

Voyage 1 Limited

Quiet Waters

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

Quiet Waters is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Quiet Waters accommodates up to five people who may have a learning disability, in one adapted building. At the time of our inspection, five people were using the service.

This inspection took place on 5 April 2018. The inspection was unannounced, this meant the staff and provider did not know we would be visiting. At the last inspection on 14 March 2016, the service was rated 'Good'. At this inspection, we found that the service remained good .

A registered manager was in post. 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 care service has been developed and designed in line with the values that underpin 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.' Registering the Right Support CQC policy.

The service was Safe. The service had appropriate systems in place to keep people safe and staff followed these guidelines when they supported people. There were a sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm. They had been recruited safely with the skills and knowledge to provide care and support to people.

The service was Effective. Staff received regular supervision and had been trained to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice. A wide range of activities was provided, which included involvement and use of local and wider community based activities.

The service was Caring. People were cared for and supported by staff that understood their needs and knew them well. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was individualised.

The service was Responsive. People's health and emotional needs were assessed, monitored and met in order for them to live well. The service worked closely with relevant health care professionals and people received the support they needed to have a healthy diet that met their individual needs.

The service was Well-Led. There were systems in place to drive improvement and audits were carried out on a regular basis, which looked at the quality of the service people received. The registered manager had a clear oversight of 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 ●

This service remains good.

Is the service effective?

Good ●

This service remains good.

Is the service caring?

Good ●

This service remains good.

Is the service responsive?

Good ●

This service remains good.

Is the service well-led?

Good ●

This service remains good.

Quiet Waters

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 comprehensive inspection took place 5 April 2018. It was unannounced and was carried out by one inspector.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events, which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

We also reviewed the information the provider had given us in their Provider Information Confirmation (PIC). This form asks the provider to give some key information about the service, what the service does well, and the improvements they plan to make. We also sought feedback from commissioners who had funded people to live there and monitored the service.

During our inspection, we spent time observing the people to help us understand the experience of people who could not talk to us. We spoke to three support workers, the registered manager and the regional manager. We spoke to two relatives who were happy to give us feedback about the service.

We looked at the care records of three people to see whether they reflected the care given and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, minutes of meetings with staff and people who lived in the home and arrangements for managing complaints.

Is the service safe?

Our findings

People were being cared for safely. Staff were motivated and strived to provide consistent safe care and support. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling or choking and appropriate controls had been put in place to reduce and manage these risks.

Relatives told us they had confidence in the service and that their loved ones were cared for safely. One relative told us when there had been some issues but that the registered manager had taken appropriate action and was working with the relative involved to ensure that the staff were fully aware of how to safely care for their relative. The relative said, "[Name of person] was upset because another person had intruded whilst they was in the bath. They are trying to contain the problem. They are good at nipping things in the bud."

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the registered manager knew that if any safeguarding issues arose that they would have to complete the relevant notification for the Local Authority and Care Quality Commission (CQC). The registered manager discussed safeguarding with staff at each staff meeting to maintain awareness amongst staff.

Risks to people were assessed and management plans were in place to reduce the likelihood of harm. For example, detailed information and guidance was available for staff so that they could understand how to meet people's day to day needs safely. Equipment was available to staff and was in good working condition. People and their relatives been involved in the assessing of possible risks.

Staff recruitment files we viewed, demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment.

Medicines were safely managed. Staff had received training and their competencies were tested annually. There were audits in place and any shortfalls were quickly addressed. We saw that people received their medicines at the correct time and in the right way.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. The home had a five star food hygiene rating. Staff were observed following good infection control practices to help reduce the spread of infection, including regular hand washing and wearing aprons to protect their clothes. One relative said, "The home is very clean. They are on the ball about keeping people well looked after and clean. Even if you visit unexpectedly, everyone is well dressed and the home is clean."

The service had a system to record, monitor and manage accidents and incidents and learn from these. The provider had an electronic system and all incidents were logged which enabled them to monitor actions, outcomes and learning from these incidents were completed.

Is the service effective?

Our findings

People were encouraged to make decisions about their care and their day-to-day routines and preferences. Staff understood how to communicate with people. For example, the service encouraged one person to use pictures of activities and meal options. Another person touched their chin to agree if they wanted to do the activity and to confirm if they wanted that meal or an alternative.

