

Voyage 1 Limited

Southview

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

People's experience of using this service:

People continued to receive safe care. People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance. Accidents and incidents were monitored.

People continued to receive effective care. Staff were supported and had the skills and knowledge to meet people's needs. People had choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and they received enough to eat and drink to ensure they had a healthy diet. People accessed health care when needed.

People continued to receive care from staff who were kind and caring. Staff supported and encouraged people to be involved in how decisions were made about their support. Staff were caring, compassionate and kind. People's privacy, dignity and independence were respected.

People continued to receive responsive care. Staff knew people well. Their support needs were assessed and planned to ensure they received the support they needed. People took part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaints process which people were aware of to share any concerns.

The service continued to be well managed. The environment was welcoming, warm, comfortable and clean. The registered manager was known and made themselves available. There were good audit systems in place to ensure the service continued to meet people's needs.

Rating at last inspection: Rated Good (Report published June 2016).

About the service: Southview is a care home without nursing. It provides personal care and accommodation and can accommodate up to six people. The service specialises in providing care and support to people with autism. At the time of our inspection five people were living at Southview.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Southview

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.

Inspection team: The inspection was carried out by one inspector over two days.

Service and service type: This is a small care home registered for up to six people. It does not provide nursing care. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was an unannounced inspection. It was completed over two days. The second day was announced.

What we did:

- Prior to the inspection we reviewed information we held about the service since their last inspection.
- This included a PIR (Provider Information Return.) This document helps us to rate how the service rates itself in terms of our key lines of enquiry and what they propose to do to improve further.
- We considered key events which they are required to send us by law as formal notifications.
- During the inspection people were unable to share their views about the support they received so we observed how staff supported them. We spoke with five staff members and the registered manager who was available throughout the inspection. We looked at the care records for two people who used the service. We also looked at records relating to the management of the service such as records of accidents, incidents and complaints and quality assurance reports.

After the inspection we spoke with three relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People's relatives said they felt the service safely cared for people living at the service.
- The body language of people in the service indicated they had trusting relationships with the staff supporting them.
- There was an open culture and all staff were trained in the prevention of abuse. All staff we spoke with were aware of whistleblowing procedures and said they would have no hesitation in reporting any concern. One said "I would never hide. I will raise my voice"
- Everyone involved in the service were informed about the 'see it say it' system within the home which helped to encourage people to report any concerns.
- Where the service was responsible for managing people's money there were robust systems in place. People's financial records were audited regularly to ensure they corresponded with monies held.
- The service had followed safeguarding procedures when necessary and had worked co-operatively with Hampshire County Council who are the lead authority in this area for investigating safeguarding concerns.

Assessing risk, safety monitoring and management.

- Personal risk to people's health and wellbeing had been assessed and guidance had been provided to staff to ensure these risks were understood. These were regularly reviewed so they remained accurate.
- There was a philosophy of positive risk taking which meant any risk identified was carefully analysed, broken into components so staff could work with people to reduce risk in small stages. This meant people gained as much independence as possible. For example, one person could use public transport with support because of this careful risk analysis.
- Risks to the environment for example. fire safety were regularly reviewed and checks were in place to ensure systems maintained people's safety.

Staffing and recruitment.

- The service was almost fully staffed with one current vacancy. Any additional staff hours needed were filled by employed staff or by bank staff. This meant the same staff supported people regularly and they knew them well.
- Staff said they had enough time to meet people's assessed needs. Observations reflected this as where 1-1 support had been assessed as necessary, this was being provided. This helped to ensure people could carry out their preferred daily routines and enabled staff to respond when people changed their minds about what they wanted to do, or about how they wanted to be supported. For example, one person at times was

awake for a number of hours, sometimes consecutive days and nights and staff were able to support them accordingly.

- A member of staff who had been recruited recently said the recruitment process they had undertaken had been thorough. They confirmed they had an interview, had completed a police check and had supplied two references before they started to work at the service. Records checked confirmed this.

Using medicines safely.

- Medicines were administered by staff who were trained and deemed competent to do so.
- Medicines were stored securely and records checked showed they had been administered as prescribed.
- There was guidance available, which staff followed, to instruct staff about when they needed to administer as required 'PRN' medicines.
- The service had liaised with doctors to ensure people were provided with soluble medicines where needed and with slow release medicines where this was of benefit. Staff administered this safely. For example, one person needed a slow release medication to help to manage their epilepsy. We observed staff one morning patiently offering this to a person several times until they agreed to take it.

Preventing and controlling infection.

- There were good infection control procedures in place.
- The home appeared clean and tidy throughout when we visited unannounced. A relative confirmed this was also their experience.
- Care staff were responsible for cleaning and there were clear cleaning schedules in place which records showed had been followed.
- The laundry was not fit for purpose. There were plans in place to rectify this to ensure there was sufficient space to separate clean and dirty laundry.

