Voyage 1 Limited

Deja Vu

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 28 and 29 June 2016 and was unannounced.

Deja Vu provides accommodation and personal care for up to seven people who have learning disabilities. Support is carried out in an extended property, with widened corridors in the downstairs area to support people who may also have a physical disability. At the time of our inspection there were six people using the service. There was a large garden with a decked area and a sensory garden at the bottom.

Deja Vu has 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.

At the last inspection on 17 and 23 March 2015 we asked the provider to take action to make improvements to person-centred care planning, safe care and treatment, governance and the implementation of the principles of the Mental Capacity Act 2005. This action has been completed.

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. Staff were aware of how to protect people from abuse. Relatives told us their family member felt safe.

Risk assessments, referred to by the provider as support guidelines, were in place for each person on an individual basis. People using the service were living with a learning disability and were at risk from a large number of everyday activities. Staff were aware of the risks and knew how to mitigate them.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. Where necessary investigations were carried out.

There were enough staff on duty to meet people's needs. The registered manager explained how staffing was allocated based on how many people had been assessed as requiring one to one support and the known needs of the other people using the service. Recruitment was carried out safely to ensure that potential members of staff were suitable to work in the home.

Medicines were administered safely by staff who had been trained to do so. Medication competencies were checked by the registered manager annually. Medication Administration Records (MAR) were kept for each person. Medicine stock levels were monitored and recorded on a daily basis by the member of staff administering medication. Medicines were also checked weekly and monthly.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. This meant that

people's mental capacity was assessed and decisions were made in their best interest involving relevant people. The registered manager was aware of her responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people using the service.

Relatives told us they were very happy. Staff understood people's preferences and knew how to interact and communicate with them. People behaved in a way which showed they felt supported and happy. People were supported to choose their meals. Snacks and drinks were available in between meals. Staff were kind and caring and respected people's dignity.

Support plans were detailed and included a range of documents covering every aspect of a person's care and support. The support plans were used to ensure that people received care and support in line with their needs and wishes. We saw this reflected in the support observed during the visit.

There was evidence in support plans that the home had responded to health needs and this had led to positive outcomes for people.

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager who listened and responded. The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in her role.

The registered manager maintained a detailed system of quality control in order to ensure the quality of service was maintained and improved. This included daily checks weekly checks, quarterly provider audits and annual quality compliance audits. Actions were identified as a result and included in a consolidated action plan which was regularly monitored by the registered manager to ensure actions were being completed within appropriate time frames.

Staff said they had been involved in the development of the home through interactive discussion at staff meetings, supervision meetings and constant communication with the registered manager.

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.

Staff knew how to keep people safe from harm and protect them from abuse. Identified risks had been recorded and addressed.

The registered manager planned staff rosters to ensure there were enough staff to meet people's needs. There were effective systems in place to ensure appropriate staff were recruited.

Medicines were administered safely by staff who had been trained to do so.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

People were able to choose their meals and had access to drinks and snacks when required, to ensure adequate nutrition and hydration.

People were supported to make their own decisions, but where they did not have capacity the provider had complied with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported in a stable and caring environment.

The staff promoted an atmosphere which was kind and friendly.

People were treated with respect and dignity and independence was promoted wherever possible.

Is the service responsive?

Good

The service was responsive.

People's preferences, likes and dislikes had been recorded and responded to by staff.

The registered manager sought and responded to feedback from people, relatives and staff.

Is the service well-led?

Good

The service was well led.

We found the home had an open and transparent culture.

People and staff were encouraged to be involved in the future development of the service.

Effective quality assurance systems were in place, to ensure a continuous and consistent quality of care.

Deja Vu

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 28 and 29 June 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, we reviewed all the information we held about the home including the previous inspection reports and notifications received by the Care Quality commission. A notification is information about important events which the provider is required to tell us about by law. The provider submitted a Provider Information Return (PIR) prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with two relatives and one person. We also spoke with the registered manager and two support staff. We reviewed records relating to the management of the home, such as audits, and reviewed staff records. We also reviewed records relating to three people's care and support such as their support plans, risk assessments and medicines administration records.

Where people were unable to tell us about their experiences, we used other methods to help us understand their experiences, including observation. We were able to communicate and interact with two people using communication plans within their support plans.

We last inspected the home in March 2015 and found four breaches of regulations. The service was judged to be 'Requires Improvement' at that time. This inspection was carried out to check whether improvements had been made.

Good

Is the service safe?

