

Voyage 1 Limited

Durlands Road

Inspection report

6 Durlands Road
Horndean
Hampshire
PO8 9NT

Tel: 02392591915

Date of inspection visit:
16 May 2016
18 May 2016

Date of publication:
29 June 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of 6 Durlands Road was unannounced and carried out on 16 and 18 May 2016.

Voyage 1 Limited are a specialist provider of a range of services for people with learning disabilities. 6 Durlands Road provided care and support for up to four people with a learning disability. At the time of our inspection there were three people using the service. The home is in a residential area close to local amenities. The home has a large accessible garden with parking to the front.

There was a registered manager in place. 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.

Relatives of people who lived at the home and staff told us people were safe. There were systems and processes in place to protect people from the risk of harm. These included thorough staff recruitment, staff training and systems for protecting people against risks of coming to harm.

There were enough suitably trained staff to meet people's individual care needs. We saw staff spent time with people and provided assistance to people who needed it. Staff were available to support people to go on trips or visits within the local community.

People were supported to keep healthy. Any changes to their health or wellbeing were acted upon and referrals were made to social and healthcare professionals to help keep people safe and well. Accidents and incidents were responded to quickly. Medicines were managed safely and people had their medicines at the times they needed them.

Staff followed the principles of the Mental Capacity Act 2005 and deprivation of liberty safeguards (DoLS) to ensure that people's rights were protected where they were unable to make decisions.

Staff were patient, attentive and caring in their approach; they took time to listen and to respond in a way that the person they engaged with understood. They respected people's privacy and upheld their dignity when providing care and support.

There were effective systems in place to monitor and improve the quality of service through feedback from people who used the service, staff meetings and a programme of audits and checks.

There was an open and inclusive atmosphere in the service and the registered manager showed effective leadership. People at the service, their relatives and staff were provided with opportunities to make their wishes known and to have their voice heard. Staff spoke positively about how the registered manager worked with them and encouraged team working.

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

The service followed the providers safeguarding and whistleblowing policies and procedures to keep people safe. The staff team knew what constituted abuse and how to report any suspected abuse.

There was a robust recruitment process in place to ensure people were suitable to be employed. We found there were enough staff deployed to meet people's needs.

Medicines were managed safely and administered as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and expertise to support people because they received on-going training and supervision.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that had a good understanding of their individual care needs and preferences in how they liked to be supported by the staff.

People were encouraged to be as independent as possible, with support from staff.

Staff were seen to have developed positive relationships with the people they supported and to respect their privacy and dignity.

Is the service responsive?

The service was responsive.

People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

People were involved in activities they liked, both in the home and in the community.

The provider had a complaints procedure and relatives knew who to go to if they wished to complain.

Good ●

Is the service well-led?

The service was well-led.

There was a registered manager and people spoke positively about them and how the service was run.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

There were a range of systems in place to assess and monitor the quality and safety of the service and to learn from events such as incidents and accidents.

Good ●

Durlands Road

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 inspection took place on the 16 and 18 May 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us by the provider.

People were unable to talk with us due to their complex communication and learning disabilities. To gain an understanding of people's experiences we observed staff practices and their interactions with the people in the home.

During the inspection we spoke with relatives of people who used the service. We reviewed two people's care records in detail, three staff recruitment files, records required for the management of the home such as audits, minutes from meetings, satisfaction surveys, and medication storage and administration records. We spoke with five staff members, the registered manager and operational manager.

Is the service safe?

Our findings

People living in the home were unable to tell us if they felt safe or not. However the interactions people had with staff indicated they felt safe. A relative told us, "My relative has complex needs, I know I trust the staff to care for him safely." A health care professional told us, "Yes I feel people are safe whenever I have visited I have not had any concerns."

The provider had safeguarding and whistleblowing policies and procedures in place to keep people safe. These were accessible to staff to ensure they had up to date information and guidance. Staff knew how to recognise any potential abuse and understood their responsibilities to report any concerns. Staff could describe clearly the steps they would take if required. For example on staff member told us, "If I witnessed any sort of abuse I would report it to my manager immediately." Another said, "If I thought someone was being abused I would make sure they were safe first and then report it to my manager or if needs be the local authority." Staff had up to date safeguarding training.

People were encouraged to be as independent as possible while remaining safe. We saw that risk assessments had been completed and these covered risks associated with using equipment within the home and taking part in activities in the community. Where risks were identified, there was guidance for staff on the ways to keep people safe in their home and in the local community. For example, one person had a risk assessment about accessing the community and the support they required should they become anxious. Staff had completed relevant training on how to respond to people's distress or behaviour that may be challenging. They were able to describe the different ways individuals expressed that they were unhappy or upset and how to support them safely while out in the community. Incidents and accidents had been recorded along with any action taken to minimise a reoccurrence that may cause a person harm.

