

Voyage 1 Limited

Mandalay

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Mandalay is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Mandalay accommodates up to six people in a detached house in the centre of Witham. At the time of our inspection there were four people living at the service. Mandalay has an excellent location, close to shops, public transport and other amenities.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the overall rating of good. Although we found there was some room for improvement, there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. As a result, this inspection report is written in a shorter format.

At this inspection, we found the overall rating for the service remained good.

There had been a period of disruption since our last inspection, after the long-standing manager had left the service. However, a new experienced manager had been appointed who demonstrated excellent skills and in the few months they had been at the service, morale had improved and there was a more open, dynamic culture. Improved audits and action plans were in place, which were driving improvements in the service.

Staff were caring and compassionate and treated people as individuals. However, we found staff did not always support people to develop their skills and lead fulfilling lives. Care plans were written in a person centred way but were not easily accessible to people, in line with best practice. We made a recommendation around improving developing information in line with people's individual communication needs. The provider had not always gathered feedback from people and families. We therefore rated responsive as requires improvement.

There were enough safely recruited staff to meet people's needs. Risk was well managed at the service and people were protected from abuse. People received support to take their medicines, as prescribed. There were measures to reduce the risk of infection.

There was scope to enhance the decoration and design of the property and gardens, in line with best practice principles. We have made a recommendation about this.

Although staff had not supported people to develop aspirations for the futures, they were skilled at enabling people to make choices about their day-to-day lives. The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. Management and staff met their responsibility under the MCA. Where people were being restricted of their freedom, the manager had taken the necessary actions to ensure decisions were made in their best interest.

Staff knew peoples' needs well and had the necessary skills to support them. Training had improved and staff felt well supported. Staff supported people to keep healthy and access outside professionals when required. People could choose what they ate and drank, in line with their preferences.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Requires Improvement ●

The service has deteriorated to requires improvement.

People were not challenged to develop aspirations for the future.

Care plans were written in a person centred way but were not accessible to the people at the service.

People's care was reviewed when their needs changed, but the process of reviews was not consistent.

There was a complaints policy and log in place but improvements were needed in gathering feedback and communicating with families when there was disruption at the service.

Is the service well-led?

Good ●

The service remains well-led.

Mandalay

Detailed findings

Background to this inspection

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

This inspection took place on 5 March and was unannounced. The inspection team consisted of one inspector and an inspection manager, who was carrying out an observation of the inspection process.

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the provider information return (PIR), which is a statement of information registered providers are required to send the commission at regular intervals to help us understand the service provided and any current risks to the service.

We focused on speaking with people who lived at the service and observing how people were cared for. Where people at the service had complex needs and were not able verbally to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with the area manager, the new manager and three staff. We also spoke with one family member and two professionals.

We reviewed the care records of three people who used the service. We also looked at a range of documents relating to the management of the service.

Is the service safe?

Our findings

At this inspection, we found people continued to be supported safely and the rating remains good.

We observed people were relaxed with the staff who supported them. One person told us they felt able to speak out if they had concerns. Another person said, "If [manager] is not here I can speak to anyone." There were effective measures in place to keep people safe from exploitation, for example, a person who used their ATM card, told us staff had arranged for them to ask their mother, rather than staff, if they forgot their PIN. During our inspection, staff became aware of a threat to a person's safety. We observed they escalated their concerns appropriately to the manager who took the necessary actions to keep the person safe.

Staff were given detailed information on the risks to people's safety, with a traffic light system used to highlight areas of specific risk. Staff had clear information regarding any actions they needed to take to minimise risk, for example, what to do if a person had a seizure. As outlined in the responsive section of this report there was scope for staff to support people to lead fuller lives whilst still ensuring people were protected from risk.

We observed there were enough staff to meet people's needs. The provider had ensured a one-to-one member of staff was on duty to support a person with complex needs. There were regular reviews of staffing, to ensure people received support in line with their changing needs.

Recruitment processes were robust. Staff employment checks prior to staff starting work at the service included previous employment references and a Disclosure and Barring Service (DBS) check, which ensured staff being recruited were not barred from working with people who require care and support.

The service was well maintained and clean, and staff had tried to make the environment non-institutional. There were effective checks in place to ensure people were protected from the risk of infection.

People received their medicines as required. There were clear instructions to staff on how to administer and record the support they provided with medicines. The service had procedures in place for receiving, storing and returning unused medicines safely. A person we spoke with told us they knew what their medicines were for and staff gave them their tablets as required. Senior staff carried out staff competence checks and medicine audits.

