Voyage 1 Limited

Brookvale Road

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

Summary of findings

Overall summary

We carried out this inspection on 1 and 2 December 2015.

Brookvale Road is registered for up to three adults offering accommodation for people who require nursing or personal care. The service is for adults with learning disabilities, autism or autistic spectrum disorders. At the time of our inspection there were three people living at the home.

The service has a registered manager. 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. A registered manager had been in post since June 2014.

People told us they felt safe living at the home. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff knew about processes to minimise risks to people's safety.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

Care plans contained information for staff to help them provide personalised care. Care was reviewed regularly with the involvement of people and their relatives.
People had staff to care for them who they were familiar with, and who knew them well. People and relatives told us staff were caring and had the right skills and experience to provide the care required. People were supported with dignity and respect. Staff encouraged people to be independent.

People receive medicine from trained staff and medicines were stored and disposed of safely.

Staff understood the principles of the Mental Capacity Act (MCA) and how to support people with decision making, which included arranging for further support when this was required.

People had enough to eat and drink during the day, and were assisted to manage their health needs when required.

People knew how to complain and could share their views and opinions about the service they received. Staff were confident they could raise any concerns or issues with the registered manager, and they would be listened to and acted upon.

There were processes to monitor the quality of the service provided. This was through regular

communication with people and staff. There were other checks which ensured staff worked in line with policies and procedures. Checks of the environment were undertaken and staff knew the correct procedures in an emergency.

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 received their medicine from trained and competent staff. Staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required. People received support from staff who understood the risks relating to their care.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs. Staff referred people to other professionals if additional support was required to support their health needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who they considered kind and caring. People were encouraged by staff to be as independent as possible. Staff ensured they respected people's privacy and dignity. People received care and support from consistent staff who understood their individual needs.

Is the service responsive?

Good

The service was responsive.

People received a service that was based on their personal preferences and they received the support they needed. Care records contained detailed information about people's likes, dislikes and routines. People and their relatives were encouraged to be involved in reviews of their care. People were given opportunities to share their views about the service and the registered manager responded to any concerns raised.

Is the service well-led?

Good

The service was well-led.

People and relatives were happy with the service and felt able to speak with the registered manager if they needed to. Staff were supported to carry out their roles by the registered manager who they considered approachable and responsive. The registered manager had effective systems to review the quality and safety of service provided.

Brookvale 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 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.

The inspection took place on 1 and 2 December 2015 and was announced. We told the provider we were coming 24 hours before the visit so they could arrange for people and staff to be available to talk with us about the service. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors and we spoke to the local authority commissioning team, who had no further information about the service.

We asked the provider to complete 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 received this information prior to our visit and this reflected the service we saw.

We spoke with one person and three relatives by telephone. The other people that used the service were not able to communicate with us to tell us about the care they received. During our visit we spoke with four staff including the registered manager.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked three staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I feel secure living at the house, I am happy." Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. One staff member told us, "I had DBS checks (disclosure barring service), an interview to make sure I was safe to work here, then references from my old job." Background checks were completed before people were able to start work and references sought. The registered manager told us, "No one can start work until this is complete."

There were enough staff available to support people at the times they preferred and people received the support they needed. One person told us, "Yes, there are enough staff, there is a good core, there is a new member of staff, we all get on well." One staff member told us, "Yes, we definitely have enough staff, especially now the new person has started." Another staff member told us, "We get enough time to update the care records for people." Seven staff were employed in total excluding the registered manager. During the day either one or two staff worked depending on people's needs, and one staff member slept at the service overnight. A new system of recruiting staff had proved successful and the provider had recruited to all vacancies. A new team leader had been employed since October 2015 to assist with the management of the service. Agency staff had been used in the past to cover staff leave. However, the registered manager was now building up a bank of staff who were employed 'as and when required'.

Staff undertook assessments of people's care needs to identify any potential risks when providing their support. One staff member told us, "Risk assessments are in place for each individual, detailing the risks to them." Another staff member told us, "If a person does something new, you would update the risks." One person said they wanted to go swimming, so the registered manager was completing a risk assessment for this to ensure risks to their safety were considered. Another person had a risk assessment about staying in the home on their own and this had been completed with them. This identified the possible risks to them and actions to reduce these. For example, what to do if they had any concerns. Another person had a risk assessment in relation to being out in the community. A staff member explained, "Their road sense does not keep them safe." Risk assessments were updated every six months by keyworkers with people's involvement, which helped ensure new or emerging risks were minimised where possible.

