

# Voyage 1 Limited

# The Minster

## 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

The Minster specialises in providing care and support to adults who have a learning disability, autism and/or a physical disability. Most people had limited verbal communication. Accommodation is arranged over two levels with stairs providing access to the first floor. The home can accommodate up to 10 people and was full on the day of our inspection. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

At the last inspection, the service was rated Good.

### Rating at this inspection

At this inspection we found the service remained Good. At this inspection the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Why the service is rated good

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received safe care because there were systems in place to protect people from abuse and harm. Staff undertook comprehensive risk assessments and developed plans designed to keep people safe with minimum restriction. Staff learnt from incidents and used this learning to improve the service.

The provider ensured there were enough staff to meet both the physical and social care needs of people. Staff underwent suitable recruitment checks and received a full induction and training to support them to carry out their role. Staff received regular supervision and performance was monitored.

The provider ensured checks were carried out to ensure the physical environment was safe and clean.

People were supported to be as independent as possible. Staff ensured people could access the community and also that they could try out new activities. The provider had reduced the amount of restrictive interventions in line with national guidance. This meant that the staff seldom used physical restraint to keep people safe.

People's care was personalised to meet their individual needs. People had choices about food and drink and were supported to eat a healthy diet. Staff helped people to choose how they would like their rooms decorated. People were encouraged to try new things and to take positive risks.

The Minster had systems in place to monitor and improve the quality of the service. The service was well run and managed. Staff worked effectively as a team and felt valued and supported. Both staff and people living at the home gave positive feedback about the registered manager.

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.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

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## 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 comprehensive inspection was carried out on 5 January 2018.

The inspection was carried out by two adult social care inspectors and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the home is legally required to send us. At the last inspection of the service in November 2015 we did not identify any concerns with the care provided.

During the inspection we spoke with five people living at the home and six members of staff and observed staff interactions with people. We looked at two people's care and support records, all the medicines record sheets, and three staff files. We also looked at records relating to the management of the service such health and safety files, accident and incident files, fire safety file, environmental risk assessments, safeguarding file, compliments and complaints file.

# Is the service safe?

## Our findings

People continued to receive safe care.

People felt safe at the home. One person said, "Yes" when asked if they felt safe. Not everyone was able to tell us about their care but we observed they were relaxed in the company of staff.

The provider had policies and procedures in place for safeguarding adults. This contained guidance on what staff should do in response to any concerns identified. Staff received training in safeguarding adults and were knowledgeable about the correct action to take. Three members of staff told us they would report any concerns to a senior member of staff.

The service had informed both the local safeguarding adults team and CQC when concerns had been identified and had put measures in place to ensure peoples' safety.

Staff had completed risk assessments for all activities people engaged in and for intimate care. People at the service were supported to take positive risks to help them develop new skills and interests. Staff did not stop people doing anything unless there was a direct safety concern.

People were further protected from harm as care plans gave clear guidance on how to keep people safe when they had a specific medical condition. One person had a special tube to help them breathe and managed this themselves. Their care plan gave clear instructions and guidance about how to identify an infection which the person may develop relating to the tube. The care plan told staff what to look out for and when to seek medical advice or contact the emergency services. All staff we spoke with were aware of these instructions.

The provider had considered environmental risks to people. For example the use of a paddling pool had been risk assessed. Potential risks such as cross infection were considered and plans were in place to manage the identified risks.

Staff carried out regular health and safety checks in the home. The provider had fitted window restrictors on the upper floors to reduce the risk of people falling out. The staff team carried out regular fire drills to familiarise people with how to stay safe in the event of a fire. Each person had an individual evacuation plan which reflected their support needs. The provider had carried out routine maintenance checks on fire extinguishers and other equipment such as hoists.

We spoke with five members of staff, which included the registered manager and the deputy, and all stated there were enough staff. During our visit we observed that there were enough staff to support people both within the home and when they went out in the community. Staff told us that occasionally they could be low on numbers due to unplanned staff absence such as sickness or childcare. However staff told us this did not affect the quality of care that people received.

All staff underwent recruitment checks following interview and before starting work at the home. This included disclosure and barring service checks and obtaining references.

The registered manager followed up any performance concerns with staff in supervision.

Medicines were stored and administered safely. Staff had detailed information about how people preferred to take their medicines. The deputy manager carried out regular stock checks and a local pharmacist carried out regular audits.

People were protected from infection. Staff always washed their hands before carrying out any care and used protective equipment such as gloves and aprons. The home was visibly clean; communal areas and bedrooms smelt fresh and were in good condition.

