

# Voyage 1 Limited

# Mandalay

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 24 and 27 June 2016. Our first visit was unannounced and our second visit was announced.

We carried out an unannounced comprehensive inspection of this service on June 2015 and rated the service as good. After that inspection we received concerns in relation to the quality of the care being provided to people at the service. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link -for Mandalay on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Mandalay is a care service that provides accommodation and care to a maximum of six people who have a learning disability and may have complex needs. On the day of the inspection there were four people residing at the service.

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 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.

We did not find there was any foundation to the concerns which had been raised with us. We found a service where people were happy and well cared for by a committed staff team and manager. The service was well led and the provider had left no stone unturned to investigate the concerns which had been raised.

People were supported to lead full lives and take part in meaningful activities of their choice. They developed positive relationships with people and staff at the service and were encouraged to keep in contact with family and friends outside the service. There were comprehensive and personalised plans in place which outlined people's needs and preferences. People and their families knew how to complain and who to speak to if they had any concerns.

There was an open, inclusive culture at the service. People and staff felt supported by the manager. The manager was aware of what was happening at the service and addressed any concerns over poor practice. The manager and the provider carried out comprehensive checks to assure themselves that people were receiving a good service and were safe.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service responsive?

Good ●

The service was responsive.

People received support which was tailored to their needs and preferences.

Staff had detailed plans and guidance to follow to enable them to meet people's needs.

People and their families felt able to raise concerns.

### Is the service well-led?

Good ●

The service was well-led.

The manager was visible and promoted a service which was inclusive and open.

Poor practice was addressed.

The registered manager and provider carried out thorough and regular checks of the service.

# Mandalay

## 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. The team inspected the service against two of the five questions we ask about services: is the service responsive and well led.

We carried out an unannounced visit to Mandalay on a Friday evening on 24 June 2016. One person who lived at the service was visiting relatives and the remaining three people were all setting out to a social event therefore we left after a brief introduction, so as not to disturb their evening out. We carried out an announced day time visit on the Monday.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people.

The initial unannounced visit was carried out by two inspectors and the follow up visit by one inspector. We spent time with four people who used the service to understand their views about the service. We spoke with four members of the care staff, the registered manager and the operations manager.

After the inspection we spoke with one relative over the phone to get their views about the service. We also spoke with professionals involved with providing support to people at the service, including officers from two local authorities who had visited the service since the last inspection.

We looked at four people's care plans and other documents relating to people's care which outlined their needs and preferences about the support they needed. We looked at other records related to the management of the service to understand how the manager and provider assured themselves that people were receiving care which was of a good quality. As part of our inspection we also looked at the provider's internal investigation into the concerns raised.

# Is the service responsive?

## Our findings

Our first unannounced visit had timed with a social event which everyone had dressed up for and were heading off to when we arrived. One person became distressed from the disruption to their plans and we felt the care workers knew what to do to reduce this distress, for example to ensure the person was given space around them. The care workers knew the people they were caring for and supported them in a person centred manner.

During our second, planned visit, we observed a relaxed service which had the atmosphere of a shared house, where people were engaged in activities and occupation of their choosing. One person was talking about their clothes, another about their shopping and a third person was sitting in their pyjamas eating spaghetti on toast. Conversations were comfortable and inclusive for example one person sat with us and a member of staff talking about which hair treatment they used. Written feedback from a family member stated that, "[Person believes that the residents and carers are her second family. My daughter does not live in a home (institution), she lives in her own home."

There were care plans in place which detailed the support that each person required. The plans were personalised according to individual need and represented the people we met. For instance, one person's plan included a photo of them in pink, we were told this was their favourite colour and their room was also painted pink. Another person's records provided information on the menopause which provided relevant information to enable staff to meet their needs. A family member told us staff were knowledgeable about health needs and spent time finding out about any new conditions which developed.

Each element of support was risk rated, for example a person had a support plan around "regular health checks." Care plans were reviewed monthly and necessary changes made. There was good involvement from parents and other professionals, as appropriate, so that people were not being cared for in isolation and there was external oversight of the service being provided. For instance, one person's annual review included involvement from a family member, a social worker and a behaviour therapist. A health and social care professional who had been involved in a review provided us with positive feedback regarding the quality of the support at the service.

Care plans provided helpful advice where a person was not able to verbally communicate their needs to staff. Staff were given clear guidance on supporting people to enable them to have "a good day" or "a good night." For example, there was information on each person's usual demeanour and daily patterns to support staff in recognising changes which might indicate the person was unwell or distressed. We felt this provided staff with helpful advice which was personalised and written in a respectful way. For instance, one person's plan said, "Give me a choice of two members of staff as I might not want support from someone on that particular day."

