Voyage 1 Limited

Lavender House and Primrose Lodge

Inspection report

62 The Down
Trowbridge
Wiltshire
BA14 7NQ

Tel: 01225753485
Website: www.voyagecare.com

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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

About the service:
Lavender House and Primrose Lodge are two residential care homes on the same site, registered to provide personal care for up to 11 people. At the time of the inspection there were 10 people living at the service.

People's experience of using this service:

People received safe care. There were risk assessments in place and staff understood what measures were needed to reduce the likelihood of risks to people's safety occurring.

Staff were knowledgeable about safeguarding and how to identify abuse. They felt confident in reporting concerns to the registered manager and knew they could report concerns to the local authority, police and CQC.

Medicines were managed safely. Medicine records were up to date. Medicine stock checks corresponded with the expected amounts.

We identified that the temperature in the medicines storage room in Primrose Lodge regularly exceeded the maximum recommended storage temperature of 25 degrees Celsius. The registered manager took action regarding this with immediate effect.

There were support protocols in place for people with epilepsy. These were stored in people's support plans, as well as in their bedrooms and in their day bags. This meant staff had access to protocols in the event of a seizure and could take prompt action to support the person.

Staff were well trained to meet people's needs. Specific training had been sourced when people's needs changed. For example, training in catheter care.

People's needs were assessed, and person-centred support plans were created. People also had health plans, documenting their health-related support needs. Some of the information was duplicated in the different plans. This meant ensuring the information remained up to date throughout the plans was not always consistent.

Staff knew people and their needs well. Staff spoke with fondness about the people they support, and we observed kind and caring interactions.

People chose how and where they wanted to spend their time and people were supported to form friendships between the two houses.

The principles of the Mental Capacity Act 2005 (MCA) were applied to the care planning, with consideration

for consent and capacity throughout. There were mental capacity assessments in place for specific decisions, such as having the flu vaccination and to consent to invasive health checks.

People were provided with information in an accessible format and the service worked in accordance with the principles of the Accessible Information Standard 2016.

The service met the characteristics of Good in all areas. More information is in the full report.
Rating at last inspection: The previous inspection took place in March 2016 and the service was rated as Good in all areas and Good overall.

Why we inspected: This was a scheduled comprehensive inspection.

Follow up: We will monitor all intelligence received about the service, to inform when the next inspection should take place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was good.

Details are in our Good findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Lavender House and Primrose Lodge

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by two inspectors.

Service and service type:
Lavender House and Primrose Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This was an unannounced comprehensive inspection.

What we did:
Before we inspected, we reviewed information that we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we reviewed the support and health plans for three people. We also looked at the

daily records for four people. We looked at the medicine administration charts for 10 people. We reviewed information relating to the management of the home, including the audits, incident records, meeting minutes and policies. In addition, we spoke with the eight members of the staff team through informal conversations or formal interviews. These included the registered manager, deputy manager, operations manager, senior support workers and support workers. We met nine people who live at the home. One person was in hospital during the inspection.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

• Staff were knowledgeable and confident about identifying the types and indicators of abuse. One staff member explained they would look for changes in the persons behaviours or any physical marks. Another staff member explained that there are robust procedures in place to monitor financial transactions that people are supported to make.
• Staff told us they would feel comfortable raising any concerns with the senior staff or the registered manager, and that action would be taken. Staff also knew who they could contact outside of the organisation and told us they could raise concerns with the local authority, police, and CQC.

Assessing risk, safety monitoring and management

• One person had temperature sensitive epilepsy, however their support and health plans did not reflect this. We observed the person to be continually positioned next to a fan, however this was not referred to in their support plan to indicate it was the least restrictive way of supporting their needs. The person's support plan explained that they preferred to have a bath and that staff should record the temperature. However, it did not state if there was a safe temperature based on the person's heat sensitive epilepsy. We discussed this with the registered manager who agreed that the plans did not reflect this accurately and that although the staff all knew the person's needs, it should be documented. They confirmed that agency staff would always work with more experienced staff available.
• Risks to people's safety and to protect people from abuse had been identified and were recorded in their support plans. This included risk reducing measures for staff to follow in reducing the likelihood of risks occurring. For example, there were step-by-step instructions for supporting people with their finances and monitoring transactions.
• There was an initiative within the organisation called 'active support'. This included a focus towards more positive risk taking, encouraging people to be safe while promoting their independence. For example, people were becoming increasingly involved in household responsibilities, including food preparation and cleaning.
• There were electronic monitors in place for people who had epilepsy. These were carried by a staff member. If the person was spending time in their bedroom in the day or overnight, staff could identify if they were having a seizure and respond accordingly.
• People with epilepsy had specific anti-suffocation pillows, to prevent the risk of suffocation if experiencing a seizure while in bed.