The management team and staff learnt lessons from accidents or incidents. For example, following concerns raised by external agencies staff stopped using any form of restraint and reviewed everyone's behaviour support plans. This resulted in a reduction in people displaying behaviours which could challenge.

## Is the service effective?

### Our findings

People continued to receive effective care.

People received the care and support they needed as staff carried out a full and comprehensive assessment of each person's needs. People's needs in all areas of their life were considered. The service had improved the support offered to people in respect of behaviours which challenge. Staff no longer used any physical interventions with people which was in line with national guidance on reducing restrictive interventions. This meant that staff moved away and removed other people from the area if a person became distressed. The person was then given time to calm down naturally. Records showed this had reduced the occurrence of behaviours which challenge.

Staff received a comprehensive induction which ensured they had the right skills to support people. All staff worked alongside an experienced member of staff for two to four weeks before they worked alone. The registered manager then identified an experienced member of staff to be their 'buddy' to provide additional support. One member of staff told us about additional training they planned as part of their aim to become a registered manager in the future. Staff told us they received regular supervision which was helpful and supportive. Records confirmed supervision happened regularly and any performance issues were addressed in these meetings.

People were offered a balanced, healthy diet in line with their personal preferences. Some people helped to prepare meals. One person told us they liked preparing their own food. People could choose from either a menu board or pictures, we also observed staff asking people what they would like to eat. .

People had access to a wide range of health professionals to make sure they received the help and support they required. People had comprehensive behaviour support plans which had been written with the help of the provider's behaviour support therapist. The support plans gave staff details about what could cause a person to become distressed and the best way to help them.

Staff had worked with one person's social worker to improve the person's behaviour support plan to provide staff with the information they needed to better meet the person's needs. This had reduced the person's behaviours that challenged and meant they were able to remain at the home.

Two people we spoke with told us how proud they were of losing weight as a result of the support they received from staff at the home. One person had seen an optician and podiatrist as well as doctors. Another person attended a monthly clinic to help them self-manage a medical condition.

People could design their bedrooms to reflect their likes and preferences. One person showed us their bedroom with lots of dolphins which they liked. They told us they had picked the wall colours when it was redecorated. We looked at another person's bedroom. This room was homely and attractive. Staff told us that the person was unable to tell them their likes and dislikes but they had tried to make the room as comfortable and welcoming as they could.



Bedrooms and communal areas on the ground floor were wheelchair accessible.

Peoples' legal rights were upheld. The registered manager had ensured all people requiring a Deprivation of Liberty Safeguard had application was completed. People who lack mental capacity to agree to their care arrangements can only be deprived of their liberty when it is legally authorised under the Mental Capacity Act 2005. The local authority had a backlog of applications but the registered manager had regularly checked the progress of applications. Some people had additional restrictions, for example bed rails, and these had been included on the application. People had best interest's decisions recorded where these had taken place.

Staff were able to explain mental capacity and told us that they always assumed capacity. For example some people's medication records reminded staff they had the capacity to refuse to take their medicines. Staff understood that people may need to be supported to make a decision at a specific time and that people had the right to make unwise decisions. Assessments of people's capacity to make decisions had been carried out when a specific decision was needed and recorded in their care records.

## Is the service caring?

### Our findings

People continued to receive a caring service.

People were supported by kind and caring staff who knew them well. One person said, "Some staff are kind and help". Other people smiled or hugged members of staff to show their affection. We observed that people were happy and comfortable around members of staff at all times.

When people suffered bereavement they were offered counselling from a specialist service for people with a learning disability.

Staff spoke with us about the people who lived at the home. All staff demonstrated warmth, friendliness, respect and concern for people they supported. They all told us that the best part of their job was the people they supported.

People were able to have visitors. One person told us their family member regularly visits and brings their dog.

People were asked their preferences and staff respected them. Staff asked people what they would like for their meals and given options. It was evident that staff knew which food people liked.

People's privacy was respected. Staff always knocked on peoples' doors before entering and ensured that doors were closed and people covered during any personal care.

People's different communication needs were met. For example, one person did not communicate verbally. Staff used a variety of methods including signing, pictures and objects of reference. This is where people point at objects to communicate their needs or make a choice from two objects such as a bottle of squash or teabag. This person's care records gave clear guidance for staff on how the person gave consent and that they would turn their head away to refuse.

People were supported to be as independent as possible and develop lasting relationships with others. One person told us they were supported to meet their partner regularly. Staff ensured they could choose to sit separately if they were on group outings and enabled them to visit each other regularly.

