

Voyage 1 Limited

19-23 Church Street

Inspection report

Market Warsop
Mansfield
Nottinghamshire
NG20 0AU

Tel: 01623840000

Website: www.voyagecare.com

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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

About the service:

19 – 23 Church Street is registered to provide accommodation and personal care for up to ten people with learning disabilities. At the time of inspection, nine people were using the service. 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.

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

People's experience of using this service:

People continued to receive safe care. Staff understood safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage risks within people's lives, whilst also promoting their independence.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing support matched the level of assessed needs within the service.

Training was provided to ensure staff had the skills, knowledge and support they needed to perform their roles.

Staff were well supported by the registered manager, and had regular one to one supervisions. Staff were positive about the management of the service.

People's consent was gained before any care was provided. 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 supported this practice

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People and their relatives were involved in care planning and were able to contribute to the way in which people were supported. People and their families were involved in reviewing people's care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. No complaints had been received since our last inspection.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection: Good. The inspection report was published on 5 April 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service remained Good

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Good

Details are in our Well-Led findings below.

Good ●

19-23 Church Street

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: 19 – 23 Church Street is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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: The inspection was unannounced and took place on 27 February 2019.

What we did: Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We viewed information the provider is required to send us at least annually that provides some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection we spoke with two people who used the service and two relatives. We also spoke with the registered manager, the deputy manager, two senior support workers and five support workers.

We reviewed four people's care records. We looked at records of meetings held, incidents that had taken place, audits undertaken and quality assurance reports. We reviewed one staff recruitment file and staff training records. We observed interactions between staff and people who used the service in communal

areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection visit we spoke with three further relatives.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People trusted staff who supported them to keep them safe. People were comfortable when staff interacted with them and provided them with physical support.
- People felt safe living at the service and relatives felt they were safe living there. Staff knew about the risks of abuse people could face and how to safeguard them if needed. All staff had completed safeguarding training.

Assessing risk, safety monitoring and management

- People could take part in activities they wanted and access resources in the local community. This was because the risks had been recognised and plans made on how these risks could be managed safely.
- Two people went swimming during our visit, which was a regular activity for them. The registered manager told us the landlord at a local public house had fitted a ramp so people were able to access the premises safely in their wheelchairs.
- The service and equipment used was checked on a regular basis to ensure these were safe and properly maintained. Contracts were in place to ensure required servicing and maintenance were carried out as needed.

Staffing and recruitment

- People needs were met because there were the number of staff needed to do so on duty. People received support in a timely way and staff were taking people out at various points throughout the day. A relative told us their family member was, "Always going out."
- The number of staff on duty varied depending on the needs of people who used the service and any plans they had, which included going out for activities and appointments. The registered manager put the number of staff on duty needed to meet people's care and social needs.
- Unplanned absences were covered by members of the staff team. The majority of staff had worked at the service for a long time and little recruitment took place. However, there had been one staff member recently recruited the required recruitment processes had been followed.

Using medicines safely

- People were given the medicines they needed when these were required. People were given their medicines by staff who watched to ensure they took these safely. Staff had been trained on the safe storage and administration of medicines. They had also been trained on how to meet one person's specific administration needs.
- Systems were in place to ensure people's medicines were ordered, stored and administered as required. Records were made to show when people had taken their medicines or if they had not done so and the reason for this. There was guidance provided for staff on when and how to give people any medicines that

were prescribed to be given 'as required' (PRN). We did find some creams had not been dated when opened and one administration of a medicine had not been signed for. The deputy manager addressed these issues during our visit.

Preventing and controlling infection

- People lived in a service that was kept clean, tidy and hygienic. Systems were in place to help prevent the spread of any infection. A relative told us they always found the service, "Clean when we visit." Protective clothing was readily available and we saw this was used when required.
- Staff followed good practices to prevent the spread of infection such as using colour coded cleaning cloths and mops for designated areas of the service. Staff followed a cleaning regime to ensure all areas of the service were cleaned regularly.

