

Voyage 1 Limited

4 Hermitage Lane

Inspection report

Upper Stratton
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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 inspected 4 Hermitage Lane on the 22 January 2016. 4 Hermitage Lane is registered to provide accommodation for six people with learning disabilities who require support with personal care. The home is situated in Swindon.

There was a registered manager in post at the service. 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 needs were assessed and clear guidance was in place for staff to mitigate those risks. There was a good understanding of safeguarding within the service. Staff were aware what constitutes abuse and what action to take if abuse was suspected. There were enough suitably qualified staff deployed to meet people's needs.

Staff received appropriate support to carry out their roles on a day to day basis through structured supervisions and appraisals. Staff were well trained and had access to further professional development. People's dietary needs were understood and they told us they enjoyed a balanced and healthy diet of their own choosing. The service worked well with other professionals to ensure people's needs were met safely.

People's medicines were stored and managed safely and people received their medicines when they were supposed to. When specific arrangements were in place for as required medicines staff understood and followed those guidelines.

Staff were described as caring and this matched our own observations. People clearly appreciated their relationship with staff and we observed many trusting and warm interactions between people and the staff that were assisting them. People's privacy and dignity were respected.

People benefitted from a person centred culture where their needs and wishes were documented. People also had the opportunity to develop goals and were supported by a staff team who understood those goals and helped people to achieve them. Feedback was important to the service to ensure continuous improvement.

The leadership within the service was described as very good by staff and relatives we spoke with. There were effective systems in place to monitor the quality and safety of the service. There was a clear vision within the service and an open culture for people to raise their views if they felt they needed to.

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

People's needs were assessed and clear guidance was in place to manage risks.

People received their medicines when required and their medicines were stored and managed safely.

Staffing levels were adequate to meet people's needs. People were protected from abuse by staff that understood their responsibilities in relation to safeguarding. Provider had systems in place to assist people with management of their finances.

Is the service effective?

Good ●

The service was effective.

Staff received ongoing support and guidance. They had access to regular training and development programmes.

Staff understood and applied the key principles of the Mental Capacity Act 2005.

People enjoyed a healthy diet and had regular access to health professionals. This was supported by a clear health action plans that were in place.

Is the service caring?

Good ●

The service was caring.

Staff were described as caring and this was supported by our observations.

Friendships were encouraged and supported along with positive relationships between staff and the people they supported.

People's independence and right to make their own choices was respected and encouraged.

Peoples dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

There was a clear person centred culture within the home that captured and understood people's preferences and ambitions. This was reflected in person centred documentation.

Evidence was available that when people's needs changed the service responded promptly.

There was a complaints procedure in place that people knew how to use if required. Complaints were managed swiftly and in line with the documented procedure.

Is the service well-led?

Good ●

The service was well led.

Staff felt motivated to work hard and provide a high quality of care and support.

Quality and safety were monitored by effective systems in place across all aspects of the home.

There was a clear vision for the service that had been instrumental in people's development. We also saw the impact this vision had had on people's lives.

4 Hermitage Lane

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 was 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 the 22 January and it was unannounced. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed the information we held about the service. This included notifications, which is information about important events which the service is required to send us by law. Before the inspection we requested and received a Provider Information Return (PIR) from the service. A PIR 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.

At the time of the inspection there were six people being supported by the service. We spoke with two people who were using the service and two people's relatives. We spoke with two professionals who visit the service as part of their roles. We also conducted a Short Observation Framework for Inspection (SOFI). SOFI is a method of observing the experiences of people who cannot communicate with us verbally. We spoke with the registered manager and three staff. We reviewed three people's care files, records relating to training, and the general management of the home. We also reviewed three staff files.

Is the service safe?

Our findings

People and their relatives felt the service was safe. Comments included: "I feel safe thank you"; "Oh yes, very safe, very reassured"; "It is definitely a safe service, no issues" and "Safety of people is a priority for sure". Professionals we spoke with also felt the service was safe. Comments included, "It is a very safe service, I have never had concerns" and "Yes it's safe, definitely".

The staff team had a good understanding of safeguarding, what constitutes abuse and what to do in the event of suspecting abuse. Safeguarding procedures were clearly displayed and safeguarding alerts had been raised appropriately with the local authority safeguarding team. People were also protected from the risks of financial abuse as there were clear arrangements in place for the storage and management of their personal finances. We saw that people's finances were being clearly recorded and accurately accounted for.

