

Voyage 1 Limited Woodlands

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 visit took place on the 19th January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on 10th October 2013 and found the service was not in breach of any regulations at that time.

Woodlands provide care and accommodation for 11 people who have needs in relation to an acquired brain injury. The aim of the service is to provide support and aid development and rehabilitation to enable people to return to independent living. Accommodation is provided over two floors. Bedrooms have an en-suite toilet, wash

basin and a shower. On the ground floor there is a communal lounge, kitchen/dining room, an activities lounge and a gym. The home is close to shops, pubs and public transport.

There is 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.

People told us they felt safe at Woodlands. We discussed safeguarding with staff and all were knowledgeable

Summary of findings

about the procedures to follow if they suspected abuse. Staff were clear that their role was to protect people and knew how to report abuse including the actions to take to raise this with external agencies.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know how to apply the MCA and when an application should be made and how to submit one. This meant people were safeguarded.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people who had an acquired brain injury and behaviour that may challenge. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that six staff routinely provided support to 11 people.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development. We also saw a regular programme of staff meetings where issues were shared and raised.

The service encouraged people to maintain their independence. People were supported to be involved in the local community as much as possible. People were supported to independently use public transport and in accessing regular facilities such as the local G.P, shops and leisure facilities as well as to use the facilities in the service such as the kitchen for cooking meals. We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. Those people, who were able to were encouraged and supported to go out independently and others routinely went out with staff. People told us that they made their own choices and decisions and these were respected.

There was a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that the registered manager would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

People told us they were involved in planning their meals and were encouraged to help prepare food with staff support if they wished. We saw people had nutritional assessments in place and people with specific dietary needs were supported. Specialist advice was sought quickly where necessary. We observed the lunchtime meal and saw people had a wide variety of choice and were encouraged to take healthy options by staff.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. The people we spoke with discussed their support plans and how they had worked with staff to develop and review them.

We reviewed the systems for the management of medicines and found that people received their medicines safely and there were clear guidelines in place for staff to follow.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

We saw that the manager utilised a range of quality audits and used them to critically review the service. They also sought the views of people using the service and their families on a regular basis and used any information to improve the service provided. This had led to the systems being effective and the service being well-led.

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?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Good



Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported. People's healthcare needs were assessed and people had good access to professionals who visited the service regularly.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



Is the service caring?

This service was caring.

The home demonstrated support and care in a range of challenging situations.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported.

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice

There was a clear complaints procedure. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Good



Is the service well-led?

This service was well-led.

Good



Summary of findings

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Woodlands

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 visit took place on 19 January 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

The provider was not asked 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 reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed on spending time with people who lived at the service, speaking with staff, and observed how staff supported people who used the service. We also undertook pathway tracking for four people to check their care records matched with what staff told us about their care needs.

During our inspection we spent time with five people who lived at the service, four support staff, the registered manager and the regional manager. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at three staff records and looked around all areas of the home including people's bedrooms with their permission.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; “I wouldn’t think twice about reporting anything or anyone.” We spoke with a relative who told us; “It’s the safest place X has ever been.I know I can talk to anyone if I need to.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. One staff member also told us they would report anything of concern to the regional manager to ensure it was followed up. We saw that information was available for people using the service in easy read format to encourage people to speak up. Each person had a pack in their room called “See something, Say something” which explained how people could speak up about anything worrying them and people had one to one meetings with staff on a regular basis where they were encouraged to talk about any concerns. One person told us; “I feel really safe here.”

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and told us there was a clear evacuation plan for who was to assist each person in the event of a fire.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We witnessed staff using PPE when preparing food and one staff told us; “We always wear gloves and an apron if dealing with personal care for someone and we remove them and dispose of them before leaving that room.” Staff also explained to us that night staff had responsibilities for doing “deep cleaning” around the home between the hours of 10pm and 2am and we saw this was recorded.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. We saw that any opened bottles were clearly labelled with the date of opening and liquid medicines were accurately measured by staff using disposable syringes. Staff informed us they were in the process of being trained by the pharmacy to use the more accurate equipment of a graduated cylinder. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. We saw that controlled drugs were also securely stored and the correct stock administration procedures followed.

All staff had been trained and were responsible for the administration of medicines to people who used the service. One staff member told us; “We had training by the pharmacy in measuring as well as in house training and we have regular competency checks.” Policies were in place for medicines and these were very specific including protocols for each person on their “as and when” required medicines to ensure these were given consistently and safely. One staff told us; “The policies are there and you can ring someone if you have any queries.” This showed that staff were trained and competent to administer medicines safely.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. One person told us; “Yes there are enough staff here,” and another said; “We’ve got enough staff definitely.”

