Care Quality Commission

Voyage 1 Limited

30 Broad Lane

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

Overall summary

The inspection took place on 22 September 2015, and was unannounced.

30 Broad lane is a care home which offers accommodation for people who require personal care. Although registered to provide a facility for up to six people with a primary diagnosis of Learning Disabilities, the location currently has four people using the service.

The home is required to have a registered manager. The manager has been in post since October 2013, and has completed registration with the CQC. 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.

Staff knew how to keep people safe by reporting concerns promptly through procedures that were made available to them. Systems and processes were in place to recruit staff who were suitable to work in the service and to protect people against the risk of abuse. There were sufficient numbers of suitably trained and experienced staff to ensure people's needs were met.

Summary of findings

We observed good caring practice by the staff. Relatives of people using the service said they were very happy with the support and care provided. People and where appropriate their relatives confirmed they were fully involved in the planning and review of their care. Care plans focussed on the individual and recorded their personal preferences well. They reflected people's needs, and detailed risks that were specific to the person, with guidance on how to manage them effectively.

People told us communication with the service was good and they felt listened to. All relatives spoken with said they thought people were treated with respect, preserving their dignity at all times.

People were supported with their medicines by suitably trained, qualified and experienced staff. Medicines were managed safely and securely. Where a person required PRN medicine (used on an as need basis), guidance was available for staff to ensure this was appropriately administered. This was reflected with staff describing the protocol, and the Medication Administration Record (MAR) sheets showed proportionate usage.

People who could not make specific decisions for themselves had their legal rights protected. People's care plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in the person's best interests. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty.

People received care and support from staff who had the appropriate skills and knowledge to care for them. All staff received comprehensive induction, training and support from experienced members of staff. They felt supported by the registered manager and said they were listened to if they raised concerns.

The quality of the service was monitored regularly by the provider, and the Operations Manager. A thorough quality assurance audit was completed quarterly with an action plan being generated, and followed up on during identified timescales. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service.

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?

Good

The service was safe.

People were safeguarded from abuse and staff understood how to report any concerns they had. Procedures were on display within the home outlining steps to take.

Risk assessments, and plans in an emergency were in place. These were robust, providing succinct details.

The provider had a strong recruitment procedure in place. People were kept safe with the current staffing ratios. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People and their relatives were involved in making decisions about their care. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards.

People were offered choices of meals and drinks that met their dietary needs and when necessary people were supported to eat and drink. People received timely support from appropriate health care professionals.

Staff received regular supervision, training and appraisals.

Is the service caring?

Good

The service was caring.

Staff worked in a caring, patient and respectful way, involving people in decisions where possible. They respected people's dignity and privacy.

Staff knew people's individual needs and preferences well. They gave explanations of what they were doing when providing support.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs and were reviewed regularly. People's views were listened to and acted upon.

There was a system to manage complaints and people and relatives felt confident to make a complaint if necessary.

People and their relatives were asked for their views on the service and they felt confident to approach the management with concerns.

A programme of activities was provided to suit a range of interests. Outings were being introduced to enable people to more easily integrate with the community.

Summary of findings

Is the service well-led?

Good

The service was well-led. Staff, relatives and professionals found the management approachable and open.

Effective processes were in place to monitor the quality of the service. Audits identified where improvements were required and action was taken to improve the service.

30 Broad 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 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 22 September 2015. The inspection was conducted by one inspector. This was a comprehensive unannounced inspection.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service.

During the inspection we spoke with four members of staff, including the three care support workers on shift and the Registered Manager. We spoke with two relatives of people who live at the service. Observations were completed during the course of the day, focusing on the interaction of people with one another and with the staff team, through verbal and nonverbal communication.

Care Plans, health records, medication records and additional documentation relevant to support mechanisms were seen for all people. In addition a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for three of the regular staff team were looked at.

Good

Is the service safe?

Our findings

People were being kept safe, by robust recruitment procedures. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. A robust system had been implemented by management to ensure staff were able to carry out their duties both safely and effectively. This included declaration of health and fitness, a documented interview process, reference character checks, gaps in employment explained – all of which were obtained and qualified prior to employment being offered.

Family members told us they felt their relatives were kept safe. One family member stated: "Yes, happy with everything there, [name] is kept safe". Another relative stated, "[Name] has been there for several years, she is very safe there, I trust them completely". We found that staff had a comprehensive understanding of safeguarding and whistleblowing procedures. They understood the types and signs of potential abuse. Training records showed all staff had undertaken training in safeguarding people against abuse, and that this was refreshed on a regular basis. In addition the manager had visual aids and a reference in place within the office to reinforce the safeguarding protocol and how this was implemented. Details were given of external agencies that should be contacted in circumstances where the staff thought that either the manager or the organisation were involved in the abuse – this included, the police, local authority, safeguarding team or the CQC. One member of staff when asked about reporting abuse stated "I would – yes, if the person being supported is not being kept safe." In general staff felt both able to raise concerns and felt that management would effectively deal with these.