Staffing and recruitment

• There were suitable numbers of staff available to meet people's assessed needs. During our inspection we observed that there were enough staff to ensure that people received timely support.
• Staff were recruited following safe recruitment processes. These included obtaining pre-employment checks, such as past employment references and character references. Staff were also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.
• There was a staff rota in place and staff supported people across both houses. The registered manager explained that the service was supported by agency staff most weeks, however they had recruited into the vacancies. They were waiting for the new staff members to commence employment.

Using medicines safely

• Medicines were managed safely in both houses. However, we identified that medicines were stored at too high a temperature in Primrose Lodge, above the recommended 25 degrees Celsius (°C). Medicines should be stored in temperature-controlled rooms, to ensure that temperatures do not impact their effectiveness. The registered manager took action with immediate effect by utilising the air-conditioning unit and communicating the requirement to all staff.
• Staff were trained in medicines management and had their competencies checked.
• Both houses had their medicines processes audited by a pharmacist. This was most recently completed in July 2018.
• There were no gaps in medicines and creams administration identified.
• Where people had medicines prescribed on an 'as and when required' (PRN) basis, there were protocols in place. The PRN protocols included for example, how staff could identify if a person was in discomfort or pain, and when the medicine should be administered.

Preventing and controlling infection

• The home was clean, tidy and free from malodours throughout.
• There were infection control policies and procedures in place.
• Day and night staff had different cleaning responsibilities. People were engaged in some household activities that contributed to the cleaning of the houses.

Learning lessons when things go wrong

• Accidents and incidents were reported by staff and reviewed by the registered manager.
• There had been incidents were the paramedics or police had needed to be contacted. Where there was learning opportunities, these were discussed with staff during handovers, team meetings and supervisions. The registered manager told us they would use the incident as a specific example, to discuss what worked well and any areas for development.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

• 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.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• The service had assessed people's mental capacity to consent to their care and day to day treatment; as well as specific healthcare decisions. For example, consenting to the flu vaccination, or to cervical screening. Where required, DoLS applications were submitted to the local authority.
• DoLS applications were reviewed regularly to ensure they remained the least restrictive measures.
• Staff were confident and knowledgeable about the MCA and understood how to apply the principles to their role and the support they provide to people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• The staff supported people's human rights and protected characteristics under the Equality Act 2010. They provided support that protected people from experiencing discrimination for example based on their gender or age.
• People were provided with information and had discussions around how to participate in voting in elections and were registered on the electoral roll.
• Staff supported people to understand safe boundaries in friendships and relationships, to ensure that these were mutually respectful.

Staff support: induction, training, skills and experience

• Staff received an induction to the service. They spent three days completing initial training before shadowing more experienced staff members.
• People were supported by a staff team who were well-trained to meet their needs. Staff had received training in mandatory subjects including the Mental Capacity Act, safeguarding, health and safety, and food

hygiene.
• Where people's needs had changed, the registered manager ensured that staff were trained to meet this need. For example, completing online learning about catheter care and also receiving training face to face from the community nursing team. One staff member said, "It is really good training, we get the online theory and then also get the practical face to face to help it really sink in."
• All staff we asked told us they would feel comfortable asking for additional training if they felt it was needed. One staff member told us they had a particular interest in furthering their knowledge about safeguarding. They were due to attend safeguarding training with the local authority.

Supporting people to eat and drink enough to maintain a balanced diet

• We saw that people were supported to make choices about their food and drink. We observed one person choosing what they would like for lunch and staff offering them different choices.
• One person said they had a headache, and we observed staff offering and prompting them with regular drinks, to help support the person while they felt unwell.
• Staff knew what people liked to eat and drink. We saw snacks and drinks being offered throughout the day.
• One person had been supported to achieve a 10-stone weight loss, through making healthy choices.
• Some people required their meals to be altered in consistency, based on their swallowing needs. Staff were knowledgeable about how to ensure food was prepared safely.
• The registered manager explained that people join staff for the supermarket shopping and that staff explain the healthy choices as items are added to the trolley.
• There was a four-week menu in place, created by a staff member to include foods that people enjoyed and to offer people healthy alternatives.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

• People had access to community health care services. Records showed that people attended regular appointments with the GP, nurses, optician, physiotherapist, and dentist.
• If people had lost weight, there were consultations with the GP. We saw records showing that the GP had no concerns with people's weights and that the weight loss had been of benefit to the person.
• Recommendations and assessments from healthcare professionals were incorporated into people's health and support plans.
• People had hospital passports in place. These gave a brief overview of people's support needs and interests and was to be taken with the person in the event of a hospital admission.