Learning lessons when things go wrong

- People were protected from avoidable situations as measures were followed to make improvements when needed. The registered manager used events that happened as learning opportunities. They described how they had implemented a system to monitor people's skin integrity when a person had shown signs of skin damage after being away from the service.

Is the service effective?

Our findings

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

Good: 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 before they started to use the service to ensure these could be met. One person was due to move into the service in the near future. There had been a plan made with the person's current placement to allow a period of assessment and transition. This had involved collecting essential information about the person such as how they communicated, their health care needs and how these should be met.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and supported. We saw staff knew how to meet people's needs and provided them with the support they needed. We saw staff asking the registered and deputy manager for support and advice.
- The staff training records showed staff were up to date with their required training. Staff confirmed they had the training they needed and they received supervision.
- New staff had an induction when they started work and were given the support they needed for their role.

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

- People were provided with food and drink in the way they needed this prepared. We saw guidance from speech and language therapy (SALT) had been included in people's support plans. This included how food should be prepared and how the person should eat this.
- A weekly menu was prepared with people who used the service and there were always alternatives available.
- Each person was weighed every month to monitor them for any weight change. A record was made of what each person had to eat and drink each day, however these records were not always completed in full. The registered manager said they would bring this to the attention of staff and ensure these were fully completed in future.

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

- People lived in a service that was suitable for their needs. The service had good sized rooms with wide corridors and doorways making it easier for people to mobilise. We saw people were using the communal areas and some people were able to mobilise independently. There was equipment needed to assist people with their support, including ceiling hoists and adapted baths.
- The service was pleasantly decorated and well maintained. Staff told us any repairs were seen to promptly and the provider responded positively to requests for any new or replacement equipment.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to have the healthcare support they required. A relative told us their family member was supported with their healthcare and staff went with them to any appointments. They also said their family member's, "Health is looked after." The registered manager described how they planned the support people required if they needed to spend any time in hospital.
- Staff spoke of helping people complete exercise routines prepared for them. Staff also described how they knew people well and could tell if they were not feeling well.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People who required a DoLS had these in place.
- People were able to make decisions and staff sought people's consent before providing them with any support. Staff described different ways people gave consent when they were not able to do this verbally.

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

Good: 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 were supported by staff who valued them and knew them well. We saw how staff used their relationships with people to improve and enhance their wellbeing. This included having physical contact with people and singing to them. A relative told us their family member "liked the staff".
- Staff knew about people's earlier lives and things that were important to them. There were details about one person's faith needs in their support plan and the registered manager told us how these needs were being met.
- Staff knew how to communicate with each person and spoke of how they understood how they communicated.