We looked at how medicines were managed and found they were administered, stored and disposed of safely. One person self-administered their medicine and said, "I have a lot of pills, the staff have them ready for me to take." One relative told us, "I have no concerns about medicines." All of the people at the service received medicine and all staff had received training around administering this. Competency assessments were carried out by the registered manager and team leader to ensure staff remained safe to do so. One staff member told us, "I did the medicine e-learning, then I was observed by the manager." Medicines were stored at the correct temperatures and in line with manufacturer's guidelines. Medicine was dated on opening to ensure it was being used within the correct timescales and stock was checked daily. A monthly medicine audit had been completed by the registered manager in November and had not identified any errors. Staff had signed a medication policy to say this had been read and understood.

One person received covert medicine which is medicine hidden, usually in food. This person refused their medicine but it was necessary to support their health and well-being. We saw the correct authorisations were documented for this, and that the GP had been involved in this decision. All of the people at the service had medicine 'as required'. Protocols were in place for staff to know when this should be given to people and why. The registered manager told us one person, "Would show signs of pain, become withdrawn and would show staff where something was hurting."

Staff told us they understood the importance of safeguarding people and their responsibilities to report any concerns. One staff member told us, "I have done the safeguarding course, I had a previous knowledge of this as well." They explained about possible different types of abuse, "It could be neglect, for instance forgetting someone's medication. It could be personal care concerns, people not being dressed accordingly or seeing bruising on them, all of this." Another staff member told us, "If something concerned me and needed to be exposed, I would be the first person to do it, I would phone the manager and follow procedures." They told us there was a whistleblowing policy and we saw this had been updated in November 2015. A 'See something, say something' poster was displayed in the service to encourage people or staff to report any concerns they had to the provider. Staff were aware of what to do if they had any concerns. People's money was kept securely and two staff signed for all transactions to ensure people's finances remained safe.

Staff were aware of the procedures in an emergency and plans were in place. One staff member explained one person was deaf and had they had practised hand signs for them to leave the building urgently. Fire drills were carried out six monthly, fire equipment serviced correctly and the fire alarm was regularly tested. Care records contained personal emergency evacuation plans for people. These detailed people's needs so they could be assisted to evacuate the building quickly and safely. A 'grab bag' was kept at another service nearby containing essential items for people in an emergency such as toiletries and change of clothing, so people were supported in this situation.

A maintenance service was available through the provider if any repairs were required. Window restrictors were fitted and checks were carried out, including water temperature checks and legionella testing to ensure people remained safe from potential risks.

The provider recorded incidents and accidents on a monthly basis and completed regular analysis to identify any patterns or trends. Where they identified people at risk, action had been taken to prevent further incidents. For example, one person had recently cut the window blinds to improve their view. Following this, the provider planned to replace these with blinds that were more suitable.

Good

Is the service effective?

Our findings

Relatives told us staff had the skills and knowledge to meet their family member's needs. One relative told us, "The staff seem confident, they know what they are doing." They went on to say they would not want their relative to move as they were so happy living at the home. Another relative told us, "The staff are trained to look after [person]."

Staff received an induction when they started working at the home. One staff member told us, "I had an induction when I started my job, it was good." Job descriptions were given to staff to detail their roles and responsibilities and staff were aware of what these were. During the induction period staff 'shadowed' other experienced workers to get to know the people who used the service and gain an understanding of systems and procedures.

Staff received training suitable to support people with their health and social care needs. Some staff told us they preferred face to face training rather than e-learning on the computer, which was the provider's primary choice of learning material. The registered manager explained they were aware of this and were arranging other types of training. One staff member told us, "There is face to face training for behaviours that challenge." Other training undertaken included moving people and health and safety. One staff member told us about this training, "They teach you about keeping exits free and possible trip hazards." Another staff member told us about fire training and the trainer had re-created smoke in the house to teach them how to exit safely. This had been a memorable experience for them where they had learned some new skills. The service had access to a vehicle to take people out and staff had to pass a driving theory test before they could use this. A training schedule showed staff training had been completed and when it was next due. This ensured staff received the training to keep their skills and knowledge updated.
Staff observations were completed by the registered manager and team leader. The team leader told us, "Observations are based on staff training, general working practices, we would look at staff relationships with people." They would then feedback any learning to staff from this observation.

