

Voyage 1 Limited

The Laurels

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

We carried out an unannounced inspection of this home on 14 March 2016. The Laurels provides accommodation and personal care for up to six people who live with learning disabilities. Accommodation is arranged over two floors with stair access to the second floor. At the time of our inspection six people lived at the home.

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.'

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Processes to recruit staff were in place which ensured people were cared for by staff who had the appropriate checks and skills to meet their needs. Staffing numbers were sufficient to meet the needs of people.

Medicines were administered, stored and ordered in a safe and effective way.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. External health and social care professionals were involved in the care of people and care plans reflected this.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People received nutritious meals in line with their needs and preferences. Those who required specific dietary requirements for a health need were supported to manage these.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care.

Care plans in place for people reflected their identified needs and the associated risks. Staff were caring and compassionate and knew people in the home very well.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The service had effective leadership which provided good support, guidance and stability for people, staff

and their relatives. Relatives and staff spoke highly of the registered manager and were involved in the running of the home. Audits and systems were in place to ensure the safety and welfare of people.

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 had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe. There were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner.

Risk assessments were in place to support staff in mitigating the risks associated with people's care.

Is the service effective?

Good ●

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy and content in the home

People and their relatives were involved in the planning of their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

People were supported to participate in events and activities of their choice and were encouraged to remain independent.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

Is the service well-led?

Good ●

The service was well led.

People spoke highly of the registered manager and their team of staff. Staff felt very well supported in their roles.

Robust audits and systems were in place to ensure the safety and welfare of people in the home.

The Laurels

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.

One inspector completed this unannounced comprehensive inspection on 14 March 2016. Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In February 2016, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR for this home.

People who lived at The Laurels were not always able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with one visitor and six members of staff, including the registered manager, senior care staff and support workers.

We looked at the care plans and associated records for three people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, three staff recruitment files and policies and procedures.

Following our visit we received feedback from two health and social care professionals who supported people who lived at The Laurels and four relatives of people who lived at the home.

We last inspected this service in April 2014 and we found no concerns.

Is the service safe?

Our findings

People were safe in the home and were supported by staff who knew them very well and understood how to support them to maintain their own safety. Relatives told us their loved ones were safe and supported by staff who had a very good understanding of how to keep them safe. Health and social care professionals said people were supported in a safe way.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. The registered manager had worked with the local authority to address a safeguarding concern which had been raised in the service. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy.

The provider had worked in partnership with the local authority using assisted technology to identify the appropriate numbers of staff in the service needed to meet people's needs. Through the use of sensor equipment throughout the home they had identified there were sufficient staff available to keep people safe and meet their needs. Staff rotas showed there was a consistent number of staff available each day to meet the needs of people. For people who required constant one to one support staff rotas clearly identified which staff were available to support them at specific times throughout the day.

Staff were allocated to duties in the home at the beginning of each shift, such as preparing meals, cleaning and supporting specific activities in the home. Staff were very flexible to support each other in covering sickness and holidays. Regular care staff and bank staff supported people at the home and occasionally agency staff were required to ensure there were adequate numbers of staff to meet people's needs. The registered manager had a system in place to ensure all agency staff who worked at the home had an appropriate induction to the service.

There were safe and efficient methods of recruiting staff in place. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

Risks associated with people's care needs had been assessed and informed plans of care to ensure the safety of people. For people who had specific health risks such as epilepsy and difficulties with swallowing or choking, risk assessments and care plans in place reflected the support they required to mitigate these risks. For people who displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified. Staff knew people very well and demonstrated a good understanding of their needs and how to support them. Care records reflected actions staff had taken to support people should they become distressed or agitated and care plans had been updated when required to reflect changes in people's needs.

Care staff who had completed appropriate training, administered medicines in the care home. A robust system of audit was in place to monitor the administration of medicines which were stored and handled safely. People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records. The registered manager spoke proudly of the efforts staff had made to support people in managing their health conditions such as diabetes and epilepsy to reduce medicines they were taking. They had worked closely with appropriate health care professionals to ensure people did not have to take any unnecessary medicines and this was reflected in the reduced number of medicines people had to take.