## Is the service responsive?

### Our findings

People continued to receive responsive care.

People's care plans were detailed and reflected their preferences. People had been consulted about their care plans. We looked at two plans in detail and saw they contained guidance on how to support people's choices and promote their independence. Care plans contained clear information about people's physical, social and emotional support needs. However, care plans were not written in a format which was accessible to people living at the home. The registered manager told us they planned to introduce plans in a picture format.

People had annual care reviews which were an opportunity to celebrate achievements as well as plan for the future. Staff identified success in the reduction of the behaviours which could be challenging to themselves or others. The review clarified the type of ongoing support people would like with intimate care and which staff they would like support from for this.

People were supported to spend their time in a way that respected their choices. People's daily routines were outlined in their care plan so those with communication difficulties would have their preferences met. One person's care plan gave details about the times they would like to get up and go to bed. It made it clear there were no set routines and it was the person's choice.

People were able to take part in a wide range of activities reflecting their hobbies and interests. One person had been sailing and to a variety of concerts around the country. Another person regularly took the dog for walks. Two people regularly attended another of the provider's homes to use the sensory room. During the inspection people participated in a variety of activities. One person went horse riding whilst others went for a long walk.

The service had received no formal complaints since the last inspection. People knew who they could talk to when they were not happy. One person mentioned specific staff they would go to. Another person told us they would speak to their mum.

The majority of people living at the home were younger adults so no end of life plans were in place.

## Is the service well-led?

### Our findings

The service continued to be well led.

There was a registered manager in post. A registered manager is a person who is 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.

The registered manager told us they felt very supported by the provider. They explained their line manager was always at the end of a telephone for advice and would come to the home if they needed additional support. They said the operations manager, "Is really, really good". There were specialist professionals who could provide specific support. For example, a behaviour therapist when people's behaviours began to become challenging and a human resources team to help with the recruitment and supervision of staff members. There were regular regional managers meetings and the registered manager told us this was a place they could share ideas and support each other.

The registered manager had created a culture of openness and positivity since taking over in July 2017. They wanted to ensure consistency for people living at the home and valued them as individuals. When the registered manager arrived at the home during the inspection one person who lived at the home introduced us. They said, "This is [name of registered manager]. She is an amazing manager." The registered manager told us, and staff confirmed, their door was always open for people and staff. Following consultation with people the registered manager's office had been moved downstairs so people with mobility problems could easily visit the office.

Information sent to us by the registered manager confirmed that the registered manager completed routine unannounced night inspections. This was to ensure staff at night had sufficient resources and people were receiving good quality care. The registered manager told us they regularly started work at 6:30 in the morning to ensure they could meet with the night staff.

The provider had schemes in place to acknowledge the achievements of its staff members. Recently, the registered manager had made it to the finals of the 'Regional Care Home Manager'. All staff were complementary of the support the registered manager provided them. One staff member said, "The home is running perfectly. I wish we had this manager years ago. The best I have known it so far". Another member of staff said, "The [name of registered manager] has brought this place forward" and said, "I love working here". They told us about positive changes the registered manager had made which improved consistency of care and resulted in people being calmer and happier.

The registered manager and provider had worked hard to ensure sustainability at the home and constantly drove improvement. When the provider had identified concerns with the management of the home they had ensured a supporting manager regularly came to the home from another service. This member of staff was then employed to be the registered manager. Since the registered manager had started they had identified

key changes which needed to be made with the support of the provider. One of the first improvements identified was the retention of staff. As a result, the turnover of staff had reduced from 80% including agency staff to 20% with no need for agency staff. The registered manager explained they wanted to make sure staff felt supported and valued which in turn led to positive support for people. One member of staff was planning on leaving and had since changed their mind."

Systems were in place to monitor and improve the quality and safety of the service. Audits were in place to check on specific aspects of the service, for example regular checks of medicines by the staff and a visiting pharmacist. Where improvements were needed the necessary action was taken.

The registered manager had a clear overview of staff training and supervision. Staff had the opportunity to raise concerns or training needs in these sessions and told us it was helpful and supportive. Supervision records showed that any staff performance issues were addressed and monitored.

People who lived at the service had been involved in interviews for new staff. The interview team had taken their views into consideration before accepting new people into the team.

The registered manager promoted people's opportunities to be part of the local community. People were encouraged to have regular access to the community. The registered manager told us, "I am a believer the more you get out in public people start to recognise you and engage with the people". They gave some examples of the local pub knowing people by their names and taking another person to the local boxercise club.