Adapting service, design, decoration to meet people's needs

• The houses were designed to meet people's needs. We saw that in Primrose Lodge there was a lift, to support people in wheelchairs to access their bedrooms. The corridors and doorways were wide and ensured that people could mobilise around their home.
• There was a shared garden with sensory areas, between the two houses.
• There was a sensory room in Primrose Lodge that had bean bag beds, different texture items to touch, and visual light displays.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

• We observed kind and caring interactions. Staff responded to people's requests for hugs and human contact. We saw one person tell a staff member they were beautiful using Makaton signs, and the staff member signed the compliment back to them in return.
• All staff we spoke with told us their favourite aspect of their job was supporting the people who live at the service. They spoke fondly of the care and support provided. One staff member said, "I love being able to help people to enjoy the community, go to activities, and to help them live a good quality of life."
• There was a fun and friendly atmosphere during the coffee morning and bingo. Staff sat next to people, helping them cross off their numbers when called. People were expressing their enthusiasm and there was lots of shared laughter.
• People's religious and spiritual beliefs were supported. One person was visited regularly by the local vicar. The registered manager spoke about a church group with a monthly service specifically for people with learning disabilities. There were plans for people who wished to attend to be able to do so in the near future.

Supporting people to express their views and be involved in making decisions about their care

• People's preferred communication methods were recorded in their care plans.
• The registered manager told us that one person's preferred communication method was Makaton sign language. They said that initially staff were unable to meet this need, and because of this, Makaton training was purchased and attended.
• People attended house meetings, where everyone from both services came together. The meetings were to discuss an agenda that included activities, what people have enjoyed doing and whether there was anything people would like to do.
• People had key-workers and senior support staff assigned to them. The staff members in these roles were responsible for ensuring people had enough personal shopping items and that they were up to date with appointments and their support plans. The staff also held monthly review meetings with the person, to identify if they had any concerns or wishes that they would prefer to discuss one to one.

Respecting and promoting people's privacy, dignity and independence

• The service employed male and female staff and if people were able to express their views around gender preference, this was supported.

• Female people who required the support of two staff were supported by two female staff where possible, or one female and one male. Where personal and intimate care was required, this would only be completed by female staff, to support people's dignity and privacy.
• People's privacy was respected. One person's support plan explained how staff should promote their privacy and dignity regarding their sexuality and physical intimacy. The plan explained the verbal cues for when the person wished to spend more time in their bedroom and the reasons for this.
• One person had shown interest and motivation for gaining employment. They were supported to complete an application form for a job of their choice. The person experienced anxiety when invited to attend an interview. The staff team were working on steps to help the person achieve this outcome in the future. To support the person's independence, they were being added to the service's payroll and would be employed to complete cleaning tasks at the service for a few hours each week. We observed the person discussing with the registered manager that they were looking forward to starting their job and that they enjoyed cleaning and keeping the houses looking well presented.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• People's needs were assessed prior to moving to the service. They were then supported with their transition. One person was due to move to the service three weeks after the inspection. There were plans for the person to visit and join an activity, meet their housemates and to join them for a meal before moving in.
• People had support plans and health plans, detailing their assessed needs, preferences, and required support. Information was duplicated in places throughout the plans. For one person, the information had not been updated consistently throughout the plans when there had been changes made.
• People's interests and preferences were known and understood by staff who supported them to participate in activities and daily routines. For example, one person's support plan stated, "She likes to wear something sparkly". Staff told us that the person's sensory needs were supported through sight and touch and sparkly or fluffy clothing had a positive impact to the person.
• People participated in a broad range of activities. These included horse riding, karaoke, attending a weekly disco, playing bingo, and attending hydrotherapy swimming. People had activity plans displayed and these were arranged based on what people enjoyed and making the most of the hours people were funded for one-to-one support.
• The service met the requirements of Registering the Right Support. This is CQC's policy on registration and variations to registration for providers supporting people with a learning disability or autism. Examples of this were that the houses supported a small number of people, meaning that people received more personalised care from staff who knew them well. Also, the service was located within walking distance for most people to the local community and transport links.
• People were provided with information in an accessible format and the service worked in accordance with the principles of the Accessible Information Standard 2016. For example, the complaints policy was in an easy-read and pictorial format. Also, there were tools in place to produce social stories, with step by step pictorial guidance around a particular event or decision.
• Staff were motivated to continue developing an initiative that had been introduced to the service several weeks prior to the inspection, called 'active support'. They explained that this meant finding creative ways to encourage people to be involved and have control in their care. Examples provided included supporting one person to be showered. The person previously had all tasks done for them, but staff had found that the person could hold the shower head, and this encouraged their involvement. Another person had never prepared hot drinks, but there were steps of the process that they could complete themselves. The person now offers staff and visitors hot drinks, because they are proud of their achievement in this activity. The registered manager told us that there was a shift in the mind-set of staff when supporting people to have control. Staff spoke positively about the ways in which they support people to participate around their home.

