Care Quality Commission

Voyage 1 Limited

The Knowls

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 15 April 2015 and was an unannounced inspection.

This was the first inspection of the service since the provider changed their legal entity from Voyage 3 Limited to Voyage 1Limited in June 2014.

The Knowls is a large detached property which is situated close to Taunton town centre. The home can accommodate up to 14 people and it specialises in providing care and support to adults who have a learning disability. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

People had very complex needs and communication difficulties associated with their learning disability. Because of this we were only able to have very limited conversations with two people about their experiences. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 had a clear vision for the home and the people who lived there. They told us they wanted to ensure people were supported to develop their skills and promote their independence. Staff told us they were proud of the standard of care they provided to people. They spoke with kindness and compassion when they told us about the people they supported. One staff member said "I think we are a really good team who all really care about the people here."

Risk assessments were in place which enabled people to develop and maintain independent living skills. These included making hot drinks, cooking, washing up and doing their laundry.

Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and that there were sufficient supplies of medicines. People received their medicines when they needed them. However; improvements were needed to minimise risks to people when staff administered medicines.

Staffing levels were good and people also received good support from health and social care professionals. Staff were confident and competent when assisting and interacting with people and it was evident staff knew people well.

People were supported to eat well in accordance with their preferences and needs. There was a varied menu which had been developed with the people who lived at the home.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access a range of social and leisure activities in the home and local community.

The service made sure staff completed appropriate training so they could meet the needs of the people they supported. The knowledge, skills and competency of staff were regularly monitored through supervisions and observation of their practice. Staff told us they felt well supported and received the training they needed.

There were systems in place to monitor health and safety and the quality of the service provided to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe however improvements were needed to minimise risks to people during the administration of people's medicines.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

There were sufficient numbers of experienced and appropriately trained staff.

Requires improvement

Is the service effective?
The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good

Is the service caring?
The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to make choices about their day to day lives their wishes were respected.

People were supported to keep in touch with their friends and family.

Good

Is the service responsive?
The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs. People and/or their representatives had been involved in reviewing their plan of care.

People were supported to follow their interests and take part in social activities.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service and identify areas for improvement.

The Knowls

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 15 April 2015 and was unannounced. It was carried out by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 10 people living at the home. During the inspection we spoke with two people, four members of staff and the registered manager. We also spoke with the provider's operations manager for the service and two visiting professionals.

We spent time in lounge and dining room so that we could observe how staff interacted with the people who lived there.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Requires improvement

Is the service safe?

Our findings

Everyone who lived at the home required staff to manage and administer their medicines. There were appropriate procedures in place for the management of people's medicines however; the procedures for the administration of medicines could place people at risk. Medicines were supplied by the pharmacy in sealed monitored dosage packages which provided details of the prescribed medicine, the name of the person it was prescribed for and the time the medicine should be administered. A senior carer explained how medicines were administered to people who lived at the home. They told us they removed the tablets from the sealed package and transferred the tablets to a medicine pot with a lid. They then carried the pot through the home to wherever the person was. They told us they repeated this for each person on an individual basis. We discussed the potential risks relating to the practice of double dispensing. The pots were not labelled with the person's name so there was a risk of the medicine being given to the wrong person. Given the very complex needs and behaviours of the people who lived at the home, there was also the risk of the member of staff administering the medicines becoming distracted and having no safe or secure place to store the medicines which could be picked up by another person using the service. Each person had a pre-printed medicine administration record (MAR) which detailed their prescribed medicines and when they should be administered. Staff had signed the MAR charts when medicines had been administered or had made an appropriate entry when a medicine had not been administered. There was a clear audit trail of all medicines entering and leaving the home. Medicines were only administered by staff who had received appropriate training.

Care plans had information about how people were supported to take risks and how risks to people were minimised. Examples included accessing the community and travelling in a vehicle. Other risk assessments were in place which enabled people to develop and maintain independent living skills. These included making hot drinks, cooking, washing up and doing their laundry.

Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised.