People were supported safely in the management of their finances. The registered manager had processes in place to securely store and document all daily financial transactions for people in line with their needs. People had access to their monies at all times and were supported to manage these by appropriately appointed people.

Personal evacuation plans were in place and available in the event of any emergency in an emergency bag. These contained clear information on how people could be evacuated from the building in the event of an emergency. A robust business continuity plan and emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

Is the service effective?

Our findings

Staff knew how to meet people's needs effectively and offered them choice whilst respecting their wishes. Relatives and health and social care professionals who visited people in the home felt staff knew people very well and effectively met their needs whilst offering them the choice and support to remain independent.

People were cared for by staff who were supported to gain the appropriate skills and knowledge to deliver care based on best practice. For example, for one person who had a specific mental health condition, all staff received annual training on this condition to ensure they were able to meet the specific needs of this person. Staff were encouraged and supported to manage their own training needs on line and discuss these regularly with the registered manager through a programme of supervision sessions, training, and meetings. This ensured people received care and support from staff who had the appropriate training and skills to meet their needs. Staff felt supported by this to provide safe and effective care for people.

The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The provider had a comprehensive training programme for all staff which was closely monitored and updated by the manager to ensure all staff had the required training to meet the needs of people.

Staff had a good understanding of their role in the home and the management structure which was present in the home to support them and people who lived at the home. A senior member of care staff delegated duties and led each shift to ensure people received the support they required. The registered manager provided supervision for all senior carers and other staff in the home. Care staff felt there were opportunities within the home to develop their role and skills.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. Whilst people were not always able to verbally agree to their care, staff had a very good understanding of how people expressed their wishes and consented to their care. For example, staff were aware of the communication skills people used to demonstrate they did not wish to receive the care. Care records showed staff always respected people's choice when receiving care. For example, for one person who did not always want to have support with personal care staff, would respect this wish and then return to the person later and ask if they needed any support. For another person who often did not sleep during the night and wished to sit with staff and watch television we saw this was respected.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the

principles of the MCA. Care records clearly identified who had and should be been involved in best interests decision making for people. For example, when medical procedures were required for one person, the registered manager had ensured all relevant people were involved in this decision making process. Care records held clear information about the decisions people could make for themselves and those with which they would require support from others. The registered manager had a very good understanding of the processes required to ensure decisions were made in the best interests of people.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). For several people who lived at the home a DoLS application had been made to the local authority with regard to them leaving the home unescorted; we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People who lived at the home selected meals for a weekly menu. Staff met with people on a Thursday to discuss the menu for the following week. Once completed staff would ensure the ingredients were available for these meals and a menu plan was prepared. The main meal of the day was served in the early evening when most people were home from daily activities, although staff were flexible to support people having this meal at other times if this was required. If people did not wish to have the selected meal other options would be available and staff could support people to prepare this. Staff had created a catalogue of all foods prepared at the home to identify any potential allergens for people. Care plans identified people's preferences, specific dietary needs, likes and dislikes. Special diets were catered for as required, for example, for one person who required a reduced fluid intake, clear information and guidelines for staff were available to ensure they were able to support them with this need. For another person who required their fluids to be thickened due to a risk of choking this was clearly documented in their care plans and staff demonstrated a good awareness of this need.

Records showed people were encouraged and supported by staff to request and attend regular healthcare appointments at external venues. For example, for one person care records gave clear information for staff to ensure they booked an appointment at the beginning or end of a session with a GP so that the person did not have to attend the practice for too long and become distressed in this environment. For another person, staff had been highly commended in the way they had supported a person to attend an important health appointment. Health care professionals praised the support staff had given to the person in ensuring their safety and welfare throughout the appointment, acknowledging the staff had a very good understanding of their needs.

Records showed health and social care professionals visited the service as and when required. The registered manager told us they worked well with community health and social care staff to meet the needs of people. Care records held feedback from GP's, speech and language therapists and community psychiatric nurses. We saw records identified actions to be completed to support people following a visit from any health or social care professional. Staff had a good understanding of these actions and how people should be supported. For example, for people who had been assessed by a speech and language therapist, staff told us how information from this assessment had altered the support a person required. Feedback we received from external health and social care providers was very positive. They told us the home was responsive to all feedback they were given, was responsive to suggestions and always requested support when this was required

Is the service caring?