People had risk assessments in place to ensure risks in relation to their needs could be supported safely. For example, people with risks in relation to their behaviour that may present as challenging had risk assessments in place with clear guidance to ensure their safety around the house and when in public. Another person had impaired mobility and we saw thorough risk assessments in place with clear guidance for staff to follow.

Medicines were administered safely to people who required them in line with documented guidance. Medicines were stored safely and stock levels were regularly checked. We observed people received their medicines in line with the stated guidance by staff who were trained to do so. We observed that PRN ('as needed') protocols were in place. We saw several examples of these which included 'name, strength, form', 'dosage', 'route', 'what for' and 'when to give'. Information referred to assessment criteria, maximum quantity per day, other medicines, extra notes and review. We noted that a PRN protocols required staff to ring the senior on-call staff prior to administering 'on call manager must be phoned to authorise'. Staff understood this and knew when to follow this guidance.

We saw that a clear procedure for the covert administration of medication had been followed. For example, one person took their medication in a liquid form as the medicine was only available in tablet form. We saw that relevant professionals including the hospital doctor and nurse practitioner were involved in the process, as was the person's care manager and the provider's operations manager. 'Covert' is the term used when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them.

There were enough suitably qualified staff to meet people's needs. The staffing deployment was based around the needs of people using the service. For example, people who were assessed as requiring one to one support received this. Additional staff were planned in at times where people had chosen to do activities. Staff we spoke with felt there were enough staff present to meet people's needs. Comments included, "There is always plenty of us and people come in if we ever are short" and "We are lucky really, staffing is not usually an issue for us".

The service followed safe recruitment practices. We looked at three staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable people. Records were also seen which confirmed that staff members were entitled to work in the UK.

Is the service effective?

Our findings

People and their relatives felt the service was effective. Comments included, "Staff understand me, I trust them", "My [relative] is very well understood, it's a family home, they are all treated like family". A professional we spoke with told us the service was effective, "People are well supported and staff have all the skills they need to do an excellent job".

Staff we spoke with felt supported. Comments included, "The support is great, we're a close team and support each other" and "I get as much support as I need and also happy to offer it when needed". Staff had access to regular supervision and appraisal. Supervisions offer an opportunity for staff to discuss and improve their practices, raise issues and access the support required to fulfil their role in a formal setting. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. These processes support staff to reflect on their work to benefit themselves and the people they support. We saw staff were supported to raise issues regarding the people they support as well as any issues that may be impacting on their role. Staff received clear feedback regarding the points they raised and issues were followed up at the next supervision meeting. One member of staff told us, "Supervision is excellent, really helpful in making me better at my job". Another member of staff told us, "I look forward to supervision; the feedback you get is always helpful, I have learnt so much".

People benefitted from a service that understood and implemented the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. DoLS are in place to ensure that people's freedom is not unlawfully restricted. Each person had a decision making profile that identified each specific decision that may require staff to be aware of capacity issues. This profile also detailed when the best time to assess whether this person has capacity to ensure each person was given as much support as possible to make their own decisions. When decisions were made for people where they were assessed not to have capacity to make a specific decision, a best interests meeting was held that included the relevant professionals and independent mental capacity advocates (IMCA). An IMCA is a legal safeguard for people who lack the capacity to make specific important decisions where there is no one independent of services, such as a family member or friend, who is able to represent the person.

Staff we spoke with felt they received adequate training. Comments included, "The training is very regular here" and "We get loads and more if we are interested in any specific subject". Staff undertook mandatory training such as fire safety, first aid, and health and safety. Staff told us they had received periodic renewals of mandatory training. Staff we spoke with were positive about their training. One carer told us that some mandatory training topics were taken via e-learning. They cited other training they had done face to face. These courses were on multi agency public protection arrangements (MAPPA), epilepsy awareness and fire safety.

Peoples' preferred methods of communication were understood and clearly documented. Where people had limited verbal communication they had their own individualised methods of communicating recorded and staff understood and used them. For example one person used picture cards and visual aids to support

their communication. Another person's communication was aided by specific gestures that staff understood.

People benefited from a varied and balanced diet. People were able to choose what they wanted to eat and drink. We saw each person choosing their own breakfast which could be cooked or consisted of choice of cereal depending on their preferences.