Our findings

One person, when asked, confirmed they felt safe living in the home. All relatives agreed their family members felt safe. One relative said "(My relative) has lived here since it opened. It's a real home for (them)."

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. They also knew how to report abuse. Staff were aware of how to protect people from abuse. The registered manager ensured that staff knew about the safeguarding and whistleblowing policies. Safeguarding was discussed regularly during staff meetings. Cards were handed out to staff entitled 'See something, say something.' The cards gave clear instructions to staff about how to report any concerns about the service. Staff said they would feel able to whistle-blow, if necessary, without fear of reprisal.

Risk assessments, referred to by the provider as support guidelines, were in place for each person on an individual basis. People using the service were living with a learning disability and were at risk from a large number of everyday activities. The plans described how the person was involved in developing the support guidelines. Risk rating definitions were categorised as 'stop', 'think', 'go.' A categorisation of 'stop' required a risk consideration meeting with the wider support team and a 'think' required a risk consideration meeting with the immediate support team. Risks identified included behaviours, communication, epilepsy and falls. Staff demonstrated they aware of the risks and knew how to mitigate them. For example, one staff member described the risks in relation to one person regarding catheter care and skin integrity. In order to mitigate those risks they told us they had been trained in catheter care and carried out a daily skin care check when supporting the person during personal care. Another member of staff told us that one person always spilt their coffee. In order to mitigate the risk of scalding, the coffee was always made with half milk and half hot water. This matched guidance within support plans.

When considering new risks a risk consideration matrix was used to determine the correct action to take to keep the person safe in the least restrictive way. For example one person had a risk consideration matrix in relation to keeping them safe at home following a seizure. Following a seizure they were often left vulnerable to negative responses from other people using the service. The risk was addressed through the risk matrix process. The process looked at 'where are we now', 'where do we want to be', 'what is trying to be achieved', and 'what would happen if the activity did not take place.' Outcomes were plotted on the matrix; high risk, low happiness; low risk, low happiness; high risk, high happiness; and low risk, high happiness. This determined the impact on the person of the approach and directed what action should be taken. For example if the outcome was 'low risk, high happiness' the action was 'always do this activity.' The process also considered what had been tried and learnt already and what the next steps would be. This meant that the service was continually considering and revising the risk where necessary to enable people to live as full a life as possible. There was a system in place to ensure that staff were informed about updated risk assessments. This included handover meetings, a communication book and regular staff meetings. This meant that there was a system in place to address individual risks, review risk and update plans to ensure they were specific to the person and the activity.

There were arrangements in place to address any foreseeable emergency, such as a fire. For example, there

was a personal evacuation plan for each person. Evacuations of the home were practised every two months so that people and staff knew what to do in the event of an emergency and the service evacuation plan had been updated recently. Following a practise evacuation the registered manager told us she discussed with the staff team, how it had gone so that she could make any necessary changes or improvements to the plan.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. Where necessary investigations were carried out. A recent incident had prompted a provider wide action plan. The registered manager had ensured that the actions had been carried out to ensure people's safety.

The registered manager explained how staffing was allocated based on how many people had been assessed as requiring one to one support and the known needs of the other people using the service. This meant that four members of staff were on duty on morning and afternoon shifts and two were on a night shift (one awake, one sleeping). In addition the registered manager was available to cover any emergencies. The rosters reflected the staffing and skill mix described. Emergencies such as sickness were covered by staff picking up extra shifts. During the inspection we observed there were enough staff to meet people's needs. For example people received their one to one time such as a foot massage or playing board games and listening to stories. Everyone had their care needs met and people were able to go out and attend activities or just go for a walk when they wanted to.

Robust recruitment procedures were in place, which were followed by the registered manager. Disclosure and Barring (DBS) checks were carried out before anyone could be recruited. These checks identify if prospective staff had a criminal record or were barred from working with people at risk. Potential staff had to provide two references and a full employment history, to ensure they were suitable to work within the service. This meant the provider was taking action to ensure that suitable staff were employed.

Medicines were administered safely by staff who had been trained to do so. Medication competencies were checked by the registered manager annually. We reviewed records in relation to medicines. Medication Administration Records (MAR) were kept for each person. These were all signed appropriately with no gaps. Medicine stock levels were monitored and recorded on a daily basis by the member of staff administering medication. Medicines were also checked weekly by staff. A monthly audit of medicines was carried out to ensure they were safely stored and administered.