Our findings

People were valued and respected as individuals and were happy and content in the home. They were cared for by staff who understood their needs. Relatives felt their loved ones were very well cared for by staff who knew them very well and were very caring. One told us, "We have never had any problems whilst [person] has been there, she is very happy there." Another told us, "The staff are all fabulous and really caring. The manager is great."

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. For example, for one person who was unable to verbally tell staff how they were feeling, staff had a very good understanding of the actions or non-verbal prompts they gave them to identify their needs and wishes. For another person care plans identified words which should not be used when communicating with the person such as "Wait", as these words triggered distress or concern for the person. Staff clearly demonstrated an awareness of this need and supported this person in a way which promoted their independence whilst ensuring their safety and welfare.

Staff respected people's individual needs and choices and demonstrated a very good understanding of these needs. For example, for one person the registered manager told us it was very important they were aware if new people were visiting the home during the day as they became distressed if they met a new person in their home. We saw staff ensured this person was aware we were visiting the home and explained why we were there.

Throughout the day staff spent time with people chatting and laughing whilst supporting them with their needs. The atmosphere in the home was calm and very friendly with staff supporting people to interact with each other. Communal spaces inside and outside the home were well utilised to allow people the opportunity to remain independent around the home with staff available to support them should they require this.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed to people's rooms at all times through the day and staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained. For example, one person stood in a communal area of the home with their clothing in disarray. A member of staff discretely spoke to the person and asked them to alter their clothing which they did.

People had lived at the home for long periods of time and staff worked with people and their representatives to ensure their care continued to reflect their preferences, choices and any changing needs. A monthly review of people's needs was completed with their key worker. A key worker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. This review clearly documented any wishes the person may have for changes in the support they received and gave them the opportunity to discuss any areas of support they felt needed

to be changed or any new needs they may have identified. People were able to express their views and be actively involved in making decisions about their care. The registered manager told us meetings for people in the home had been stopped in January 2015 when agreed with people they were not needed as any matters for discussion in the home were often discussed in a less formal setting with people, such as at coffee time or a meal time and with their keyworker monthly. Relatives told us their loved ones were encouraged to talk of their needs and wishes with staff who always worked well with people to meet these needs.

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. Relatives felt people were encouraged to be active and healthy in the home and were supported by staff who knew them very well. Health and social care professionals told us staff responded to people's needs and requested support from them when this was required.

People had lived at The Laurels for a long time and information in care records reflected this. People's preferences, their personal history and any specific health or care needs they may have were well documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes, hobbies, and the personal abilities of people to manage their own care. It also noted people who were important to them and who needed to be involved in their lives and in helping them to make decisions. Care plans had been written with this information following discussions with the person and their relatives to identify their needs. Care plans clearly identified how staff could support people. A single sheet of information for each person gave any new staff information into a typical day in their life.

Staff had a very good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans in place gave clear information for staff to meet the needs of people with specific health conditions such as diabetes, epilepsy and mental health conditions.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. The registered manager told us how they had supported a person to develop a relationship with a family member with whom they had not been in touch for a long time. Other people were supported by staff to visit relatives at home and abroad. Relatives spoke of the warm welcome they received at the home and how they were encouraged to visit and take an active role in their loved one's lives.

People were able to participate in activities which had specifically been identified to meet their needs. Whilst some activities were booked in advance, such as day services and regular activity classes of art, drama and music, staff provided access to wide variety of activities and opportunities for people which reflected their requests and preferences. Throughout the day people could choose the activities they would like to participate in such as shopping, cooking and trips to the local cinema or village and staff supported them with these.

The service provided transport for people to ensure they were able to attend activities of their choice although staff told us people could also be supported to use public transport should they wished to do this. One member of staff supported a person to go for a picnic on the day of our visit as the weather was fine. Another person attended a regular event of cycling with a member of staff. Staff had a very good understanding of the activities people liked to participate in and how to encourage them to participate in these. For example, staff told us one person did not like to have too much notice of an activity they were going to attend as this caused them to worry and become anxious about this. Staff demonstrated a very clear understanding of this need and provided access to activities this person may like such as the cinema.