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and during visits to the dentists. The service also accessed support of other professionals such as speech and language therapists (SALT) and district nurses when required.

Is the service caring?

Our findings

People and their relatives described the service as caring. Comments included, "The care is excellent, it's like a big family", "I think the quality of care is unbelievable, first class" and "The care is outstanding, no other words for it".

Staff clearly appreciated the relationships they had with the people they supported. Comments included, "We do all we can to support the people that live here, they are extended family, they are people who need love, care and understanding" and "People are the reason we come to work every day, they are lovely individuals and all have their own qualities".

Staff provided positive support to a people with profound and multiple disabilities. They responded effectively to people with complex needs. Staff engaged with people by listening and talking, and by using non-verbal communication including signs. Support staff clearly had a good rapport with the people they cared for.

We saw a number of caring interactions throughout the day between staff and the people who used the service. For example, one person who was slightly anxious by our arrival was supported to settle and the staff explained to them why we were there. People were also all smartly dressed in clothes they had chosen and supported to do their hair as they wanted it.

The caring culture within the home was clearly benefiting people. Families we spoke with all told us of how their relatives' experience of being at the service had made big differences to their lives. Comments included, "The care has been fantastic, [relative] wants to go back to the service (home) as soon as they arrive, it the first time I can say they are truly happy" and "The difference the care they have shown [relative] has made is incredible, [relative] is more confident, calmer and it gives me such piece of mind to know he's ok when I'm gone".

Positive relationships between people that lived in the service were encouraged as well as wider friendships. All families we spoke with referred to their relatives living with friends. One person's relative told us, "They are not home long before asking to see their friends, its lovely". We also heard how one person was supported to change day centres to be around people they knew. Another person had been supported through a considered transition to regain contact with someone they used to live with. The goal in place was for this friendship to become part of a plan for this person to maintain independence. People were supported to sustain and improve their skills. For example, we saw one person being supported to make the drinks for visitors and serve them.

People were involved in decisions relating to their own care. We observed people being consulted throughout the day. Staff told us people were involved daily in what they wanted and needed. The registered manager told us, "We sit down with people regularly to review their week and send letters to families to update them. We saw that regular letters were written to family members and significant others to ensure they felt involved in their relative's care as well as to ensure people took ownership over sharing

their own experiences. People were also given information about the home and wider service in a format they could understand when entering the service to ensure they could have as much awareness and involvement as they wanted. People were informed about what care was available to them and who was available to support them. For example, how to raise concerns, about an access to advocacy and who their support team was. This was also done visually to ensure people's own method of communication was considered.

People benefited from a service that respected the importance of equality and diversity. People's cultural and religious needs were identified through their initial assessment and this information was clearly recorded in their support plans. One person was regularly supported to attend church to ensure they were able to remain in touch with their faith.

Despite not directly providing end of life care the service had considered the impact of people dying on the people they supported. Keyworkers were starting 'Lifebook' with people they supported to ensure any important family history remained even when loved ones passed on. The manager told us, "With the passing of a generation, information goes with them. Everyone deserved to remember what's important to them as best they can".

Is the service responsive?

Our findings

People's relatives described the service as responsive and person centred. Comments included, "They are a very responsive team, very on the ball", "They have responded to everything properly and do an excellent job", "They treat and respond to each person as an adult in their own right" and "You can see each person is responded to as their own person with complete respect". Professionals told us the service was responsive. Comments included, "They have always responded well to advice and guidance" and "I would definitely be happy to send a relative here, very skilled and very responsive".

People's needs were assessed when entering the service. These assessments were used to design person centred support plans with clear guidance for care staff to follow. People's support plans were informed by their personal histories along with their views on what they want for their future. There was also a clear one page profile to ensure each person's wishes were understood and that staff understood what was important to them.

Each person also had a workbook which was updated daily but also contained their current goals, future goals and also documented any accomplishments. We were able to see through these workbooks the person centred approach that supported people to lead more active lives of their choosing. We spoke with one person's relative who told us, "The support has been unbelievable, [relative] now does more for me than I do, he's become more confident and able".

We saw when people's needs changed the service responded. For example, we viewed one care file of a person whose weight was quite low. The service had engaged with the relevant professionals and was monitoring this person's food intake and weight. Another person was referred for tests after the service identified concerns through their own monitoring checks. This led to a diagnosis for this person that enabled individualised support planning to ensure this person's well-being was maintained.