A 'handover' meeting was held each day, where information was passed onto staff about any changes to people's health or well-being. Additional information was written down in a communication book and we saw this had been completed. One staff member had written in about an event being held locally, which may have been of interest to people living at the home so staff could discuss this with them.
Communication between staff assisted them to provide effective care to people they supported.

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.

The provider had trained their staff in understanding the requirements of the Mental Capacity Act and the specific requirements of the DoLS. One staff member told us, "It's about someone's capacity to make

decisions. It should be assumed that they have it. If they don't have capacity you need to think about the way they understand the information. If they are unable to make progress with a decision you should have a mental capacity assessment in place." Staff were arranging for one person to have a 'best interest' meeting with a social worker as they lacked capacity to make an important decision involving their finances. Staff had requested this to ensure any decisions made were done so correctly and with the appropriate people involved. Another person chose to stay at the service sometimes unsupported by and we saw a capacity assessment had been carried out around this decision. The person had been assessed as having the capacity to make this.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. We found two people's liberty was being restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit neither of the applications had been authorised.

We found staff understood the importance of gaining consent from people before they supported them. One staff member told us, "We would check with the person before doing anything, make sure they were aware of the options. No one has to do anything they don't want to."

People's nutritional needs were met with support from staff to help maintain their well-being. One person told us, "I do my own meals and do the shopping myself sometimes." One person occasionally went to get shopping for the whole house. One relative told us, "The food is nice." People were offered a choice of meals and staff told us if a person did not want this food, they would cook them something else. Staff recognised when people did not want the choice being offered. For example, one person would indicate this by pushing food away. One person was being supported with healthy eating to lose weight and on their care record it said they were to be weighed monthly. Staff told us this person sometimes declined to be weighed; however this had not been documented. The last weight recorded was in August 2015. The registered manager told us that the person was being supported by staff in this area and they would ensure staff documented when the person declined being weighed.

People were supported to manage their health conditions and had access to other health professionals when required. One person told us, "Sometimes they arrange it for me, but I can go and get my prescriptions." One staff member told us, "Whatever appointments people have we go with them, it's no problem." One person was supported by psychologist, however they had chosen not to do this any longer and they had been assessed as having the capacity to make this decision. Staff were now supporting the person and monitoring this. We saw on care records people were supported by a chiropodist, the dentist and an optician. One person had visited the GP in November 2015 and staff had arranged this appointment for them. Another person had been taken by staff to the eye clinic to follow up some concerns about their sight.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "I've been here a long time. Two of the staff are like the 'Mum and Dad' of the house, I can always turn to them, they help me with a lot."

Relatives were positive how staff supported their family members. One relative told us, "Yes, we are really happy, the staff are nice and friendly." Another relative told us, "Staff are caring, yes they are great, we have a laugh and a joke." Another relative told us how they were happy and their family member, "Always looked smart." They said they loved it at the home and had been happy there, "From day one."

The registered manager told us people living at the home all had a good relationship together and described the service as a 'calm service' with no conflict between people. Most of the staff had been there a long time, so this helped people feel comfortable and staff worked well with each other. One relative told us, "[Person] is happy I don't see them stressed or anything." A staff member told us, "It's pleasant here, nice, warm, friendly and relaxing, it's a calm house, not manic." They went on to say, "I enjoy my job."

People's privacy and dignity was respected by staff. One relative told us, "It's all good with their privacy, they just keep an eye on [person] in the shower, they are independent, but they supervise them." One staff member told us, "With privacy, it's things like personal care, staff making sure the door is closed when people are in the bath." One person needed assistance with their personal care and staff would discreetly encourage them to go upstairs if they needed help with this. Another person was supported with their care needs and a staff member told us, "I always make sure I put my hand over their hand, so they wash themselves." They explained this not only ensured their privacy and dignity, but encouraged them to be more independent with their care.