Medicines were stored safely in a locked cabinet in a locked room and temperatures were monitored on a daily basis to ensure medicines were kept at a safe temperature. Each person had individual records kept in relation to their medicines. These included a photograph, medical history, details of any allergies, how the person likes to take their medicines, guidelines for medicines which needed to be taken 'as required' and how the person would indicate they were in pain. A selection of medicines from the cabinet were checked and all were within date and had the date they were opened recorded.

Good

Is the service effective?

Our findings

Relatives told us they were very pleased with their relatives care and support. One relative said "We are happy." Another relative said "They (staff) all listen to what (my relative) wants and needs." Observations within the home showed that staff were delivering support according to support plans and that people looked happy and responded to staff. We saw that staff communicated effectively with people, in accordance with their individual plans, in order to provide support and care. Because staff knew people so well, they were able to engage in banter with them, which people responded to positively.

Staff had received appropriate training to deliver the care and support for people living in the home. Records showed that training covered all essential areas such as first aid, mental capacity and fire safety. There was also training about nutrition awareness, allergen awareness and equality and diversity. Some staff had health and social care qualifications and other were currently studying to achieve them. One member of staff told us they had completed a learning disability course at a local college. Staff had regular supervision meetings and an annual appraisal and said they felt supported. Staff had been trained to deliver effective care to people.

People were asked for consent before care and support was provided. Communication support plans made it clear how people communicated so that staff understood when people were consenting. Support plans included a decision making profile. The profile described how the person liked to be given information, the best way to present choices, ways to help the person understand the information, the best time for them to make a decision and when would be a bad time for them to make a decision. Records were kept about how people liked to make specific decisions such as choosing activities or choosing what to eat. For example one person's support plan stated that singing nursery rhymes would put the person at ease enabling them to make their decision. The plan also described how the person indicated yes or no. Staff told us how people indicated yes or no. For example they described how one person led them by the hand to indicate their answer. This meant there were systems in place to ensure that people were given the best chance of being able to make a decision for themselves.

Where people lacked capacity to make specific decisions, the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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. Where they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been completed which were decision specific. For example, a mental capacity assessment had been carried out for one person who required an infusion for their condition and for another around their decision to have an influenza vaccination. We found that staff had received training in the MCA and were able describe the principles. People were supported to make their own decisions where appropriate through decision making profiles within their support plan. This showed that the registered manager had understood the MCA and had abided by its principles.

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager understood when an application should be made and relevant applications had been submitted for people.

We spoke with staff who had a good detailed knowledge of people's needs, their preferences, likes and dislikes. Support plans were in place which recorded people's support requirements. These matched what staff told us and our observations. For example support plans gave detailed descriptions under the headings 'what's important to me' and 'how to support me well.' Observations indicated the staff knew the people they supported well, enabling their skills and focussing on the positive as well as supporting their needs. For example one person's support plan said that family was important to them. Staff told us that the person will go and get a pen when they want to write to their relative. This was an activity they really enjoyed and staff supported them to do hand over hand writing.

Menus were chosen by people on a weekly basis by pointing at pictures of different kinds of food or sometimes just saying what they would like. The menu board for the day displayed the choice, who had chosen it how they had made their choice. Staff managed the food pictures to ensure that the overall weekly menu was healthy and balanced. People were able to choose alternatives on the day if they didn't want what was on the menu. For example person didn't want the Italian chicken which was served. Staff took the person to the kitchen so they could choose an alternative. We saw that people were offered drinks and snacks in between meals. People were supported to make their own drinks wherever possible. To ensure that each person received the right consistency of food and drink 'menu mats' had been prepared for each person and were used each mealtime. They recorded the correct consistency of food for example 'cut up into bite size chunks' and the correct consistency of fluids for example 'normal to grade 1.' Grade one indicates that the fluids should be very mildly thickened. The mats also recorded the amount of support the person required to eat their meal and any potential hazards that staff should be alert for such as food which can cause choking or be difficult to eat. People received a balanced diet which met their needs in terms of consistency and required support.

Health professionals were appropriately involved in people's care. Records showed that health needs were met. For example, records showed that health professionals were involved in people's care such as a community learning disability nurse, a chiropodist and a dentist. Recent advice had been sought from a speech and language therapist and the registered manager had arranged for them to visit the service. Relatives reported that staff attended hospital appointments with their family member and they were happy that health needs had been met.

Good

Is the service caring?

Our findings

Relatives told us they were very happy with the care their family member received at Deja Vu. One relative said "They take great care of (my relative)." Another relative said "Staff are warm and friendly."