We saw that people enjoyed a variety of activities that interested them. We saw that there was a range of activities on offer, including in house options and trips out to coffee mornings, social clubs and pubs. We observed on the day a structured session that involved a number of games that people were clearly enjoying. People also benefitted from a staff team that were trained in intensive interaction. Intensive Interaction is a practical approach to interacting with people with severe or profound and multiple learning disabilities and/or autistic spectrum disorder. We saw how one person's interaction had significantly improved through the use of this approach during activities. Staff told us, "You can tell it's really worked for them, they hold their attention for much longer periods, and [person] will now even instigate doing it, its lovely".

We observed that staff sought to engage with people they supported, for example by singing with them. We saw that the manager facilitated a 'parachute games' session that people enjoyed. People and staff had also seen singing together.

People benefited from a service that saw feedback as important in improving the service. Satisfaction

surveys were sent out to people, relatives and staff. The feedback from these surveys were analysed and the information was collated into an action plan for the manager.

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. No complaints had been raised since our last inspection from people directly related to the service.

Is the service well-led?

Our findings

The service was managed by an experienced registered manager who had an obvious passion for hands on support. This passion was apparent from speaking to the manager, observing the standards expected within the service and interactions with staff. The management of the home was having an impact on all areas of people's lives from their safety to their opportunity to live the life they chose.

The registered manager had a clear vision for the service that put people at the centre of what they do. This involved a strong desire to offer people as many opportunities as possible to be independent and experience new things. There was a respect and commitment for involving families and people with significant relationships to people that used the service.

Staff we spoke with understood and shared the registered manager's approach. Comments included, "People are treated amazingly well, we are always thinking of ways to make life as meaningful as possible" and "People come first for sure, we are all passionate about supporting people to be happy and experience new things". Relatives reinforced that this approach was being put into practise. Comments included, "The service has an excellent approach, they are excellent at making sure people lead an active life" and "The culture is full of energy and passion for people and giving them an excellent quality of life, the manager won't stand for any messing around". Professionals we spoke with also agreed. Comments included, "The service has a lovely feel about it, lovely culture, and you can see the effort that goes into making people happy".

The service was described by people's relatives and professionals as well led. Comments included, "The manager is very good no doubt, the whole team are", "The manager is brilliant, the way they interact with their team is respectful and also motivational", "The manager is fantastic, organised and communicates well".

Staff also felt the service was well led. Comments included, "They always bend over backwards to help you" and "I can always talk to the manager or deputy. They're really, really supportive and understanding. They're very caring, very understanding, very positive". Staff also told us that team meetings were useful and always a good learning experience. One staff member told us, "Meeting are very useful and are treated like mini training sessions, the manager takes them very seriously, so do the staff". The manager told us how local professionals were regularly invited to attend team meetings to share information to their staff team. Most recently the team were visited by a learning disability nurse. This ensured people benefitted from a staff team that were kept informed of best practices to ensure a better quality of care.

There was a culture in the home that valued staff and people. The manager had developed a 'staff member of the month' scheme as they felt, "It's easy to feel undervalued in this work, so it's nice to show people they are appreciated". One member of staff told us, "It's a nice touch and benefits people as staff are happier". There was also a positivity tree on the main notice board for people and staff to add their thoughts to encourage positivity. One member of staff told us, "It's a lovely idea, there is enough to be down about, but people we support shouldn't be effected by it, it's important to stay positive".

There was a system in place to monitor the quality and safety of the service. We saw a number of internal checks and audits conducted daily, weekly and monthly that covered all areas of the home. For example, from the safety of the building to the quality of support files and peoples experience at mealtimes. The registered manager carried out? their own monitoring checks which fed into an action plan. The service was also then audited by a designated team within the organisation. We saw these audits covered a wide area and were detailed in their actions. For example we noted action for the manager to increase the awareness of the Mental Capacity Act 2005 and this had been done.

The service maintained community links. As well as positive relationships with local public houses where people are made to feel 'welcome and part of the community' the service also has links with a local farm where two Alpacas had been sent to be rehomed. People within the service regularly visited these animals and we were told people at the service will be having a BBQ to celebrate the Alpacas moving to their new home.