The provider had a robust recruitment process. We saw from records that checks had been carried out with the disclosure and barring service (DBS) before staff were employed. This confirmed whether applicants had a criminal record or were barred from working with vulnerable people. References had been obtained and applications forms completed, a detailed employment history and proof of identity was also recorded.

There were enough staff deployed to ensure people's needs were met. A relative told us, "There are definitely enough staff on shift." Staff told us, "I believe there are enough staff on each shift, I think they have got the ratio correct. We are able to access activities in the community regularly." During the inspection we saw people were supported with their care needs and took part in their daily activities without any delay. The provider reviewed the staffing levels when people's needs changed.

There were arrangements in place to deal with unforeseeable emergencies. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. There was an up to date fire risk assessment for the home and practice evacuation drills were regularly held involving both people using the service and staff. People had individual fire risk assessments and a personal emergency evacuation plan (PEEP) to show what support they would need in event of a fire or other emergency.

There was a robust medicine procedure in place for staff to follow. Staff completed medicine administration training and were assessed as competent before they were allowed to administer people's medicines. Medicines were kept securely in locked cabinets. We looked at the medicines administration records (MAR) and saw they had been correctly completed. Medicines were audited on a weekly and monthly basis and action had been taken to follow up any medication errors. If an error was found, the member of staff was suspended from medication administration while the incident was investigated, and their competency reassessed before they could resume this task.

There were systems in place to make sure the premises and equipment were safe for people. There were window restrictors on the windows and the laundry door was kept locked. Cleaning and other products that could be hazardous to people's health were kept in a locked cupboard.

Is the service effective?

Our findings

The registered manager told us that new staff had to complete an induction programme. This included learning about the registered providers policies and procedures, completing training, shadowing existing staff for three shifts and reading people's care plans. We saw evidence of staff inductions in their training records. The staff induction paperwork followed the 15 standards set out in the Care certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff members who had recently completed their induction felt it gave them the skills to do their job properly. One staff member told us, "The induction is thorough, it helped me understand how I can care for the people who live here."

We saw during the inspection staff had a good understanding of the needs of each person and had the skills and knowledge to support people effectively.

Staff told us they felt confident and suitably trained to support people effectively. We saw from staff records, and staff confirmed, they had received regular training in safeguarding people, infection control, first aid, the Mental Capacity Act 2005 and fire safety. There was an up to date training and development plan for the staff team which enabled the registered manager to monitor training provision and identify any gaps. The plan also highlighted when staff were due to refresh their training. This helped to ensure that staff kept their knowledge and skills up to date.

Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff told us they found supervision sessions useful and supportive. This showed us that staff were well supported and any training or performance issues identified. Yearly appraisals of work performance were also held with staff and the registered manager to review personal development and competence.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. 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.

We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff put this knowledge into practice on a regular basis and ensured people's human and legal rights were respected. Care records showed that people's capacity had been assessed and, where necessary, meetings held in a person's best interests had been recorded. The registered manager had assessed where people were being deprived of their liberty and had submitted applications to the local authority. There were three people currently with DoLS in place.

Staff told us people enjoyed their food and drinks and were given a choice of what they wanted on a daily basis. We saw people were provided with their choices and they ate their meals where they wanted. People were involved in choosing menus and picture cards were provided to assist people in this process. Staff told us if people did not want the choices on the menu, alternatives would be provided.

Records showed people had received care and treatment from healthcare professionals such as opticians, dentists and GPs. Appropriate referrals had been made and these were made in a timely way to make sure people received the necessary support to manage their health and wellbeing. Each person had a health passport. This contained information about how staff should communicate with the individual concerned, along with medical and personal details. This document could then be taken to the hospital or the doctor to make sure that all professionals were aware of people's individual health needs. We saw that information had been kept up to date and reviewed appropriately when people's health needs had changed.

Is the service caring?

Our findings

During the inspection we saw staff were polite and respectful when they talked or provided care to people living in the home. One relative told us, "I cannot fault the staff the care they give is very good. They make me feel welcome anytime."