There were plans in place for emergency situations; people had their own evacuation plans if there were a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system within the organisation; this meant they were able to obtain extra support to help manage emergencies.

The majority of the people who lived at the home were unable to hold a conversation with us. However; two people were able to tell us they felt safe living at the home. One person said "I like the staff. They are kind to me."

Staff told us there were enough staff to help keep people safe. We observed one member of staff in the kitchen supporting one person to cook. We saw another unobtrusively observing another person who was making a hot drink.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. The registered manager had informed us of a number of incidents where a person who lived at the home had exhibited aggressive behaviours towards other people who lived at the home and staff. They had informed the Local Authority and other professionals and a behaviour support plan had been implemented to reduce the risk of further events. The registered manager told us that incidents had reduced significantly.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Applicants were required to complete an application form which detailed their employment history and experience. Those shortlisted were then required to attend an interview. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

Staff told us they had good training opportunities which helped them understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as caring for people who have epilepsy or an acquired brain injury. Staff had also received training in non-violent crisis intervention (NCI). This helped staff to respond appropriately to resolve conflict at the earliest possible stage where there was a risk of a person's behaviours escalating.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people's legal rights were protected. Care plans contained documented evidence that best interest meetings had taken place where required. For example, one person required their diet to be monitored. Records showed that staff that knew the person well and appropriate health care professionals had been involved in the decision making process.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager knew about how and when to make an application. They knew about the recent changes to this legislation which may require further applications to be made. We saw assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for each person who lived at the home.

Staff were confident and competent when assisting and interacting with people and it was evident staff knew people well. For example staff supported people with activities they knew the person enjoyed. Staff were skilled in recognising when a person wanted something or if they were unhappy or becoming distressed even though some people were unable to express this verbally. One member of staff explained how important maintaining certain routines were for one person who lived at the home. They were very knowledgeable about the triggers which may cause the person to become very distressed and they were very clear about how to reduce the risk of this.

People could see health care professionals when they needed to. The registered manager and staff told us they received good support from GP's and they would always visit if there was a concern about the health or well-being of people. People's care and support plans showed they received annual health checks and a review of their prescribed medicines. People also had access to other healthcare professionals such as dentists, epilepsy nurses, dieticians and chiropodists. The provider employed a psychologist and an epilepsy nurse who provided advice, support and treatment to people at the home and other homes operated by the provider.

People were supported to eat well in accordance with their preferences and needs. There was a varied menu which had been developed with the people who lived at the home. Every day there was a choice of meals and the names of the people who had chosen the meals had been written on the menu. Staff told us that some people liked to go to the local supermarket to help staff with the food shopping and some people liked to be involved in the preparation of meals. We saw this to be the case on the day we visited. We observed people having lunch. This was a relaxed experience and staff ate lunch with people which helped to make for a more sociable time for people.

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences and we saw people were supported by staff in accordance with their plan of care. For example, one person had been seen by a

Good

Is the service effective?

dietician after the home had raised concerns about their weight. This person received reduced calorie meals and snacks as recommended by the dietician and their weight was monitored on a monthly basis.

Good

Is the service caring?

Our findings

Due to their learning disability and difficulties in communicating, only two people were able to engage in short conversations with us. When asked, one person told us "the staff are kind to me. I like them." Another person responded "Yes" when we asked them if the staff were kind and treated them well.

We spent time observing how staff interacted with people and how people responded to the staff who supported them. The atmosphere in the home was relaxed and people appeared comfortable with staff. Their interactions with people were kind, patient and professional. They spoke to people in a caring way and took account of their views and wishes. For example, one person had chosen to stay in their room. This was respected by staff and they regularly checked on this person to see if they were alright or wanted to come downstairs. Another person kept asking staff the same question. Staff responded in a calm, polite and consistent way which provided the individual with the level of reassurance they needed.

The professionals we met with were positive about the staff team. One said "It feels relaxed here and the staff are very kind." The other told us "I've never seen anything of concern. The staff and manager are very approachable."

Staff told us they were proud of the standard of care they provided to people. They spoke with kindness and compassion when they told us about the people they supported. One staff member said "I think we are a really good team who all really care about the people here."

