

Voyage 1 Limited

Astbury View

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

Astbury View provides accommodation with personal care for up to 9 people living with a learning disability. There were 9 people living at the home at the time of the inspection. At the last inspection, the service was rated Good. At this inspection the service remained Good.

There was a registered manager in place. 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's safety was promoted by staff who understood how to keep them safe. Staff had received training and relatives felt assured that their family members were safe at the home. Staff were available to meet people's needs and staff understood how to best support people and the risks to their health. People were supported to have their medicines and regular checks were made to ensure staff supported people with their medicines appropriately.

Staff were supported with access to regular supervision and feedback on their performance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed choices in the meals and drinks they were offered. Where people required additional support from healthcare professionals, staff followed instructions given to them and incorporated the guidance in the day to day care people received.

People's care needs were assessed and updated based on their changing circumstances and needs. Staff understood the activities people liked and supported them to participate. Relatives we spoke with understood how to raise their concerns and felt able to speak with staff and the registered manager.

Staff felt able to access advice and guidance from the Registered Manager. The registered manager had systems in place to review and update people's care, whilst also ensuring staff were kept up to date of changes. The registered provider also had systems to assure themselves of the quality of care being delivered.

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 Good.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well Led.

Astbury View

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 took place on 2 May 2017 and was completed by one inspector. We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority who are responsible for commissioning people's care.

During the inspection, we spoke with two people who lived at the home and one visiting relative. We also spoke to one relative following the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with three care staff and the deputy manager. The registered manager was on leave as the time of the inspection but we spoke with her by telephone after the inspection. We reviewed three care plans together with the corresponding health action plans. We also looked at monthly checks the registered manager undertook, three staff files, compliments about the service, accident and incident audits and minutes from staff meetings.

Is the service safe?

Our findings

People were at ease in the company of staff. Two relatives we spoke with told us they were happy with the care their family member received and they felt certain their family member was safe living in the home. Staff we spoke with understood how to keep people safe and had received training which included recording and escalating their concerns to the management team. We reviewed three care plans and saw detailed risk assessments that guided staff on the individual risks people lived with. Staff understood the support they needed to provide to people to minimise any risks to the person's health that they lived with. We saw staff safely support people using specialist equipment and reassure them when appropriate.

People were able to access support from staff when they needed it. We saw people seek out the attention of staff and staff respond in a timely way that was appropriate to each person. A relative we spoke with told us they were always able to access staff when needed. Recruitment processes we reviewed also demonstrated how checks were made on the suitability of staff before they commenced work at the service. Background checks that included references and DBS (Disclosure and Barring Service) checks were also completed to ensure it was safe for those staff to work at the home.

We saw people were happy to have the support they needed to take their medicines and staff understood how each person preferred to take their medicines. One relative we spoke with told us they were confident their family member received additional pain relief whenever they required it. The registered manager also ensured that the use of medicines at the home were reviewed by a Pharmacist to ensure people received their medicine as they should. Checks were made and any action necessary was taken to ensure people received their medicines correctly and that they were stored and disposed of appropriately.

Is the service effective?

Our findings

We saw that staff understood how to care and support people. Staff demonstrated confidence and understanding of people's care in the way they supported and responded to people's needs. Staff were knowledgeable about the people they supported and how best to support them. Relatives we spoke with also told us they had confidence in how people were supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had been unable to make a choice or decision, a decision had been made in the person's best interest and recorded in their plan of care.

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). The registered manager had a system in place for submitting and reviewing applications. Staff understood the authorisations in place and how people's care was affected. Staff told us they received training and understood the requirements of the Mental Capacity Act. We saw staff explain what they were doing and wait to ensure the person agreed. Where people demonstrated that they did not want a staff member to proceed with something, staff respected this. For example, where a person declined a meal or taking part in an activity, staff understood and worked with the person to offer an alternative.