The area manager sent us a detailed investigation into a medication error which had occurred in 2017. The new manager had openly and thoroughly reviewed the incident and lessons were learnt which had improved the care and safety of people at Mandalay. For instance, the reporting of incidents had improved and staff attended refresher training.

Is the service effective?

Our findings

At this inspection, we found people continued to have their needs met by skilled and effective staff. The rating remains good.

Staff at the service had the skills to meet people's needs, and were particularly skilled at working with people who were displaying anxiety and distress. We saw staff diffused a situation effectively and in line with guidance in people's care plans. As discussed in the responsive section of the report, staff were not all confident when supporting people to take risks and achieve challenging aims. However, we discussed this with the area manager and new manager and they described how they were working with staff to increase their skills in this area.

Training was tailored around staff needs, for example, the manager had worked with a member of staff to increase their confidence. The new manager had reviewed the schedule for supervision meetings, which are one-to-one meetings between staff and a senior member of staff to discuss their development needs and any concerns. Whilst there had been previously been gaps in these meetings, these were now up-to-date and staff told us they felt well supported.

Staff supported people to maintain good health and wellbeing. Peoples' care records detailed the support staff gave to people to access the necessary health and social care professionals, such as opticians and GPs. A person had received input from district nurses in relation to a specific issue, which staff had managed sensitively. Staff had not fully consulted people and their families around health screening to ensure decisions were made in their best interest. We discussed this with the manager who told us they had already picked this up as part of their quality checks. After the inspection, the area manager sent us a plan which included timescales for action in this area.

People were able to choose what they ate and had access to plenty of fresh fruit and vegetables. One person told us, "I had tuna pasta because my mouth is sore." Staff supported people to have healthy diets but also enjoy their food. One person said, "Staff tell me to have fruit but the Christmas marshmallows were so nice."

People had decorated their rooms in a personalised and colourful manner. The rest of the property was homely but did not greatly reflect the personality of the people at the service. The garden was pleasant but had not been developed attractively in line with the interests and needs of the people at the service.

We recommend the provider considers best practice in relation to decoration and design of the property and gardens, in line with the needs and wishes of the people living at Mandalay.

We checked whether people were being supported in line with requirements of The Mental Capacity Act 2005 (MCA). This act provides a legal framework for making particular decision 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 a particular decision, any made on their behalf must be in their best interest and the least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the provider was meeting their legal responsibilities within the MCA. Up-to-date DoLS were in place as required.

Staff were skilled at supporting staff to make choices. People's capacity had been considered throughout care plans and staff had excellent advice to ensure people were involved in decisions. For example, one person's care plan said they should be asked their opinion about an important decision when, "I have eaten, had a cup of tea and am relaxed, not when I am tired and stressed."

Is the service caring?

Our findings

At this inspection, we found people continued to be supported by caring and compassionate staff. The rating remains good.

There was a relaxed informal and caring environment, which provided a calm home for people and minimised risk of distress. People told us staff were caring, and where people could not communicate verbally we observed they had a strong and comfortable relationship with staff.

We observed staff knew how to communicate well with people, in line with the needs outlined in their communication plan. For example, a person's plan said that they said, "Is that ok" this meant they were looking for reassurance from staff. We saw staff knew people well and so knew how to communicate with them and understand what support they required. We found the service had not consistently adopted best practice when communicating with people, for example, one person had used a pictorial calendar in the past but this was not in use. This new manager and area manager were had experience of introducing best practice in other services and had started gradually introducing staff and people to new ideas.

Information in care plans was personalised and demonstrated staff knew people very well. For example, it spoke about a person enjoying the occasional 'pyjama day.' There was a focus on promoting people's choice each day, for example about what they wore and ate.

A family member told us, "It is a nice staff team, very supportive of my family member." We saw people were encouraged to keep in touch with family and friends, for example to send birthday cards.

Staff promoted people's privacy and dignity. For example, when a person went to the pub with their friend, staff told us they sat at a distance so the person could speak in privacy.

Is the service responsive?

Our findings

We found people did not always lead fulfilling lives, with clear objectives for developing their aspirations and independence. We also found arrangements to introduce a new person to the service had negatively impacted on the quality of life of the existing people at the service. At the last full comprehensive inspection, we rated responsive as good. At this inspection, the rating had deteriorated to requires improvement.

