preferences and requirements. People who had specialist dietary needs were catered for, in line with the healthcare professionals recommendations.

People continued to be supported to attend any healthcare appointments as and when required. Relatives confirmed staff kept them abreast of healthcare appointments and any changes to their condition and care provided. The service had developed health action plans that detailed people's individual healthcare needs and support required. Records confirmed people had attended regular appointments, for example, dentist, G.P, optician and psychiatrist. Where advice had been given from healthcare professionals, this was then implemented into the delivery of care.

Is the service caring?

Our findings

People and their relatives were positive about the care and support provided by Mountearl. One person told us, "I like them [the staff members]." One relative said, "The staff that are there know [relative] and [relative] knows them. [Relative] knows they can go to staff for help; and seems able to communicate with the younger staff as they're nearer [relative's] age, and I think it's a very good idea. It is very reassuring for me."

The service had an embedded culture of supporting people to maintain and enhance their independence whilst treating them with respect. Throughout the inspection we observed staff speaking respectfully to people, taking interest in topics that mattered to people and affording them time to engage in meaningful conversations. Staff were compassionate, kind and gentle when engaging with people. It was clear from our observations that staff had developed positive working relationships with people, and people were comfortable to approach staff throughout the day.

People's independence levels were regularly monitored and documented in people's care and support plans. This enabled staff to adjust their working practices in line with people's dependency levels, as and when they changed. Staff confirmed they encouraged and supported people to do things for themselves wherever possible, however were on hand to provide support as and when needed. By doing so, this gave people a sense of achievement and increased their self-esteem.

People were encouraged to share their views and make decisions through a variety of mediums, for example, regular one-to-one meetings, general conversations and through annual quality assurance questionnaires. One relative confirmed their relative's consent was sought and decisions were respected. During the inspection we observed staff affording people choices, for example, whether they wished to eat in the dining room or to access the local community. People's decisions were respected. People's views and decisions were clearly documented in their care and support plans and reviewed regularly. This meant that care delivered was adapted to meet people's changing needs and preferences.

People continued to be treated with dignity. Staff were aware of the importance of supporting people to maintain their privacy and dignity. During the inspection we observed staff knocking on people's bedroom doors, awaiting authorisation to enter, before doing so. Staff were also observed speaking to other staff about people in a respectful manner, for example, leaving the room to ensure they were out of earshot.

Staff were aware of people's cultural needs and these were catered for. For example, people who had specific cultural requirements with food and drink, had their needs met. A healthcare professional told us, "My client is of [specific] origin and it is important to them. The diversity of the staff team, means there are people of the same ethnic origin [to the person] and his cultural needs are met. I have no issues." Where people followed specific religions this was respected and people were supported by staff to attend places of worship as and when they wished.

People's confidentiality continued to be maintained and respected. The service ensured confidential records were stored securely in a locked cabinet in a lockable room. Only those with authorisation had

access to the documents. Staff were aware of the importance of maintaining people's confidentiality, only sharing information with people who were approved.

Is the service responsive?

Our findings

People, their relatives and a healthcare professional told us they were part of the development of care plans. One relative told us, "I went to a review a few months ago. They [the service] looked at what more they could do and what was going on. I have my say and yes they [the service] do ask my views." One healthcare professional said, "I'm involved in reviews. The care plan is fine and they [the service] know [person] well and meet their needs in a routine [person] likes."

Assessment of needs were carried out prior to people using the service, to ensure their needs could be safely and effectively met, in line with the accessible information standard. This included, assessing people's communication needs and how information should be shared with them, in a manner they understood. For example, people who found the written word difficult, had access to pictorial documents, to ensure they understood the information being shared. The service ensured they reviewed people's communication needs regularly and where appropriate involved healthcare professionals to give further advice and guidance to support people. Staff told us and records confirmed, they were provided with training in meeting people's communication needs.

Care plans were comprehensive and based around the assessment of needs. They were regularly updated to reflect any changes to people's needs. Care and support plans were person centred and detailed people's preferences, history, communication, social needs, medical and mental health needs. The service also developed a one page profile, this gave staff an overview of how to support people. Reviews also included what had gone well since the last review and how improvements could be made.

People continued to be supported and encouraged to participate in activities of their choice that met their social needs. We received mixed feedback regarding activities provided. One healthcare professional told us, "The service doesn't have a great variety of activities within the home and in the community." We found no evidence to support this statement. One person told us, "I go out a lot, I like to go out. Sometimes I go with staff but I can go on my own." A relative told us, "[Relative] goes to lots of clubs and education, [for example] to Mencap. [Relative] goes out nearly every day of the week." People confirmed they enjoyed accessing the community and engaging in activities. During the inspection people were accessing the community both with direct support from staff and were assessed as safe, without direct support. People had individual activity plans which they developed with staff support. Activities included both in-house activities and those in the local community. For example, attending the gym, table tennis, attending clubs, personal shopping, walks, bowling and meals out. People were offered a choice in activities and staffing levels enabled people to participate in activities as and when they chose.

People were encouraged to raise their concerns and complaints. People and their relatives told us they knew how to complain and felt confident in doing so. The complaints procedure was available in pictorial and written format for people to ensure they understood their right to complain and what to expect from the process. People were given a copy of the complaints procedure and kept this in their private rooms. We reviewed the complaints file and noted there had been two complaints received in the last 12 months, both of which had been investigated and action taken to minimise repeat occurrences.

The service were in the process of supporting people to share their views and wishes for end of life care. The provider had a policy in place which the service were following and implementing in a sensitive manner. The end of life care plan was personalised and asked people who they wished to be informed of their death, what type of service they would like and what type of support they wanted during their end of life care.

Is the service well-led?

Our findings

People, their relatives and staff spoke positively about the management structure within the service. One person told us, "I do like them [the deputy manager and registered manager]." A relative said, "Things are changing since they've joined. I'm pleased with how [relative] is doing." A staff member said, "The registered manager is really very lovely. She listens to our ideas and is very supportive."

The service had a relaxed and welcoming environment, where people and their relatives were encouraged to visit and participate in parties held by the service. During the inspection we noticed a calm atmosphere where people were free to be themselves and access all communal areas of the service as and when they wished.

People appeared at ease with the management team who operated an open door policy. Throughout the inspection we observed people and staff accessing the office to speak with the registered manager and appeared confident in doing so. Both the deputy manager and registered manager were hands on within the service and supported staff to deliver care and support. This in turn helped staff morale and cemented the team working ethos.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The service sought people's views and feedback. Quality assurance questionnaires were sent to people, their relatives and healthcare professionals annually. We reviewed the recently returned questionnaires and found the majority of comments to be positive. Where people had identified issues or made comments that required action, this was done in a timely manner.

Regular audits to drive improvement continued to be carried out by the service. Audits covered all aspects of the service, including, medicines management, fire safety, infection control, care plans and staff training. Audits undertaken by staff were then reviewed by management and where appropriate escalated to head office for action if required.

Partnership working with healthcare professionals continued to be high on the registered manager's agenda. The management team encouraged healthcare professionals and relatives to be involved in the care of people they supported, to ensure they received the best possible care available. One healthcare professional told us, "[The service] are a lot better in communication and sharing information, for example, in changes to [person's] mood and liaising with psychiatrists and advocating for [person]."