Improving care quality in response to complaints or concerns

• No formal complaints had been received, however there was a complaints policy and procedure in place. If complaints were received, the registered manager would liaise with the service's head office to investigate and respond to these accordingly.
• There was an open culture of wanting to receive feedback about the service. The registered manager spoke with enthusiasm about wanting to drive continual improvement.

End of life care and support

• At the time of the inspection there was nobody receiving end of life care and support.
• There were no end of life support plans in place to document the wishes of people and their next of kin.
• We discussed with the registered manager that in the event of needing to refer to this information, there would not be anything available. They understood this could be a difficult conversation or process to work through with people and their families, but knew it was necessary and beneficial.
• End of life care and support plans were part of the registered manager's ongoing development plans for the service.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• The registered manager had worked at the service for 13 months prior to the inspection. They explained that one of the biggest challenges they had overcome was addressing the culture within the service. They told us that there had been an ethos of doing everything for people, whereas now the staff team focussed more on "empowerment". They discussed their ongoing plans for implementing the active support initiative.
• We observed, and staff told us that the registered manager had an 'open-door policy'. Their office door was open, people and staff regularly popped in to see and speak with the registered manager, but they were also available and spent time in both houses.
• The registered manager and deputy manager sample checked care plans and records to ensure that they were written with a person-centred approach. This also meant they could identify and address areas for improvement.
• The management team and staff knew people well and worked together to ensure that people received care personalised to their needs and preferences.
• Appropriate action was taken when things went wrong. There was evidence of learning from incidents and steps being put in place to reduce the likelihood of recurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

• The registered manager and deputy manager worked well together, and the staff team were on-board with the registered manager's vision for the future of the service.
• Staff spoke positively about the registered manager. One staff member said, "I think she is the best manager we have had here, she really makes a difference." Another staff member told us, "I know I can go to [registered manager] and she will listen and support us. She trusts the staff and we trust her."
• The registered manager and operations manager completed quarterly audits of the service. Registered managers from other services also visited and reviewed the houses. The registered manager explained that this was to provide an external perspective of what was working well and any areas for improvement.
• There were business continuity plans in place, so that in the event of emergencies there were protocols to be followed.
• The registered manager understood their regulatory requirements to report certain events to the local authority and to CQC as statutory notifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• Meetings took place with day and night staff teams. The registered manager explained that they had developed the staff team to "feel more empowered". They said where there were areas for development identified in meetings, the staff team were encouraged to share and discuss their feedback around what action could be taken.
• The registered manager spent time with people who use the service. One person told us that the registered manager was their favourite staff member. We observed the registered manager using Makaton sign language to communicate with a person, the interactions made the person smile.
• The registered manager completed observations around care interactions by spending time in each house and being involved in the day to day support.

Working in partnership with others

• There were strong partnerships with other organisations. The registered manager was able to seek timely input and advice from health and social care professionals in response to changes in people's needs.
• The registered manager was supported by an operations manager who shared good practice between services and was available to catch up whenever needed. We spoke with the operations manager, who told us that they felt confident in the registered manager and their management approach. The operations manager said they felt the staff team were particularly strong when responding to people's needs and any emergencies.
• Staff told us that the team worked well together. Their feedback included that they felt their colleagues were all as invested as one another in ensuring that people received person-centred, good quality support.