Four people had lived at the service for a significant period and were very settled with the existing staff team. Since our last inspection, a new person had temporarily moved into Mandalay. There had been significant disruption that had significantly affected the quality of life for the existing people, for example, one person had retreated to their bedroom in response to the changes. The process of introducing the new person had not been managed effectively. They had since left the service but the impact was on-going. The new manager told us this had happened prior to their arrival and described how the provider had learnt from this incident and of the improvements that planned to the pre-admission process before a new person was introduced.

Care plans were fairly uniform in style and had not been adapted to be more accessible to the people who used the service. This meant people did not have access to tailored information regarding the care they received, in a communication format, which met their individual needs.

We recommend the service consider best practice alternatives, to ensure people's care plans are accessible and developed in line with their specific communication needs.

Care plans had been reviewed consistently until mid-2017 but the changes in management meant this process was not consistent, however we noted effective reviews took place when people's needs changed. The new manager told us they planned to improve the reviews process so that it became more meaningful and less of a paper-based exercise. They demonstrated the value of supporting people to set realistic but challenging objectives that they could review with staff at regular intervals.

Care plans and feedback from family, professionals and staff showed there had been discussions regarding the lack of stimulating activities, both within and outside of the family. On the day of our inspection, we observed people going out to the local shops and watching DVDs. One person came and showed us what they had bought and said they had enjoyed their day. We looked at daily diaries and found this repetitive pattern of activities took place throughout most of the week, and there was very limited attendance at college or other structured activities. A member of staff told us people used to do more in the past but were less active now.

We spoke to people and the staff who supported them and found they all had specific interests but these were not being developed in an outcome based way. For example, a person who had an interest in beauty and fashion was using pamper equipment from a toyshop, and there was no reference in their care plan that staff were working with them to develop aims and objectives around this, or other interests.

Some of the people were supported to be more independent, for example, to take part in domestic chores. We found however, staff were not able to explain why this was not consistently applied. Where a person had challenging behaviours there were good plans in place to support them to reduce their anxiety but plans to promote skills and independence were not of a similar quality.

Although there was a complaints policy and log in place, we found there was not a formal record of feedback from families, despite the increase in concerns during 2017. This meant the provider had not been pro-active in seeking feedback and ensuring they used this information to improve the service. The provider had not communicated with families in line with best practice over this period. We found however that this had now improved, with the arrival of the new manager.

At the time of inspection, the service was not caring for anyone receiving end of life care, and staff had not explored people's future wishes in this area through the support planning process. We discussed this with the new manager and after the inspection; they told us they had sourced additional resources and guidance about supporting end of life needs. They advised they would support staff to discuss this with people when planning for the future, as appropriate.

Is the service well-led?

Our findings

Since our last inspection, there had been a number of changes in management. The long-standing registered manager had left the service and a new manager had been appointed, but had left at the end of 2017. A new manager had started in post in early 2018 and had applied to become the registered manager. 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.

Though the service had been stable for many years, we found it had become inward looking and 'stuck in a rut.' Many issues had been dealt with internally, with limited involvement from other professionals and more senior provider staff. The area manager openly acknowledged the issues and though the changes in management had led initially to an unsettled period, we found the culture at the service had now improved. The provider had recruited an extremely experienced and knowledgeable manager who demonstrated excellent management skills and was driving improvements in all areas.

We found the operations manager and the new manager worked well together. The manager told us their initial focus was on "steadying the ship" through improving staff morale and offering reassurance to people and families. They recognised many of the issues discussed in the responsive section of the report, such as inconsistent reviews of care plans and had plans in place to resolve this. The area manager told us they were now discussing with staff in team meetings about developing people's aspirations and objectives, to help shift expectations about what people could achieve. The area manager and new manager were also committed to increasing engagement with people about the decisions made in their home and improving communication with families.

Although care staff had been unsettled and some had left during this period, staff told us morale was improving. A member of staff said, "It's been a bit crazy but it's lovely now." They told us training and supervision meetings took place more frequently and there were better processes in place to protect people and staff and keep them safe.

Audits and checks on the quality of the service had become more rigorous following the changes in management. For example, we saw the manager had picked up when a person had not been weighed as required one month. There was now an effective action plan to manage change at the service, which the manager and provider were jointly working through. The manager had met individually with families and carrying out surveys with professionals to gather their views on the service. This was contributing to a more open culture and any concerns raised when gathering the information were resolved immediately or added to the overall improvement plan for action.