The registered manager explained they had undertaken a disciplinary process within the last year and they had been very well supported by the organisation’s human resources department which included monitoring sickness levels of staff.

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees.. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with

Is the service safe?

children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of two staff who had been recently recruited to the service. The registered manager explained that scenario based questions were asked at interview which showed that potential applicants understood the nature of the service and type of support to be given.

Risk assessments had been completed for people in areas such as risks associated with going out into the community.

The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place. People were empowered by having decision making profiles and agreements in place to support the balance between managing risk and independence in a positive framework.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested.

Is the service effective?

Our findings

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services who lack capacity to make decisions by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was one person using the service for whom an authorisation had just been applied for as their needs were changing and their capacity was fluctuating. We saw that staff appropriately completed capacity assessment and used an assessment tool to assist them to make 'best interests' decisions. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people, one staff told us; "It's about ensuring people have freedom but protection where they need it as well." We found the location to be meeting the requirements of the Mental Capacity Act 2005.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. There was a planner in place, which showed for the next 12 months all the dates when staff were booked in to have supervision sessions, as well as when staff meetings were scheduled to take place. One staff member told us; "My confidence has grown massively since I have started working here."

The home had an induction checklist in place which included an induction to the home and then a formal induction programme. We saw that new staff completed the following induction training modules; moving and handling, first aid, crisis intervention and supporting people. One new staff member told us they were shown round the service prior to their interview and met the people who lived there.

We viewed staff training records and saw the vast majority of staff (99%) were up to date with their training. We looked at the training records of two staff members, which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, care planning, insulin and epilepsy, health and safety, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst

others. One staff member told us; "There is always something different to learn about, I'm learning all the time." This showed that staff received training to ensure they could meet the needs of people who used the service. Another staff member told us about they supported a person who used the service to attend a three week course about brain injury; "It was great, it helped X to understand their brain injury and to understand what help and support is available."

Staff told us they met together on a regular basis. We saw minutes from monthly staff meetings, which showed that items such as day to day running of the home, training, activity planning and any health and safety issues were discussed. One staff told us; "I always read the communication book as soon as I come in as something may have changed." They also explained there as a clear shift planner so staff were delegated specific duties and activities. This meant the service communicated well internally and staff were clear about what was expected of them.

Each person had a keyworker at the home who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice.

The home had a domestic kitchen, a training kitchen and a dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes.

The menu was planned with the staff team and people living at the service and as well as planning and cooking, everyone also helped with the food shopping. Staff told us; "We shop once a week and have a rota, we plan the menu each week and encourage people to be involved and everyone sees the menu plan and signs it. We make sure we highlight any allergies on the menu board." We saw that the staff ate with people which staff said they felt helped promote a more homely atmosphere.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. People were weighed on a weekly basis, one staff told us; "We do that to keep an eye on people." This meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health

Is the service effective?

and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

The registered manager told us that district nurses, dieticians and speech and language therapists visited and supported people who used the service regularly. There was also occupational therapy support at the service twice a week to help people with independent living skills such as cooking and shopping and physiotherapists who helped people with at the gym in the home or to access community facilities. We saw records of such visits to confirm that this was the case. The manager told us that all people who used the service were registered a GP. We were told that the GP's were generally supportive and the manager also said; "Community psychiatric nurses are here on a regular basis and they are very helpful and responsive."

The service had access to a psychologist from the "Neural Pathways" service which specialised in helping people with an acquired brain injury and who was visiting the home on the day of the inspection. The manager also told us the service accessed the service of a behavioural therapist who they would turn to for advice, often when incident recording may show a particular trigger for a person.

People were supported to have annual health checks and everyone had a Health Action Plan in place and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

People who used the service had complex needs and some had difficulty with communication. Staff told us; “We sit and talk to people as much as possible. We need to get to know the person and spend quality time with people. It’s all about listening.” We saw staff interacting in a very positive way throughout the inspection and there was lots of fun and laughter with people who used the service. One staff told us they were closely monitoring one person as they had recently had a close family bereavement.

We asked staff how they would support someone’s privacy and dignity. One staff member told us “Everyone has an en-suite and we ensure any personal care is carried out in their own rooms. Everyone also has keys to their room and a lockable drawer in their room.” Another staff member said; “I make sure people are comfortable and ask if they want me to stay with them or would they prefer if I waited outside.”

We witnessed staff responding calmly when one person when they became anxious and verbally abusive. Staff used calm language to distract the person and used techniques described in the person’s care plan to try to decrease their anxieties. The registered manager was on hand to support the person and staff.