People were supported to increase their independence. One relative told us, "They are quite happy and able to do things themselves. They are encouraged to be independent. They like to wash up." The registered manager told us that one person, "Had come on in leaps and bounds," since being at the service. They went on to explain that the people at the home had assigned themselves different roles. One person liked to empty the dishwasher and they only required minimal help with this. One person had started to help staff with the mopping. A staff member told us, "It is fine as long as they enjoy doing it, I want to make sure they do not feel they have to do it, if they decide not to." One person did their own laundry and another person would now bring down their laundry basket for staff. One person at the service went out independently, used public transport and staff only supported them when they requested this.

People and their relatives were involved in making decisions in the house and planning their care. One staff member told, "I know [person] could air their views about anything." One person was having their room decorated and we saw there had been a discussion between them and the staff about how they wanted this done to their taste.

Good

Is the service responsive?

Our findings

People were positive about how staff supported them. One person told us, "It's more like a normal house and I love living here." They went on to say, "The care is really nice, I am happy, it's a lovely home." One relative told us, "I am happy with the home, I know [person] is happy and they are supervised."

People received care from staff who they were familiar with. People were allocated 'keyworkers' and these staff members were responsible for overseeing people's care. This provided people with a consistent named worker. The registered manager told us keyworkers had more 'one to one' time to support the person, "They have more responsibility to arrange meetings, ensure people's wishes and needs are met. Make sure their rooms are personalised, there is a better bond between them." The registered manager told us, "If a new member of staff comes here there is usually a change in behaviour." They told us they expected this, as the people at the home got used to the new staff member. We were told this had happened recently with the appointment of the new team leader however people were now more settled.

Care records were centred around personal needs, routines and preferences. One relative told us, "They always check the information is up to date, they ask their opinion." People had records detailing their health and social care needs. People and staff completed a one page profile which enabled people to understand more about them. For instance, one person's profile said they gently slapped people on the hand when they liked them. Another person's record said, 'Be patient as I need time to process what you are saying.' Their care record said they had a special beaker they drank from which was important for them to use. One person was good at fixing things and so a garden shed had been purchased by their family member so they could 'potter about' in it. This person also had a passion for building items and music.

Staff knew people they supported well. One staff member told us, "I know how [person] expresses themselves, I can tell how they are feeling by their posture." Staff told us one person responded better to the male staff, however if the person wanted to have a talk about something, they liked to do this with female staff and they were aware of this.

People at the service had different communication needs and staff were aware of how to support them effectively. Some people used 'flash cards' which were cards with pictures on, to communicate their needs to staff. Other people used hand gestures such as thumbs up to show their preferences. Staff would show some people objects to choose from to help them make a decision. People had a document called, 'My communication passport' which detailed their preferred methods of communication. One person pointed upstairs when they wanted a shower and used Makaton (a type of sign language) to show this. The registered manager told us, "One person makes their needs quite known." They went on to say, "Occasionally they can say yes or no but don't necessary understand the outcome, so we try to give them more information." One person repeated a word often and this usually meant they were bored and wanted to go out. We saw them repeating this word and staff took them out. The team leader told us, "We have to learn people's facial expressions, I am learning now. I have been told about expressions, noises and gestures."

People and relatives told us there was enough social activities for them to do, however they said they wanted more variety. Staff told us they were looking for more options for people. One staff member told us, "We do wonder what else we can do sometimes that does not involve money for people." One staff member told us, "People pick the activities themselves each day." On the day of our visit two people went to the cinema with staff. They explained one person used to go horse riding but had now decided they did not want to anymore. Other activities people enjoyed were visits to a local park or a service with a 'sensory room' where people could go to relax. A vehicle was available for people to use, however local transport was also accessed.

People and their families were involved in formal reviews of the care provided and invited to 'person centred reviews'. One relative told us, "I am invited to reviews and I go when I can get there." They went on to say staff would fit reviews around them. Meetings were planned to suit people and relatives availability. The registered manager told us they could find it difficult to get everyone to attend meeting but always invited families and other relevant professionals. One relative told us, "They let me know about anything, then always follow things through they have said they will do."

We saw a meeting had been held in October 2015 for one person. One person had requested the meeting to be held at a relative's house and they chose the drinks, food and music for this. We saw reviews were documented for people on wall charts, so there was a pictorial record of what was discussed and agreed. We saw one person's chart said, 'What we like and admire about [person]' and, 'What is working/not working.' As a result of this, discussions were held to reduce levels of laundry for this person who liked to change their clothes frequently. Staff wanted to manage this behaviour without 'infringing on their choice.'