People enjoyed their meals and were offered choices. Staff told us they observed people to understand their preferences. We saw one person refuse their meal but they were encouraged to have a snack instead. Relatives told us that meals were provided at times the person was likely to eat and alternatives were always provided if a person declined a meal. Staff also understood whether people needed support to eat and provided this.

People saw a number of healthcare professionals and had regular healthcare checks. People were supported by staff to attend health appointments. People saw dentists, opticians and occupational therapists and staff explained how they incorporated their advice into the day to day care people received.

Is the service caring?

Our findings

People demonstrated affection and warmth towards the staff supporting them. For example, some people required verbal reassurance whilst others required tactile contact. Staff responded in a way that was appropriate to each person and ensured people were happy with the responses they provided. Some people chose to smile whilst others talked to staff. We saw staff engage in friendly chatter and talk to people about things that were important to each person. Relatives told us they were happy with the care their family member received. One relative told us their family member always had a smile on their face when they were with staff and that this reassured them.

Staff told us they were able to spend time with people to do and share things that the person wanted to do. We saw people relax, listen to music or choose when they needed a rest. Staff supported people to make choices based on their knowledge of people and each person's behaviour. Where people demonstrated they needed assistance, staff responded immediately. Staff understood how people needed support. For example, where people required distraction if they became upset, staff understood and provided this. Some people required a staff member to sit with them when they became unsettled and staff also did this. Staff also worked with people to promote their independence. For example, staff encouraged and supported people to go to the shops to purchase their own shopping when they needed reassurance to do so.

Relatives we spoke with told us they had a good relationship with staff and staff kept them up to date with the family's member's needs. They told us they were able to visit whenever they chose to and that care was consistent regardless of when they visited the home.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home so that staff fully understood their care needs. Staff we spoke with told us they understood people's needs from supporting them, understanding their behaviour and sharing their understanding with other staff. For example, staff told us some people's needs had changed from when they first moved to the home. They told us one person had recently been unwell and they had gradually needed more assistance and support. Staff were updated on their changing needs so that the correct support could be provided. We saw people with a variety of equipment that was individual to their needs. Staff told us that people's equipment was reviewed and changed if they did not like it to ensure the person was happy with the equipment they needed.

A relative we spoke with told us families were encouraged to be involved in important meetings affecting their family member's care. They told us it was important that they were consulted and contributed to the process to understand their family member's changing care needs.

The registered manager had a complaints process in place should they need to record any complaints. Although there were no complaints for us to review, a relative we spoke with told us they felt assured they could speak with staff about any concerns. They gave us examples of occasions when they had made staff aware of issues affecting their family's member's care that they wanted improved. They told us staff worked with the family to understand and implement the changes they wanted. Staff we spoke with also told us they regularly spoke with family members to ensure they were happy with the care their family member received. People were also encouraged to share their views of the service through review meetings and questionnaires they were supported to complete. This enabled the Registered Manager to better understand people's needs.

Is the service well-led?

Our findings

People were relaxed in the in the home and around staff. Relatives we spoke with knew the registered manager and felt able to speak with them when they needed and about issues important to them. We also saw staff regularly consult with the management team about people's care when they required clarification.

There was a registered manager in post who was supported by a deputy manager and care staff. Staff told us they enjoyed working at the home and they felt supported by the management team. Staff told us they felt able to access advice and guidance on people's care whenever they needed. Minutes of team meetings we reviewed demonstrated how staff were kept staff informed of best practice and changes to people's care.

The care people received was checked and updated regularly by the registered manager. We saw there were systems in place to ensure people received the care they needed. Regular checks of people's care were also made by the registered provider to ensure the registered manager understood and fulfilled the registered provider's expectations of care.

The registered manager and staff sought advice from other professionals to ensure they provided care that was appropriate for each person. We saw that where appropriate, the input of other professionals such as speech and language therapists as well as occupational therapists was sought to ensure the care provided would benefit the person.