We looked at three care plans for people who lived at Woodlands. They were all set out in a similar way and contained information under different headings such as a one page profile (a summary of how best to support someone), a relationship map, a key information sheet, and an explanation of a typical day for someone and was

important to someone in how they led their daily life. We saw information included a decision making profile and agreement and the support plan was written with the person. This showed that people received care and support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious as well as detailed physical intervention protocols for people where this may necessary. Staff explained to us how they recorded any incidents fully and they were reviewed by everyone involved so they could identify any triggers to reduce the likelihood of it happening again.

Staff told us that keyworkers reviewed care plans on a monthly basis with the person and every six months there was a review involving everyone involved in the person’s care.

We saw a daily record was kept of each person’s care. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist.

A relative told us; “I visit every week and I’m fully involved in my relative’s care and meetings. I feel very welcome here and know I can talk to anyone if I need to. I’ve never been happier as I now have peace of mind.”

One staff member told us; “I love working here, I feel like I have made a difference.”

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required.

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. This included people who lived at Woodlands as well as relatives and visitors. The complaints policy also provided information about the external agencies which people could use if they preferred. Staff told us; "We have meetings and people can approach us at any time, we can have a private chat if there is anything worrying anyone."

Staff demonstrated they knew people well. They told us; "The care plans are really helpful but you should always ask people about things and not just assume you know what they want or how they might need help." We asked staff about promoting people's independence and they explained you sometimes have to discretely offer help so that people don't fail with a task but it's about 'balance' and not just taking over from someone."

On the day of our inspection, a college student on placement told us; "I've been here three weeks and it's amazing. I love it and I don't want to leave. We've been shopping today and I got the two lads to help with the food shopping by fetching one item each off the list so they were doing stuff themselves." The manager then asked the student to write a reflective account about the shopping

trip, what went well and what could be changed. This showed the service was helping both people who used the service and students with their personal and professional development.

Staff told us they worked flexible shifts to ensure people got to activities and we saw that staff arranged to stay over so people could go to appointments.

Staff told us that activities were based around people's needs and likes as well as encouraging people to be involved in the day-to-day running of the home such as food shopping. One staff member said; "A lot of it is about motivating people, you need to have patience and encourage people gently." We saw that activities were decided with the person and included accessing the community as much as possible on evenings and weekends as well. People were supported to spend time with their family and friends and people were supported by staff to visit their family regularly. One person told us that they had been on holiday with staff support to Benidorm and said; "We are off to Egypt next, I can't wait." Specialist occupational therapy staff and physiotherapy staff visited the service twice weekly and used the kitchen and gym to support people to increase and maintain their skills. Staff told us; "One person cooks his own evening meal every day. Its only ever chicken or fish but its their choice and it's great as no-one thought they would do anything for themselves when they first came here."

Is the service well-led?

Our findings

The home had a registered manager. The registered manager had been in post for several years and we observed they knew people who lived at the service and staff very well. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; “Any problems you can ask a senior or the manager, their door is always open,” and another said; “You can talk to the manager as a friend, I love it, it’s been the best job I have ever had.”

One relative said to us; “X (the manager) is wonderful, I can talk to them about anything.”

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and as much independence as possible and the feedback from staff confirmed this was the case. We saw that the manager led by example and witnessed them dealing a person who became anxious in a calm, professional manner. The manager reviewed any incident and accident forms and if they felt there were any triggers identified they had the support of a behavioural therapist who could work with the service. The manager also told us about a debriefing process the service used if there had been any incidents to enable learning and support for the staff team and again additional support from the provider was available to facilitate this.

Staff told us that morale and the atmosphere in the home was excellent and that they were kept informed about matters that affected the service. We asked what was good about the service and staff told us; “Helping people to better themselves” and “Watching people come out of their shells.” There were regular staff meetings the most recent

of which in December 2014 covered infection control, training, safeguarding and a review of everyone who used the service. One staff member said; “We talk through what can be worked on or improved and sometimes the manager will raise things that we don’t see.”

The home carried out a wide range of audits as part of its quality programme. The registered manager explained how they routinely carried out audits which that covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. We saw a recent audit carried out by a member of the organisation’s quality team. This was based on the Care Quality Commission standards and had identified areas for improvement. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place.

Additional checks also took place on medicines by staff with any actions clearly identified and dated so they could be addressed.

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the service was run in their best interests. These monthly reviews included a quality questionnaire and culminated in an action plan and on a six monthly basis these were undertaken with family members too. We saw feedback from visiting district nurses to the home which said; “Staff are very respectful and approachable to individuals,” and “I have always noted the caring way the staff treat the people they support. They always respect their privacy and dignity and offer choices at all times.”

During 2014, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.