Staff were supportive and caring. We observed people receiving support in communal areas within the home. They interacted in a meaningful way which people enjoyed and responded to. We saw staff engaging in banter and people responding in a positive way. One person looked very relaxed sitting on the sofa resting their legs on a member of staff whilst being read a story. Another member of staff was plaiting a person's hair so they looked smart to go out. They were clearly enjoying this, sitting still so their hair could be plaited and making happy noises. One person told us that they liked living in the home; they described their friends, their favourite activities and their favourite members of staff. They said "Staff make me happy."

Everyone was encouraged to have regular contact with family and friends. Family members regularly visited the home and some people were supported by staff to visit relatives. One relative said "I have regular conversations with (the registered manager), we often text in the evening." Another relative told us "We have regular discussions with (the registered manager)."

Staff showed that they understood people and how to support them. One member of staff described how a person used their own version of Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Staff were able to communicate because they understood the person's version of the language. They described how the person had indicated to them that they were unhappy with their room. They worked with the person to understand what changes they would like to make and then took them shopping so they could choose a new rug. The person had also recently been shopping for clothes. Staff spent time with them looking at pictures of clothes on the internet and printing off pictures of the type of things they would like to buy. Then staff took the person to shops where they sold the things the person was interested in so they could choose exactly what they wanted. Staff told us the person liked drinking coffee and the day was interrupted by many stops for coffee as this was what the person liked to do.

Some people's rooms were personalised according to individual taste and some still needed further work although it was clear progress had been made in this area since the last inspection. One person had a colourful bedroom themed around purple. Pictures on the walls reflected their personality and their love of colour and butterflies. Another person had a family tree painted on the wall, staff told us the person had chosen this and they were painting it together. One person's room appeared to be quite sparse but this was exactly as they liked it, documented in their care plan. They removed any items they didn't want in their room themselves. Another person, who had a sensory need, now had a lava lamp in their room but further work was needed. Family members told us they were working with the home in this respect sourcing appropriate items of furniture. A difficult step into the person's bedroom had been replaced by a ramp since the last inspection and this had really helped the person to access their room independently.

Staff made every effort to maximise people's dignity. They spoke to people with care and respect, taking

account of their wishes and personal preferences and ensuring they were happy. Staff described how they respected people's dignity by ensuring that doors and curtains were closed when people were receiving personal care. One relative said "They always dress (my relative) nicely and do her hair."

Support plans included a section entitled 'What people like and admire about me.' These included information such as 'cheerful,' 'sensitive,' and 'talkative.' This showed that staff respected people and reflected positively on their skills and abilities, making people feel confident and important.

People were involved in developing their support guidelines. Each support plan included a section detailing how the person had contributed to the plan. Relatives told us they had attended regular review meetings and felt involved in their family member's support.

People were supported to be as independent as possible. People were involved in putting together weekly menus and were able to help with food preparation. On the day of the inspection two people had helped preparing vegetables in the kitchen and loading the dishwasher. Staff told us they people were supported to make their own drinks and most people were able to complete some aspects of their personal care themselves. One member of staff told us that one person asked for help dressing when they knew the person was able to do this themselves. They gently encouraged the person to complete the task without help. One relative told us "(my relative) has improved enormously, (they) are much more independent now. (They) are very tidy and they help in the kitchen"

Good

Is the service responsive?

Our findings

Relatives told us they had been involved in the support plans, were kept regularly updated and were involved in regular reviews. We found that the home had worked with people through observation, preferred methods of communication and regular evaluation to ensure that support plans were tailored to people's individual preferences.

Support plans included a range of documents which included person centred planning tools, support plans and risk assessments. Each support plan file contained personal details, a one page profile, an 'important to me' and 'important for me' page, a typical day, communication plan, decision making profile, reviews and updated records, person centred review and outcomes plan. The support plans correlated with health actions plans and observations. This demonstrated how people's assessed needs, wishes and skills translated into support plans and was delivered by staff who had a thorough knowledge of people they supported.

People were supported to enjoy activities of their choice. Activities included rambling, cooking, visits to the local shop and foot massage. The registered manager told us that two people had recently gone water skiing and there were plans for them to go again. On the day of the inspection some people went on a boat trip around Southampton water. One person had said they would like to go sky diving. Staff told us they were working to facilitate this, firstly by showing the person footage of people sky diving on the internet, then watching people in real life. Staff said the person needed to be assessed by the GP and then they would risk assess the activity.