Learning lessons when things go wrong.

- Incidents and accidents were reported electronically and these were reviewed by the quality management team within the organisation. This helped to ensure any action necessary had been taken in a timely way and any possible trends had been identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People who lived at Southview had lived there for a number of years and their general health and care needs were well documented. They had very detailed plans of care devised to meet their needs which staff understood.
- Care plans included information about what was important to people and provided guidance about how staff could provide good support.
- Care plans were regularly reviewed and amended where necessary to reflect any changes.
- People's equality and diversity needs were identified within the care plan and staff received training in equality and diversity to be able to meet people's needs. Staff confirmed they had received this training.

Supporting people to eat and drink enough to maintain a balanced diet.

- People's nutritional needs were catered for. People chose when they wanted to eat, what they wanted to eat and where they wanted to eat. There was a communal dining room so people could eat together if this was their wish. There was also a smaller table in the kitchen so people could eat separately if they preferred to do so.
- Where people had specific dietary requirements, staff knew these and could support people accordingly. Staff recorded what people had eaten so they could monitor effectively whether they were receiving a nutritious diet.

Ensuring consent to care and treatment in line with law and guidance.

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.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

- Staff demonstrated a good understanding of their role and responsibility under the Mental Capacity Act 2005.

- Where people lacked capacity, and were being deprived of their human rights, the appropriate authorisations were in place and being reviewed by the local authority. Decisions made were clear and staff acted in people's best interest. For example, for two people who needed to be monitored at night due to health needs. One person had been appointed an advocate as a result of their DOLs application.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care.

- Everybody had a health action plan and people's needs were assessed to ensure they received the best healthcare possible, for example whether they were able to tolerate visits to the GP. People had 'hospital passports' to identify their health and personal care needs in the event they were required to attend hospital. Staff said GPs were very responsive and carried out annual health checks on people. They were happy to conduct home visits to people who could not tolerate a visit to the surgery.
- Relatives confirmed that their relative's health care needs were being met.
- Staff kept detailed records regarding people's health, for example staff recorded one person's seizures, including the time they occurred, their length and type. They used this information to liaise with the GP who was then able to revise the person's medication regime accordingly.

Staff support: induction, training, skills and experience.

- There was an established staff team who knew people well. This was reflected in the staff and resident interactions we observed. New staff were keen to learn from more established staff and said when they asked for information this it was given in a helpful way. An induction process was in place. The Care Certificate standards were included in the induction process. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- Staff received a good range of training and their competencies were regularly checked, for example in the safe administration of medication.
- Where people had specific support needs like epilepsy staff received training in these areas so they would know how to support people's needs. Staff confirmed this

Adapting service, design, decoration to meet people's needs.

- The environment had been assessed in terms of people's needs with autism. This considered issues such as how cluttered areas were and where whether there were quiet places. This helped to ensure people's particular needs were being catered for.
- Most bedrooms were upstairs and there was no lift. There was one bedroom downstairs with an adapted bathroom which was appropriate for people with reduced mobility. The accommodation was appropriate to meet the needs of current residents.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity.

- Relatives told us people were treated with respect and dignity. For example, one person said, "It's been great really. They have some really dedicated staff. They (staff) have a genuine affection. (The person) is so happy there." Another relative said, "(The person) is happy there. They are always pleased to go back. We are very pleased with the service"
- We observed staff consistently provided kind and patient care. They always took into account people's wishes and, whilst gently encouraging people, they respected people's choices. Some examples of this were, one person was due to go out staff waited whilst they finished writing a list which took some time. Staff were observed to ask another person if they were hungry and if they wanted breakfast. They waited until the person said they did before they helped them. This again took some time. This helped to ensure staff provided responsive person-centred care.

Supporting people to express their views and be involved in making decisions about their care.

- Staff were mindful about supporting people in the most appropriate way so they could express their views. For example, some people were able to use some basic Makaton. We observed staff communicating effectively with one person who became anxious if they were overloaded with information. They consistently reminded them to think about one thing at a time which helped to keep them calm. Another person planned their day out with staff and this was written on a board they could refer to. Staff encouraged this person to use stop and go signs so they could understand when the sensory room was free.
- Relatives were invited to attend reviews and were kept informed of any changes to people's needs. Staff supported people to keep in touch with their family, for example they took one person swimming with their mother.

Respecting and promoting people's privacy, dignity and independence.