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

- People were able to contribute to decisions made about their care and support. Staff used various techniques to gather their views, such as picture cards and showing videos. People were asked if they wanted to be involved in writing their support plans and these were shared with them when they had been written. The registered manager told us people were involved in reviewing their support plans and helping to shape these in the way they wanted.
- Staff told us how they involved people in contributing to all aspects of their life where they were able to do so. These included selecting meals, going on holidays, taking part in activities and how they spent their time. Staff said they were able to understand people's reactions and expressions and used these to help make plans for people. The registered manager told us how one person's wishes had led to a holiday being arranged for them, which included them visiting places they had been to when they were younger.
- The registered manager told us advocates had provided support to people who used the service in the past. There was information available on how to contact advocacy services in the office.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and encouraged to be as independent as they could be. People's bedrooms were recognised as their personal and private space. These had been decorated and furnished in a way that expressed their personalities and promoted their independence with equipment and aids. The registered manager obtained people's consent before showing us their bedrooms as part of our tour of the building.
- People were encouraged to maintain relationships with friends and families who were welcome to visit the service. Staff also facilitated people to visit their families and to have phone or messaging contact. People were supported to build relationships with other people who used the service and spend time together.
- Staff protected people's rights by maintaining information about them appropriately and adhering to practices that promoted confidentiality.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that met their needs.
- The deputy manager described how they had developed the way one person was supported. This had involved identifying a number of issues and problems the person experienced, on a daily basis, and what could be the cause of these. The deputy manager then put into place a plan that addressed these issues and they described how this had positively improved the person's happiness and well-being.
- The deputy manager had noted how one person's posture had changed. They had realised equipment they used was not providing them with the support they needed. As a result they had checked this for everyone who used the service. Three people's needs had changed and new equipment was provided for them.
- People were able to take part in meaningful activities in line with their own hobbies and interests. We spoke with one person who told us about how they followed their interest in woodwork and crafts. Each person had a scrapbook with pictures of events they had taken part in and trips they had been on. We saw pictures of one person on a tour of a football stadium which they told us they had enjoyed.
- Staff told us how people were able to take part in activities in and out of the service. One person said they had enjoyed their visit to the day centre that day. A staff member told us how they had arranged for one person to start voluntary work which they were enjoying. Staff told us they used keyworker meetings to identify what people would like to do and then they would try to arrange these. The registered manager said they were always looking for events to celebrate. There had been a party the previous weekend where people had enjoyed having two Shetland ponies visit the service.
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. We saw there was information available in different formats suitable for people who used the service. The registered manager told us they were planning to review people's support plans to ensure they were fully complying with the AIS.

Improving care quality in response to complaints or concerns

- People could be confident that any concerns they raised, or any concerns that were raised on their behalf would be addressed. Relatives told us that although they had not made any complaints, if they wanted to discuss any aspect of their family member's care and support this was listened to and acted upon.
- The registered manager told us that there had not been any complaints made since our last inspection. They said that if any complaint was made they would follow the complaints procedure to address and resolve these.

End of life care and support

- There was not anyone who was receiving end of life support at the service during our inspection. The registered manager described how one person had been supported when they were reaching the end of their life. The registered manager praised how staff had worked at this time to in supporting the person. The registered manager said they had not yet prepared end of life support plans for people who used the service but this was something they were looking to do over the coming months.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We saw the registered manager and deputy manager spending time and interacting with people who used the service. These interactions were positive and people were clearly comfortable in their company. Relatives told us they found the management of the service open and approachable.

- Staff spoke positively about the way the service was managed and they felt their suggestions and ideas were listened to. A staff member told us how one person now had a wheelchair accessible greenhouse following a suggestion from staff.

- The registered manager reviewed any incidents and accidents to identify if these could have been avoided. They also checked to see if anyone had been harmed as a result of the care and support they received as required by their duty of candour responsibility.

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

- There was a registered manager 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.

- Effective systems were in place to monitor the quality of the service and the care provided. A quality officer undertook regular inspections of the service. Following the most recent audit, where the service was given a 95% compliance rating the quality officer described the service as having, "A warm and friendly atmosphere" and "The manager knows all individual's care needs well".

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

- People were provided with opportunities to be involved in the day to day running of the service. This included house meetings, menu planning meetings, individual keyworker meetings and completing questionnaires about the service.

- Relatives were able to make suggestions and comments to staff when visiting and through taking part in reviews of their family member's care.

- The registered manager understood that the service needed to be aware of people's differing characteristics and how people's needs associated with these should be met.

Continuous learning and improving care

- Staff said the management of the service were always looking to improve. The registered manager spoke of contacting other professionals and agencies for advice when needed.
- The registered manager undertook regular checks on various areas of care to ensure the required standards were being achieved. This also provided opportunities to identify ways of making improvements to the service as well.
- The registered manager said the provider organised training and developmental opportunities for managers of all of their services. The registered manager said they had attended a meeting the previous day with managers from other services where there had been discussions about the quality of care.

Working in partnership with others

- The registered manager described how staff worked in partnership with other agencies. This included other health and social care professionals involved in people's care.