Staff had received the training required to meet people's needs. We viewed the training records for all staff. These identified when staff had received training in specific areas and when they were next due to receive an update. All staff received core training which, among others, included; first aid, infection control, fire safety, food hygiene, equality and diversity, administration of medicines and safeguarding vulnerable adults.

The provider also offered training suited to the needs of the people living at the service, such as, inclusive communication, and autism. Relatives told us the staff were well trained. One relative said, "They are well trained. They are doing a wonderful job. It gives myself and my relative peace of mind to know they are cared for so well."

Staff had been trained in inclusive communication and was using assistive technology to reduce people's anxiety prior to health treatment so that they could understand what to expect. One staff member explained, "[Name] of person had lost a bit of weight and wasn't being themselves. The GP suggested a blood test, but [Name of person] had not had one before. We used this technology to prepare them before hand and it really helped.

The registered manager supported staff to carry out their roles effectively. The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received supervision and records showed that supervisions were held regularly.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. The provider worked well with other health services to make sure that people could access the care, support and medical treatment they required. Hospital passports were in place, which enabled staff to access people's information quickly if this was needed.

Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been requested. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People chose what they wanted to eat and were involved with choosing their menus and going shopping for the food items. We saw people had access to a variety of drinks throughout the day. We saw staff being very

patient and encouraging people if they needed additional support. Meal times were flexible and we saw people choosing when and where they wanted to eat and drink. Some people sat together at tables, others chose to stay in their seat. We observed people enjoying their meal and relatives told us that the food was good.

Staff were knowledgeable regarding the risks posed to people who needed additional support to eat and drink in a safe way. These risks were monitored and well managed. Some people needed their food to be textured so that they could eat in a safe way and not choke. Detailed guidance was available and staff could clearly explain in detail how to support the person to eat in a safe way. People's weights were regularly monitored and information from speech and language teams (SaLT) was clearly recorded.

Quite Waters was a modern detached house, which had been modified to meet people's individual needs. The registered manager ensured that the environment was well maintained and free from hazards. There was an accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms; people were involved in choosing the colour scheme in their room. Each room reflected the individual's personality and was equipped to meet their needs.

Is the service caring?

Our findings

During the inspection, we observed staff interactions with people were positive and staff were kind.. There was a calm and relaxed atmosphere and people had good relationships with staff. Staff spoke in a caring, warm and respectful manner. One relative said, "They are much better than first class. The attitude of the staff and the caring manner they have. This is not just to my relative but to all of the people." Another relative said, "The staff are wonderful, they are an excellent team of people."

Staff looked at ways they could remove barriers if people had difficulty communicating with others and understood how external stimuli may affect some ones behaviour. One relative explained, "[Name of person] hates dog noises and babies crying, the staff are really good at identifying these triggers and nipping it in the bud before [Name of person] gets distressed. They understand [Name of person] and their needs."

Staff had been trained and understood how to communicate with people in an inclusive way. For example, staff spoke with people by kneeling or sitting next to them and they took the time to listen to what people were saying.

Staff could understand what clues people were giving when they were anxious and looked at ways to comfort and reassure them. We saw people being supported in a discreet and respectful way with personal care. For example, helping people to go to the toilet so as not to cause any embarrassment. People were encouraged to make choices, and their independence was encouraged according to their abilities. One staff member explained, "[Name] can communicate, they will take your hand and place it on the thing they want." Another staff member explained, "With [Name of person] they have pictures on their wall and we use this to decide what they want to do that day. They tap their chin to state yes or no."

We observed staff not hesitating to deliver care in an inclusive way. For example, one person was unwell and spent a lot of time in their room, at meal times extra effort was made to ensure that this person was fully included in the mealtime preparation.

People were supported to maintain relationships with relative and friends. Visitors and relatives told us they were always welcome and were able to visit at any time. People's care records contained contact details and arrangements. People who did not have any direct involvement from relatives were supported to access advocacy services. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. One relative said, "[Name] goes to advocacy services every Monday."

Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments. Doors were always kept closed when people were being supported with personal care and staff knocked and waited for a response before entering a person's room.

People's care records included an assessment of their needs in relation to equality and diversity. The provider looked at ways to meet people's cultural and religious needs. Staff could explain that they

understood the importance of maintaining people's privacy and human rights. We saw, people choosing where they spent their time, such as in their own room or in communal areas and they could move freely around the home.