People were kept safe by staff with the use of appropriate risk assessments, to ensure least restrictive options were used and proactive plans implemented as necessary. For example, activities and diversion including listening to CDs or watching DVDs that the person likes were written as useful proactive strategies to prevent the possibility of a person becoming upset. These were reviewed regularly; with evidence illustrating legal representatives had been consulted where appropriate and applicable.

Medicines were supplied by a community based pharmacist. They were stored safely in a locked medicines cabinet within the office. Medicines were ordered and managed to prevent over-ordering and wastage using a Monitored Dosage System (MDS), which means medicines are pre-packed with relevant doses per time of administration. Medication Administration Record (MAR) sheets were signed and dated correctly, with no medicines errors seen. Audits of the MAR sheets were carried out by the manager monthly, to identify any potential errors. Whilst no mistakes were reported, the manager advised she would seek medical attention if required, speak with staff regarding the error and look at any training needs.

We found the records of 'as required' (PRN) medicines provided sufficient information on when these should be administered. The MAR sheet was checked in relation to the frequency of this being used. Staff were able to describe appropriately when PRN medicines should be administered.

Incident and accidents were monitored, by the registered manager and by the wider organisation. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents.

Each person had their own personal fire evacuation plan. The staff were able to correctly identify what actions needed to be implemented in the event of a fire. Fire drills were regularly undertaken to ensure that both staff and people were familiar with the procedure. We were told that people now understood what they had to do during an evacuation, with some people leading the way to the evacuation point. Fire equipment was regularly checked to ensure it was safe to use. A contingency plan had been prepared for staff to follow should an emergency occur resulting in the building needing evacuation. This contained alternative accommodation address, contact details for staff and professionals to call in case of the emergency.

All maintenance safety checks were up to date e.g. Fire systems, emergency lighting, moving and handling equipment.

Good

Is the service safe?

The registered manager told us that three staff worked on early shifts and three on late shifts with one person on duty awake and one sleeping in on the premises each night. Rotas showed staff shortfalls were initially covered from within the team if possible. If this was not possible, staff from a regular agency were used. The registered manager had prepared a file for agency workers to read when working with residents. This file contained all relevant information concisely related to each resident on how to support them, with dos and don't. This was a detailed and concise document that allowed quick reference for either new staff or agency.

The home was clean and tidy. Personal protective equipment (PPE) such as gloves and aprons were readily available for staff to use as required. Colour coded systems for cleaning products and kitchen equipment was visible throughout the home This reduced the risk of cross contamination.

Good

Is the service effective?

Our findings

People were cared for by a team of staff who underwent a comprehensive induction process. This included completion of mandatory training and additional training that would be supportive to their role. For example, all staff had completed training in "Challenging Behaviour" which was relevant to the people they supported, as it focused on positive behaviour management. Before commencing work they shadowed experienced staff until they felt confident to work independently. The training matrix showed that 100% of all required and suggested training had been completed. An IT system was used by the home that alerted the manager one month in advance to when training was due to expire. This was effective in ensuring that staff knowledge and skills were continually updated. The registered manager told us that she checked the competency of her staff team following training. This meant that she was confident staff were able to put into practice the learnt theory, and therefore ensure effective care was delivered. This included quizzes, discussions in team meetings, supervisions and observational sign off where applicable.

Staff received regular supervision. This provided both the staff and the registered manager the opportunity to discuss their job role in relation to areas needed support or improvement, as well as areas where they excel. This was then used positively to improve both personal practice and the practice of the service as a whole. The registered manager stated she felt it was beneficial for staff motivation and for the service being offered that staff gained recognised qualifications in social health care.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. They all stated how they asked for permission before doing anything for, or with a person. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. Staff were able to describe why people were on DoLS and the implications for caring for them.

We saw staff seeking consent by asking people if they wanted to do something and giving appropriate explanations. Staff were able to describe examples of best interests decisions, for example whether a person should have a flu jab. They could tell us who had been involved in best interest meetings and the importance of involving people who knew the person well to help make a decision. This was evidenced within the care files for relevant people.

Each person had a decision making profile in their care plan indicating those decisions which required a best interest decision. The registered manager told us people using the service had been reviewed in line with recent changes to DoLS. This was to ensure people's freedoms were not restricted unnecessarily.