The registered manager told us no one at the home used the services of an advocate however this was available to support people if required. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision. We saw advocacy information displayed for people to see.

We looked at how complaints were managed by the provider. One relative told us, "I've got no complaints." One person told us if they had a complaint they would, "Go to the manager or a higher authority." They said they had an issue before which was dealt with by the registered manager but had made no complaints. We saw no complaints had been recorded, the registered manager told us none had been made and we were not aware of any. A complaints procedure was given to people and their relatives. The registered manager told us, "If a complaint was made to a staff member, they would raise it with me, I would then acknowledge this within 24 hours and aim to respond with a conclusion within a week." People had the opportunity to raise any concerns, and the registered manager had systems in place to address these to their satisfaction.

Good

Is the service well-led?

Our findings

People and their relatives told us they were very satisfied with the running of the home and the service they received. Comments included, "Me and [the manager] are alright together, they are very understanding, I could go to them," and, "From what I can see the home is well run."

Staff felt supported by the registered manager. One staff member told us, "The manager is approachable, if I had any problems I would call them." Another staff member said, "The place (home) is good, everyone is playing their part. The manager's good, I love it, there is not a lot to complain about."

Staff told us they felt supported in their roles with one to one meetings, which they found useful. The team leader told us, "There should be monthly supervisions, I have been doing them monthly and there is just one staff member left to do." Staff meetings were held every six to eight weeks. A staff member told us, "We talk about everything, cleaning, changes to the property, we are able to raise any concerns, we talk about the service users, they are useful meetings." Another staff member told us, "We have just had the staff meeting, it was quite pleasant, we feedback about the people living in the home, what is happening, how we could make things better, any changes, you feel listened to." The last meeting held was November 2015 and DoLS had been discussed and reminders for staff to complete training. Staff had appraisal meetings annually to assess their performance and development needs.

The registered manager was available as part of an on call rota with other managers to support people and staff out of normal working hours. The registered manager told us they worked weekend and weekdays so they were available at the service at different times. They also managed another two local services run by the provider, spending one or two days at each service weekly. The team leader managed the service in their absence and staff liaised with the registered manager by telephone.

We asked the registered manager about plans for the service. They told us they were considering using staff 'champions' for different areas so these people would become the 'expert' person in this area. They told us, "I am also trying to organise an annual service review currently, inviting families and professionals, to look at the goals of the service with the care and the environment, get their input of where can go to from here." A survey was being arranged to send to families and professionals and they hoped this would help them formulate an action plan for improvements. A house meeting had been previously held for people who lived at the service. However, the people at the home had chosen not to attend the meeting, so this was no longer held.

The registered manager told us about their achievements and challenges. "The staff team are excellent, they know the service users inside out, they are more like a family than a staff team, they are very close knit." They explained, "The staff keep me updated, they phone me if they need to. I am proud of the environment here, it is beyond excellent."

The registered manager told us some challenges had been when they had first started in the role and the person doing their induction had left suddenly. This had meant they had to 'learn fast on the job'. They

explained coming into a service and not knowing the history, they had been 'thrown in the deep end' and had to rely heavily on the staff to learn.

The registered manager told us they felt very supported in their own role by their manager. They attended a managers meeting with the provider each month and were planning a meeting with the three team leaders of the services they managed, so they could share any information, good practice and keep up to date with any changes.

The registered manager understood their responsibilities and the requirements of their registration. They were able to tell us what notifications they were required to send us such as changes in management and safeguarding. We had not received any notifications from them and the registered manager told us this was because there had not been any. During our visit we did not see any information which we should have been made aware of in a notification.

Audits and checks of the service were carried out by the registered manager. Checks were carried out and these included medication checks, quality of care provided and of the environment. During one check, the registered manager identified that staff were not attaching 'folio receipts' to people's expenditure. Staff explained this had been as they had run out of these, and these were then ordered and the issue addressed.

Internal audits were carried out every three months by the registered manager. The last audit identified one person had not had gender preferences of staff discussed with them. Any issues identified were then allocated to a staff member to action and this was completed. The provider also carried out inspections of the service to highlight any areas that required improvement. The registered manager told us the local authority had not visited the service recently to make any further recommendations.