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. People were encouraged to visit as often as they wished and staff supported people to visit their friends and relations on a regular basis. One person told us they were looking forward to spending the forthcoming weekend with their family. Care plans contained information about the important people and relationships in people's lives.

People's confidentiality was respected and all personal information was kept in a locked room.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

Staff knew about the needs and preferences of the people they supported. Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs. People and/or their representatives had been involved in reviewing their plan of care wherever possible.

Staff told us routines in the home were flexible to meet the needs and preferences of people. People were able to plan their day with staff. On the day of our inspection people were busy, coming and going at various times. People were able to do the things they wished to do. One member of staff said "We support people to have a good life here. Everything is based around what each person wants to do. It's great that we can take people out so much."

People regularly accessed a range of activities both in the home and local community. Staff told us they supported people to make choices about what they wanted to do and they were able to facilitate impromptu requests from people. For example, the day before our visit some people had enjoyed a trip to a local pub followed by an ice-cream, two people had gone shopping and some went on a drive in the home's mini-bus. On the day of our visit staff had supported one person to go bowling another had attended an art class.

People's views and suggestions were encouraged and responded to. Each person was allocated a key worker who met with them on a regular basis. These meetings provided people with the opportunity to spend one to one time with staff who knew them well. People were supported to discuss their day to day lives and to explore other things they may like to do. Regular meetings were also held for people. The meetings of the last meeting showed that a range of topics were discussed which included activities, health and safety, menus and suggestions for the home. One person had requested to go on holiday to Butlins. The registered manager told us this had been booked. Another person had said they wanted a new bed and for their bedroom to be painted. A member of staff told us they had shown the person photographs of beds and had then taken them to a shop where they sat on the bed they wanted. They had also been provided with colour charts so they could choose the paint they wanted.

Staff recognised and responded to changes in people's behaviour. For example, one person's behaviours had escalated over recent months. All incidents had been recorded and staff had requested the support and input from a psychologist. A behavioural support plan had been developed and we saw staff followed this. Outcomes had been positive. Staff told us they now supported the person to plan and cook their meals in a separate kitchen in the home. They told us the person had responded really well to this and appeared to be calmer.

Good

Is the service well-led?

Our findings

The registered manager told us about their ethos and vision for the home and the people who lived there. They said "I want us to help people develop their skills and promote their independence however complex their needs." They also said "I want to enable people to move on to more independent living wherever possible" and "I never want to hear 'we've tried that before and it hasn't worked'."

This vision had been cascaded to staff through team meetings and supervisions. One staff member told us "The manager is very approachable and really cares about the people here." Another said "Things have really improved here. It's more relaxed and I feel people have a better life."

A visiting professional told us "Things have certainly improved. It's the best it's been. The manager is very nice and very approachable. When I visit I am always informed about how people are and whether there are any concerns with people. I've never seen anything of concern. It feels really relaxed here now."

Staff were supported and trained to take lead roles. They shared their knowledge and provided training for other staff as well as ensuring standards were maintained. These included equality and diversity, communication and infection control. One member of staff told us "I was encouraged by the manager to develop my skills and to apply for a senior position which I got. The support here is really good."

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that.

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. One staff member said "I find the supervisions really useful. You are encouraged to talk about any training you may need or want. I recently asked for some training in signing as most of the people here are non-verbal. This has been arranged." All the staff we spoke with told us they felt well supported and received the required training to meet the needs of the people they supported.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. The registered manager completed a monthly audit; if any improvements were needed they completed an action plan. The service manager visited and monitored the service and undertook checks. Records of their last visit showed they reviewed issues relating to people and staff as well as health and safety. A clear record was kept of what the registered manager had been asked to do and when this had been completed.

Satisfaction surveys were sent to people who used the service, their representatives and health and social care professionals to seek their views on the quality of the service provided. Surveys had been produced in an easy read format appropriate to the needs of the people who used the service. The results of the last survey showed a high level of satisfaction with the service provided.