People were involved in planning their meals. Meetings were held to decide the menus for the upcoming week. A weekly menu planner was available with a pictorial format. This ensured everyone knew what food options were available. Staff told us that if a person wanted food that was not on the menu, where possible they would attempt to accommodate this. If this was not an option, then an alternative was offered. During an observation prior to lunch, one person led the way to the kitchen and informed staff through non verbal communication, by opening cupboards and pointing what they wanted to eat. Staff responded immediately ensuring the person was offered the meal of their choice. The registered manager stated, "[name] will always let you know when she is hungry, she will lead you to what she wants if we don't understand." This illustrated that people had access to the kitchen and were aware where foods were kept in cupboards.

Fruit was available to people at all times. Drinks were regularly offered to keep people hydrated. Staff showed people the various options available, so that an informed choice could be made.

Each person had a nutritional profile and health plan in place. If a person had dietary requirements for medical, cultural or religious reasons, these were catered for. Documents were prepared through multi agency working with the local speech and language therapist (SALT), which meant a thoroughly comprehensive care plan had been prepared. Visual aids for staff on how to prepare foods were also provided. This minimised the potential for error, and ensured effective management of health and dietary needs at all times.

People's health care needs were met. Care records provided evidence of all visits to or from health

Good

Is the service effective?

professionals including GP, optician, dentist, chiropody and SALT team. Information arising from their advice was included in the care plan and health plans. Hospital passports were created for people using the service. This was a document that provided essential information about the person, including personal preferences, important contacts, as well as medical information.

Good

Is the service caring?

Our findings

The service was caring towards the people supported. Staff spoke respectfully and were approachable. People appeared comfortable approaching staff for assistance or for general interaction. One person was attending day services, one person was due to be taken out to an appointment, leaving two people within the service.

People were able to be involved in decisions related to their care. A key worker system had been implemented within the service. This meant that one member of staff held primary responsibility to ensure that all documentation related to the care the individual received was in line with their needs and how they wished to have a service delivered. The care plans were reflective of this, for example we found that where appropriate these were written in the first person, with "I would like staff to help me with…" The care plans were also reviewed with the individual where possible. For people who were nonverbal a pictorial system was implemented.

People were encouraged to gain independence and strive towards achieving this. One person attended day services with staff, who supported with transportation. They independently accessed the day centre, receiving assistance by the staff at the provision. This allowed the person to build independent relationships, and develop trust.

It was evident that all staff had read the care and support plans for all people within the service. Staff knew the needs of each person in detail and how they wished to be supported, as well as what their likes and dislikes were.

We observed one on-going incident during the inspection process when a person became anxious about wanting to go out in the service car. Staff promptly responded to the needs of this person, reassuring them. Staff then engaged with the individual by spending time on an activity that they enjoyed doing. They successfully managed this person's anxiety. Staff knew the management strategies to implement, and what were possible triggers to the behaviour. Although the person remained in a state of anxiety during the day, staff were following guidelines prepared by the behaviour specialist to manage this in the most appropriate and least restrictive way.

Relatives reported they felt that the service was caring. One family member stated, "Very happy with them, they know her inside out."

The service did not hold house meetings, choosing to focus on individual key worker sessions. These included the same principles as those that aimed to be covered in a house meeting. The key worker sessions met the needs of each individual person, by managing anxiety that would be generated by a group setting.

The home encouraged people to have advocates. Advocates help people to access services, be involved in decisions about care, explore choices and most importantly defend and promote rights and responsibilities. Several people within the home had advocates. They aimed to focus on the needs of the individual and ensure their best interests were at the heart of everything related to their care. The home further emphasised the importance of respecting people's dignity. A dignity charter was on display identifying how staff should work to ensure this was maintained. One member of staff was identified as the dignity champion.

People's privacy and dignity was respected and maintained. A number of examples of people being asked discreetly if they wanted to use the bathroom / assistance were seen during the inspection. Staff told us they maintained dignity for people by doing things like making sure people's clothes were appropriate.

Health records, care folders, medication records, were all kept within the office. However the daily records were not kept in a confidential manner. These were located in a lounge accessible to visitors and other residents within the home. We spoke with the registered manager regarding this, who informed us that these would be moved to a lockable cupboard, where they could be locked away with to maintain confidentiality.

Good

Is the service responsive?

Our findings

People had their needs assessed prior to them moving into the service. The home had two vacancies at the time of the inspection which was soon to be filled. The registered manager advised that she was not planning to fill all the beds as she felt this would not be in the best interest of the existing residents. The registered manager stressed that it was essential that any new person's needs would not disrupt the lives of the people already residing there.

Care plans focussed on the individual person's needs. Information such as, their past life history, how they liked things done and how they communicated their everyday care needs were included in the document. Care plans were amended as required, these were signed to show they had been reviewed.