We observed interactions between staff and people who used the service and they were positive and relaxed. Staff talked to people in a gentle, quiet way and always responded to questions. Staff continually asked what people wanted to do and guided them in activities appropriate to their needs. We also saw that where people needed intensive one to one support during certain activities, this was provided in a relaxed and unobtrusive manner. Staff clearly knew people well as we heard discussions which reflected people's personal preferences. We saw staff take account of people's privacy and dignity while offering support to individuals. Staff knocked on people's doors before entering their rooms and made sure doors were shut when providing personal care.

The registered manager told us, visitors were welcome anytime and people were supported to maintain relationships with their family and friends. Details of important people in each individual's life were kept in their care plan file. Staff supported people to phone and visit relatives as appropriate. We saw one person was supported to visit their family regularly and that this was very important to them.

People's care records clearly detailed their preferences and showed how they liked things done. Staff showed knowledge about the people they supported and were able to tell us about people's individual needs, preferences and interests. We saw people were able to spend time how and where they wanted. Some people chose to listen to music on their own with headphones on so not disturb other people in the communal lounge, others spent time in the dining area, garden or bedroom if they wished to have some privacy.

People's bedrooms had recently been decorated and contained personal possessions which reflected the person's interests and hobbies.

Is the service responsive?

Our findings

Relatives told us that they felt staff were responsive to people's needs. One relative told us, "The staff are very good [person's name] has complex care needs and the staff are flexible in their approach to meet those needs."

Prior to admission the registered manager obtained as much information as possible about the person and their support needs from people who knew them well, like relatives, and health and social care professionals. Any potential new people were fully discussed with the other people at the home to make sure they were compatible. The person and their family could then visit to meet the other people living there and decide if the home was right for them.

Care plans contained information about people's health and social needs. They provided staff with the information they needed to ensure people received care that was responsive to their needs and personalised to their wishes and preferences. They looked at people's support needs across a range of areas including physical health, relationships, social skills, living skills and nutrition. Each care plan contained a one page profile with personal information such as: what the person liked to be called; what people liked and admired about them; what was important to them, and what a typical day consisted of. Emotional and behavioural support guidelines helped staff to understand the person's pattern of behaviour and how to support them. For example, guidelines included, providing a structured routine and using a non-confrontational approach with clear, simple language.

We saw that one person's epilepsy care plan did not contain enough information for staff to follow should the person have a seizure. The registered manager immediately reviewed the care plan and updated it with the support and information from the person's family as the person was unable to contribute.

People where practicable were able to contribute to developing their care plans. Their relatives were involved which helped to ensure the person's views and preferences were accurately recorded. The registered manager invited health and social care professionals to contribute to care plans and reviews, but they did not always attend.

Activities were planned in advance and on a day to day basis. However, arrangements were flexible and subject to change according to people's individual wishes and needs. Many of the activities focused on developing independent living skills such as managing finances, shopping and cooking. Other activities were focused on developing social interests. Staff told us, "We try to remain flexible if a person wants to go out shopping but then decides they would rather go for a walk we just adapt." People were encouraged to maintain their independence and get involved in household tasks. For example completing laundry and cleaning their bedrooms.

The provider had an appropriate policy and procedure for managing complaints about the service. No formal complaints had been received in the last year. People's relatives told us they knew how to raise a complaint and would feel confident to do so. Where they had raised a complaint in the past it had been

dealt with quickly, and they were satisfied with the outcome.

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. Relatives and staff were complimentary about them. One relative said, "It's improved greatly. The manager is very approachable. The atmosphere is very friendly." Staff told us, "the manager is open and honest, they really listen to me." Another said, "The manager is very supportive of all of us."

The registered manager encouraged open communication with people, relatives and staff. We observed people coming into the office to speak with them throughout the day. The registered manager was welcoming and took time to listen and give advice. Staff we spoke with told us they worked well together as a team in order to provide consistency for the people who used the service. They said there was on going information exchange about the needs of people using the service and they looked at ways to support and encourage open communication. Staff told us they felt well supported by the registered manager and were comfortable to raise any issues with her.

The provider conducted satisfaction surveys annually. We noted that people and relatives who took part in the latest survey were happy with the standard of care and support provided.

There was a system of internal audits and checks completed by the registered manager. For example, regular checks of medicines management, care plans, fire safety and safety checks on equipment took place. Records showed these were carried out regularly and concerns or failings were highlighted and an action plan put in place to rectify the situation. The provider carried out an unannounced 'Benchmarking Inspection' which assessed the service against the essential standards. If the home fell below a score in a particular area, then an action plan would be put in place to drive improvements. and progress monitored by the operational manager. The operational manager visited the home every month to check that the service was running efficiently.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings. CQC records showed that the registered manager had sent us notification forms when necessary and kept us promptly informed of any reportable events.