We observed this advice being implemented in practice, when a person became distressed during our visit. Staff discussed which member of staff would be best to support the person and two different care workers approached them separately to see who could best meet their needs at that time. On another occasion, - we

observed a person sitting on the floor and staff were kind and skilled in supporting them. Staff ensured other people did not disturb them but also gently encouraged them to engage in an activity of their interest.

Plans gave details of people's preferred activities. We saw that attending the activity which we had observed on the evening of our unannounced visit was part of people's care plans. These plans were informative but not prescriptive, as staff were led by people's choices each day. For instance, when a member of staff asked a person if they wanted to go out to the pub or to watch a DVD, they chose to go out. Likewise each week people sat down with staff and planned a menu but on the day they could change their minds and have an alternative. We saw a person didn't want the couscous on offer and so asked for a sandwich instead. Care plans gave advice to staff on how to best involve people. For example, one person's plan said, "When is a bad time to make a decision? When I am hungry."

There were daily notes which outlined what people had done each day and enabled the manager to understand the support being provided and where there might be any staffing gaps. Where people had required support from night time staff there was detailed information about what had been provided. This meant those working with each person were able to chart what their needs were, and respond effectively to any changes.

There was a complaints process and procedure in place and people had both formal and informal opportunities to provide feedback on the service provided. A person told us they knew how to complain and "had told the manager in the past" when they were unhappy. There was an annual service review and the manager told us, people sat with a worker of their choice who would ask them their views on the service. This review was in addition to the individual review of people's care and support. Families were also given the opportunity to feedback their views, and we saw detailed feedback provided by family members. As a result, we felt if people had any concerns these would be picked up on an ongoing basis.

## Is the service well-led?

### Our findings

We felt the service was well managed and there were effective measures in place to check the quality and safety of the service. The manager was visible and frequently worked alongside care staff providing hands on care. There was a very open culture, for example where people were verbal they had mobiles and spoke with family members regularly. We saw when a person was distressed; staff offered them the opportunity to speak with a family member. A person told us when they were upset, "I shout and scream and staff help me out. If staff annoy me, I would tell my mum." We also observed people who used the service watching and enquiring about what staff were doing, often describing later what they had seen. A person told us, "When everyone gets angry everyone knows about it. [Person] will really cry and we always apologise after." We felt that this openness meant people would feel comfortable to let someone know if they were unhappy.

The atmosphere was relaxed and fun, in line with the personalities at the service. Where staff joked with people we felt this was done appropriately and stemmed from positive relationships. The manager told us that whilst they had in the past had a predominantly young staff team there was now a range of different age groups working in the service or the staff team had a range of different ages and experience. There was a commitment to ensuring that any new people who came into the service were well suited to the people currently living there.

The service was on a busy street and felt part of the local community. People visited the local pub and one of the care workers commented on how long it took to walk to the other end of the high street as the person with them knew everyone and kept stopping to chat. The manager had forged links with local groups, for example last summer a group of local teenagers were involved in a citizenship programme and spent time working on the garden at the property.

We saw examples where poor practice had been dealt with effectively, for example through the use of written warnings. The manager told us how they had discussed during a one-to-one meeting the tone a member of staff used when caring for a person to ensure they understood how to better communicate with people at the service. Another member of staff had been disciplined over their attitude and had been supported to develop improved skills. During our visit we observed consistently respectful attitudes and the managers pro-active approach assured us that any concerns in this area would be dealt with appropriately and thoroughly.

The provider was thorough and dedicated to looking into concerns which had been raised since the last inspection. Investigations were wide-ranging and detailed. The staff team remained committed to their jobs and to supporting the people living at the service throughout the process. We felt staff appeared disappointed that concerns had been raised about the service but were being supported by the managers of the organisation to continue to provide a good quality of service. The team worked well together and supported each other. We were assured that even though the provider had concluded the concerns raised were unfounded, they had still put in place measures to continue monitoring the service. For example, unannounced visits to the service had been increased and shift patterns reviewed.

We felt there was a good level of oversight of the support being provided to people. For example, receipts were checked regularly so the manager could see what staff had ordered when they took people to the pub. We observed that where possible, people signed to say they had spent their money. Medications were counted daily and medication records audited weekly. More formal and wide ranging checks were carried out quarterly by the providers' operations manager to ensure the quality of service continued to meet people's needs and keep them safe. Where mistakes had been found, measures were taken to prevent re-occurrence. For example a medicine administration error in 2014, had resulted in improvements which were still in place during our recent visit.