People had a document in their care plan that advised staff how they liked to be supported. This gave detailed examples of a person's personal preferences including such things as favourite T.V. programmes, dvds / cds. times they liked to eat, foods particularly liked or disliked and how they would like to be addressed. A one page pen portrait had been completed as quick reference that contained all pertinent information related to the person. This was located at the front of the care file, and offered concise details of importance. However, this did not contain information related to any behaviours or areas the person may require additional support. We discussed this with the registered manager, who recognised that the pen portraits did not provide an accurate description of people's care needs. We were told that this would be amended to incorporate all relevant information.

We observed that staff were responsive to people's needs. They were able to recognise when people were becoming distressed or needed assistance. For example, one person became anxious when noticing the service vehicle was not on site. Staff redirected the person away from the main door and removed all reinforcing measures that increased anxiety. They allowed the person to calm and reduce their anxiety , before engaging in activities that would allow the person to focus on something else..

We found that each bedroom had been decorated differently, with a number of personal items on display. People were consulted prior to decorating and allowed to choose colour schemes and items that complimented their individual taste.

Activities were aimed at meeting the individuals needs. They were designed and discussed with each person prior to be drawn into a timetable. For example one person enjoyed going to the day centre during the day, and enjoyed engaging in activities that increased independence during the evening. The timetable was reflective of the person's ability to make choices on the day for activities. For other people who preferred routines, these were presented as definitive agreed activities. These were presented in pictorial and written format so they could be understood by everyone.

Key worker meetings and sessions were offered by staff. This method of interaction on a one-to-one basis with each person, allowed the key member of staff to learn about the preferences and needs of the individual person, ensuring the care package was responsive to their needs. This information was then shared with the team, through updated plans, handovers, and team meetings. We found documentation related to this in the team meeting minutes.

Relatives advised us that reviews were held within the home either six monthly or annually. They would be involved, where appropriate in the way the home responded to the needs of the people within the home. Both staff and family members stated they felt that the home aimed to provide a high level of care that catered to the needs of the people.

There was a complaints procedure and information on how to make a complaint was displayed. People and their relatives told us they were aware of how to make a complaint. We reviewed the complaints log and asked the registered manager to explain what she would do should a complaint arise. She told us that she would make sure her management of the concern was entirely transparent. A full investigation would be carried out, with the complainant being told of the outcome. People's relatives were confident that the service would correctly deal with a complaint. One relative stated, "I have no reason to complain. None whatsoever". Another relative stated, "I suppose I would speak to the manager, but I've never needed to complain".

Good

Is the service well-led?

Our findings

At the time of the inspection the registered manager had been in post for over two years. Within that time positive changes had been implemented within the culture of the home. One member of staff reported, “the service is moving in the right direction, we have had some rocky times, but that is behind us now” The registered manager had an open door policy. People using the service, staff, relatives or other professionals had the opportunity to raise any concerns or complaints with the registered manager at any time.

There was an honest and open culture in the home. Staff showed an awareness of the values and aims of the service. For example, they spoke about giving the best care and respecting people. One staff member said, “We give it our best. We try hard, they [service users] are at the centre of everything” Staff told us the registered manager regularly checked on the care provided, whilst engaging with people. They told us they felt able to voice their opinions or seek advice and guidance from her at any time. They told us the registered manager was open and approachable and created a positive culture but was not afraid to speak to staff if they did not perform to the standards expected. One staff member said “We all work to achieve the best. [Name] is a very good manager, she’s trying her best, especially with the current staffing numbers.”

In one incident a family member raised issues related to an incident involving an agency member of staff and their family member. The registered manager had considered the concerns raised and responded to them appropriately, within a good timeframe and transparently. This illustrated that management were transparent in their handling of complaints and concerns The registered manager referred to the new Duty of Candour (Regulation 20 of the Health and Social Care Act 2008 Regulations 2015), stating she worked to the guidelines. We found that the communication within the home was good. Handover and shift planners were used. These were verbally worked through and completed on paper so reference could be made to them during the course of the shift. A communication book was in place which allowed supplementary information to be passed onto staff. A diary was used to detail appointments, schedule meetings and indicate training bookings.

There was strong evidence of working in partnership with external professionals. For example, we found that guidance from a psychologist and psychiatrist had been incorporated into the care plan for one person. This was reviewed as required, with risk assessments completed in relation to this. The local SALT had been contacted regarding guidance on food preparation. The advice was visible to staff in the kitchen as a reminder when preparing meals.

The registered manager completed weekly and monthly audits of paperwork. These were signed to show they had been carried out but did not identify what files had been audited. The registered manager advised that this information would be included in future.

Quality Assurance Audits were completed quarterly by the Operations Manager. These generated an action plan, where issues were noted. We found the Quality Assurance format used by the operations manager reflected the CQC guidelines, to ensure services were safe, effective, caring, responsive and well led.

We found there to be good management and leadership. The registered manager was supported by an operations manager who offered on-going guidance and support. The registered manager stated that she did not hesitate to ask for assistance to ensure the service was well led.