We reviewed 'what's important to me,' 'what's important for me' and a 'typical day' sections of people's support plans. They reflected what staff had told us about people and our observations. For example, for one person enjoyed live music. The registered manager told us the person was supported to visit a local public house regularly where live music was played. The person's relative said "(my relative) goes to the pub, (they) like that, (they) enjoy the loud music." The format of the communication plan made it clear for staff getting to know someone. The format very simply guided staff to acknowledge and respond to communication. For example 'If the person does this or says this, it means this and we should do this.' One plan stated that if person said 'shoes' that meant the person would like to go out and staff should support them to do this.

Feedback was encouraged from family in the form of regular discussion and communication; family said they liaised regularly with the registered manager and other staff. People had monthly meetings with their keyworker, in which they were able to communicate how they were feeling about the support they received. Records of these meetings show that staff took action in response to the meetings by considering activities, shopping trips and booking holidays. Staff said that feedback was encouraged by the registered manager during staff meetings and supervision meetings. One member of staff said "She is always happy to hear our opinions or ideas of how we could do things or access things. Another member of staff told us they would feel comfortable approaching the registered manager about any concerns. They said they had done so previously and she had listened and responded.

There was a complaints policy and relatives told us they knew how to complain. The complaint file included one complaint which had been responded to appropriately.

Good

Is the service well-led?

Our findings

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager who, they told us, always listened and responded. One member of staff said about the registered manager "Most of the time when there's decision making she will get everyone's opinion, she's always asking for ideas." The registered manager told us "I always ask opinions because I feel we are a team." The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in her role. The registered manager told us she supported staff in every situation and respected their needs. This mutual relationship of respect led to effective team working and support and impacted positively on people's care.

People were actively involved in developing the service. Records showed that ideas had been discussed at staff meetings about improving the garden and keyworkers were working with the people they supported to improve and update their rooms. A keyworker is the member of staff assigned to have main responsibility for that person ensuring all their needs are met. Since the last inspection the quiet lounge had been turned into an exercise/karaoke room in response to peoples' needs and personal preferences. Two people from the service were involved in a 'Working together' group set up by the provider to ensure that people's views were considered when changes were being made to policies, procedures and care planning. The registered manager was also part of a group set up by the provider on 'How to achieve excellence.' This demonstrated the registered manager was passionate about delivering further service improvements to benefit people.

Staff received feedback from people on a daily basis through observation and interaction. Staff responded to people's changing needs and wishes as they became apparent to ensure that people were at the heart of decision making. Staff used communication plans and personal experience to ensure they were constantly aware of how people were feeling and responding to this.

Staff were encouraged to improve the service for people. During staff meetings, the two people who used Makaton were invited to attend to support staff in learning Makaton. Records showed that new signs were learnt by staff at each meeting. Staff said meetings were very interactive with handouts being discussed and staff were encouraged to write up on a board their ideas or things they would like to discuss.

The registered manager was aware of key challenges to the service. She told us about ideas she wanted to develop such as improving the work books (in which daily records were kept) to make them more user friendly. One person had been involved in writing up their own daily records and a new work book would make it easier for them to contribute.

Incidents and accidents were recorded and responded to appropriately. Records showed that incidents were followed up and investigated where necessary. Actions which needed to be taken as a result were cascaded to staff in team meetings and, where necessary, support plans and other records were updated. This meant the registered manager was monitoring incidents and accidents and taking action in order to drive improvement. There was also an online system maintained by the provider which meant that incidents could be analysed for trends on a provider basis and that senior management were informed in a timely way

in order to take any actions which may be required provider wide.

The service maintained a detailed system of quality control. A checklist daily tasks was maintained as part of the handover process between shifts. These included checking use by dates of food in the fridge, checking cleaning and the laundry room. Daily health and safety checks were carried out by staff. These included vehicle checks, checking that doors were not propped open, checking there were no odours in the home and checking for slip and trip hazards. Quarterly audits were carried out by the operations manager who reviewed the home in terms of the questions asked by the Care Quality Commission (CQC) to inspect. Where failures were noted, these were discussed with the registered manager and actions taken. Any actions were added to the consolidated action plan for the service. An annual quality and compliance audit had just been completed by the provider's quality team in which the service had achieved a very high score. We reviewed actions from this audit and all had been completed which were due at the time of the inspection. The service had taken appropriate steps to maintain a system of quality control which ensured a consistent quality of service was provided to people to keep them safe and ensure their health and wellbeing.

The provider's values of 'freedom to succeed,' 'positive energy' and 'passion for care' were evident throughout the home through the drive and passion of the registered manager and the positive attitude and support of staff. The registered manager had made significant improvements to the service since the last inspection and it was clear that as a result people felt happy and confident and were enjoying life.