Relatives told us their loved ones enjoyed a wide range of activities which they enjoyed and often spoke of with them.

The complaints policy was displayed in a suitable format where it could be seen by people. The registered manager worked closely with people to enable concerns to be addressed promptly and effectively. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. They encouraged staff to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Staff met visitors in a warm and friendly way and encouraged them to express any views about the service their relatives received. Relatives felt able to express their views or concerns and knew that these would be dealt with effectively. Health and social care professionals said staff responded to any concern they may have in a prompt and effective manner and staff were very responsive to people's needs.

Is the service well-led?

Our findings

Relatives spoke very highly of the registered manager and their team of staff. One relative told us, "We could always speak with the manager if we wanted too as she is around, but we don't really need to as all the staff are fabulous." Another said, "Great group of staff who have a really good manager." Staff felt they were well supported and encouraged by the registered manager to develop in their roles. Health and social care professionals said the registered manager was always visible in the service and well organised.

A staffing structure in place at the home provided a strong support network for staff. The registered manager and senior carers provided a stable senior management team in the home. The registered manager was very visible in the service and they told us they were supported by the provider with systems and processes in place to ensure the safety and welfare of people. Staff felt able to speak with the registered manager about any concerns they may have and these would be addressed promptly and effectively. Staff felt supported through supervision and team meetings were used to encourage the sharing of information such as learning from incidents and new training and development opportunities. Staff were reminded of their accountability in these meetings and were also encouraged to bring new ideas and ways of working to the meeting. Staff felt the registered manager promoted an open and honest culture for working which was fair and supportive to all staff.

Staff worked cohesively as a team and supported each other to meet the needs of people. They shared common values and visions in the service to provide good person centred care for each person with the resources available to them. The registered manager and all staff spoken to were very proud of their achievements in supporting people to achieve their potential and in particular to manage their health conditions and reduce unnecessary medicines. Staff spoke highly of the way in which the registered manager promoted an ethos of high standards of person centred care in all that they did. One member of staff told us, "They [the manager] have had a really positive impact on the lives of people here; it's great to work with her." Another told us "I feel we have a very hard working manager that is fair with all her staff."

People and their relatives had previously met with the manager to discuss ideas and new developments within the home. Minutes from these meetings showed people were encouraged to express any concerns they may have and to identify new ideas and activities for the home. For example, one relative suggested people be supported to have holidays away from the home and the registered manager told us how they had organised this for people. Whilst these meetings had been discontinued, as people felt they were not the most appropriate way to share their views, people and their relatives were encouraged to feedback to the provider on the quality of the service they received through an annual questionnaire. The registered manager told us they would use any comments from these questionnaires to inform future discussions between people and their key workers. They also were shared in staff meetings and handover sessions, to further develop the service and meet people's changing needs.

The registered manager held monthly staff meetings and shared any concerns, incidents or events and the learning from these with staff. For example, we saw the registered manager had discussed a recent safeguarding incident with staff and ensured all staff had read and understood the relevant policies and

procedures associated with this incident. The provider sent weekly communication sheets to the home to update staff on any new policies, procedures or events within the provider organisation. These included medical devices alerts, health and safety issues and general policy updates. Staff reviewed these weekly and documented they had seen this information. There were clear and robust processes in place to ensure staff received information relating to their roles and responsibilities in the home and acted upon this information.

A weekly service review was completed by the registered manager to inform the provider of quality assurance issues within the home. This included incidents and accident numbers, staffing levels and any staff issues, compliments and complaints, staff leave and statistics.

Audits were in place to review and monitor the effectiveness of care plans and records. Care records were reviewed monthly or more frequently as required. Audits were in place to ensure the safety and welfare of people including health and safety, infection control, medicines, maintenance and equipment.

Incidents and accidents were recorded and monitored electronically by the provider. The registered manager reviewed all incidents and accidents and ensured appropriate actions were taken to investigate these and share any learning outcomes from these.

The provider had completed an annual audit of the home in February 2016 and the registered manager was preparing an action plan to address several minor areas of suggested change. For example, one area for further development was the system in place for the safe keeping of people's monies. The registered manager had taken advice and was looking to change this system to make this easier for people.