The staff all spoke of people with fondness and had got to know people well. They had spent time gaining the knowledge and understood how people communicated and expressed their wishes.

Is the service responsive?

Our findings

The service was flexible and responded to people's needs. Each person had detailed care plans in place that identified how their assessed needs were to be met. These included information on their background, hobbies and interests and likes and dislikes. When people had a specific communication need this had been considered and suitable arrangements put in place.

Care plans included detailed assessments, which took into account people's physical, mental, emotional and social needs. Care plans had been reviewed regularly or when people's needs changed. Relevant health and social care professionals were involved when required and professionals told us their advice was listened to and acted on by staff.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals. Any changes to people's care was discussed at handover meetings. Staff told us this was important so they were aware of any changes to people's needs. Handover meetings enable staff to share important information during shift changes.

People were supported and encouraged to follow their interests. People took part in activities outside the home such as visiting local country parks, going to college, garden centres and having meals out at local pubs and cafes. The registered manager and staff focussed on trying to enhance people's life experiences further and supported people to try new experiences, such as travelling and going on holiday.

The registered manager told us how important it was to motivate and stimulate people and ensure they got as many opportunities, which could enrich their lives. We saw many photographs of people taking part in activities, which helped remind them of the things they had done and share their experiences with their relatives and friends.

Staff had developed good relationships with people. One staff member said, "Because the weather has been so bad, yesterday it was sunny, so, me and [Name of person] walked down the church, we both sat on the bench in the sunshine quietly for about 10 minutes or so then walked back. It was good. We both shared a moment."

Meetings were held with people, staff and relatives to seek their views regarding their care and support. Minutes of meetings were produced, including formats using pictures and symbols so that people could understand the content.

People and their relatives said they felt able to raise any concerns they had with the registered manager or staff. There had been some complaints relating to how people were integrating after they had moved into the home. Systems were in place to deal with complaints appropriately. An easy read version of the complaints procedure was on display. We noted a number of compliments about the service had been received.

The service was sensitive towards the needs of people in relation to end of life care and had policies in place. The registered manager explained that because the people living at the service were young and vibrant, most relatives did not want to consider this aspect.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it; to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . For example, the registered manager had looked at each person's individual methods of communication and had used pictures and objects for people to see and hold which enabled them to understand the information they were being presented with.

Is the service well-led?

Our findings

The registered manager led by example. Relatives said the registered manager was, "Open and approachable." Another relative said, "[Name] always has their door open."

The provider had a registered manager in post. A registered manager is a person who had registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us that the registered manager respected and valued their involvement and feedback. The registered manager was consistently described by staff as; Knowledgeable, supportive and non-judgemental. The registered manager had an emphasis on wellbeing and the retention of staff. One relative said, "Overall our experience of the company is that we are very impressed with them."

Staff told us that they had regular staff meetings which were conducted in an honest way to learn then things were working well and when things had gone wrong or could be improved. When the provider became aware that someone was dissatisfied with the service, an apology was issued.

The registered manager was aware of the CQC guidance of 'registering the right support' (CQC policy on registering and variations to registration for providers supporting people with learning disabilities.) They understood the principles of the guidance and told us there were no plans to increase the current provision.

Staff at all levels of the organisation were encouraged to uphold the service values, and staff told us these were to always empower others and be supportive and honest. There was an open and transparent culture. People, staff and relatives were asked for their feedback through surveys and care reviews.

In addition to the registered manager having good systems in place for auditing the quality of the service. The regional manager and governance team worked very closely with the registered manager, supporting them and providing a thorough and rigorous oversight of these processes. This information was fed into regular reports about the service, this also looked at any risks. Objective feedback was given with recommendations for improvements. When recommendations had been made we could see that the registered manager was working to achieve these.

The governance team carried out their own inspections of the quality of the service this included a review of people's care, and speaking to people receiving a service to find out their views and using this to look at how improvements could be made.

The registered manager was clear about their role and understood their registration requirements, which included their obligations around managing safety and the submission of notifications.

People had completed a satisfaction survey and positive comments had been received. One described the

care and support as 'first class' another said, "Staff really understand each other and work well as a team." Another said, "It has given me much peace of mind to know that [Name] is cared for so well."

People benefited from a service that had forged strong working relationships with the local authority and other professional groups within the community and the local hospital. One relative said, "This service is much better than first class. "The attitude of the staff and the caring way that they have with people. This is not just for my relative but all of the people."