- There is a laminated information sheet which welcomes people to Southview and which provides information about people who live at the service and how they prefer to communicate with visitors. This helps visitors to interact with people living there appropriately.
- Staff spoke warmly and with a real affection about the people they supported. They described people's positive qualities and said what a great sense of humour all of the people who lived at Southview had. A representative comment was "We have really lovely people here" and "They are our privilege to support"
- We observed staff respected people's privacy. For example, one person needed to have their personal

space and staff respected when one person was in a communal room saying, "X does not want anyone in there at the moment" They continued to monitor the person's wellbeing from a distance but did not intrude.

- Staff anticipated people's needs and recognised distress and discomfort at the earliest stage.
- One person had a history of becoming overwhelmed by the structure of their day. Staff consistently helped them to choose their activities on a 'now' and 'next' basis to prevent them from becoming overanxious.
- This sensitive and caring approach had enabled the person to expand their daily activities, for example they were now able to use public transport.
- Staff had also worked in a consistent and caring way to help another person to manage their anxiety which had enabled them to go out more regularly and to enjoy day trips away.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Activities were very flexibly planned depending on people's mood and wishes on that day.
- People living at the service had their own particular needs and wishes about how they wanted to conduct their lives. People living at Southview had learned to accommodate each other. This was helped by staff who helped them to organise how they occupied communal living space. For example, the sensory room was booked by one person for certain times and this enabled them to enjoy the space and also helped to ensure others had access to it as well.
- Staff had a very detailed knowledge of what was important to people and this was reflected in their care records. For example, staff described and records detailed the sensory needs of one person for example the importance of touch and how they disliked strong smells such as perfume. This helped to ensure staff provided support to people in a way they needed it to be.
- People's wishes were taken into consideration about who assisted them with their personal care. Although staff were assigned to support a particular person during their shift they said "they all select people to give them personal care. (One person) will pick who she wants to help her in the bath" We saw staff were able to accommodate people's wishes in this respect.
- The environment was homely with a lot of pictures on display which celebrated things that people had done. There were garden boxes which had been adapted to help people express their personalities, for example one was decorated with tea cups to reflect the persons love of tea. One person had a pet rabbit and staff supported them to look after it.

Improving care quality in response to complaints or concerns.

- The service had a clear complaints policy and there was information about how to make a complaint in pictorial form to make it more accessible to people living at the service.
- There had been no complaints made to the service in the last year.

End of life care and support.

- There were no end of life care plans in place as people living at the service were not receiving this care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The organisation had a clear set of vision and values which were on display. These were Empowering, Together, Honesty, Outstanding and Supportive. (ETHOS) Staff spoken with felt they were working in accord with these values. We observed staff were also working in line with these values.
- The organisation (Voyage) provided good support to the service. The registered manager said the chief executive took an active interest and worked a week every year in one of the Voyage services so they had a good understanding of what service was being provided. Senior managers also recognised individual achievements by sending hand written notes to congratulate staff. The registered manager said, "As a manager, I feel supported by the leadership team"
- There were robust audit systems in place which were carried out regularly. The registered manager and staff regularly reviewed systems within the home such as fire safety equipment. There were also comprehensive audits which covered all aspects of care and accommodation. These were carried out quarterly by quality assurance staff employed by Voyage. Any shortfalls needed as a result of these audits had been actioned by the registered manager. Audits seen showed Southview had a good level of compliance.
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The registered manager had an open-door policy and staff were encouraged to talk through any concerns they might have. Staff attended regular meetings and had supervision and appraisals so they were clear about their roles and responsibilities. Staff said "we do pull together and we do support each other. Tim (The Registered manager) supports us"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- There was a magazine called Voyage which celebrated achievements within the organisation as well as keeping people informed of any new developments. The registered manager also produced 'The View' which was a quarterly letter relating to Southview. This let interested people know what was happening in the home, for example information regarding new staff members or events that had been planned.
- Staff were encouraged to have ideas and these were listened to by the registered manager. There were opportunities for further learning and for sharing ideas. For example, staff had regular 'lunch and learn' sessions where they discussed topics such as Makaton and medication management. Staff were

encouraged to take responsibility for particular areas of interest. For example, some staff had lead roles in medications management or in health and safety matters.

One staff member said, "I love mentoring new staff" and they had the opportunity to do so.

Continuous learning and improving care. Working in partnership with others.

- The service is working towards being accredited with the National Autistic Society. Achieving accreditation proves that an organisation is committed to understanding autism and setting the standard for autism practice.
- The service was working with Hampshire County Council on a least restrictive practice project. The registered manager said "We try to foster a relaxed, informal atmosphere. We are good at spotting signs (of people getting distressed)".
- There is an annual questionnaire sent out to staff, relatives and involved professionals to ask for feedback. This helped to ensure people remained happy with the service and encouraged ideas for improvement.