

Voyage 1 Limited

The Minster

Inspection report

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Date of inspection visit: 16 November 2015
Date of publication: 09/12/2015

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

This inspection took place on 16 November 2015 and was an unannounced inspection.

The Minster specialises in providing care and support to adults who have a learning disability, autism and/or a physical disability. Accommodation is arranged over two levels with stairs providing access to the first floor. The home can accommodate up to 10 people. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

The people we met with had complex physical and learning disabilities and not all were able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The registered manager and staff working at the home were committed to providing people with a fulfilling life despite of their disabilities. They spoke about the people they supported in a compassionate and caring manner. People were relaxed in the presence of the registered manager and staff team and there was lots of friendly banter.

The atmosphere in the home was relaxed and welcoming. People were busy coming and going and routines in the home were based around people's needs and preferences. There were sufficient staff to meet people's needs and staff were available to respond to impromptu requests by people to go out.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them.

People were supported to be as independent as they could be with reduced risks to themselves or others. For example, people were supported to make hot drinks and help with food preparation and cooking.

Staff knew about the procedures to follow to minimise risks to people and to help keep them safe. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

The procedures for recruiting staff helped to minimise risks to the people who lived at the home. Checks were carried out on potential staff to make sure they were suitable to work with vulnerable adults. Staff did not commence employment until satisfactory checks had been received.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

The service made sure staff completed appropriate training so they could meet the needs of the people they supported. The knowledge, skills and competency of staff were regularly monitored through supervisions and observation of their practice. Staff told us they felt well supported and received the training they needed.

There were systems in place to monitor health and safety and the quality of the service provided to people.

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?

The service was safe.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them from staff who were competent to do so.

Good



Is the service effective?

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good



Is the service caring?

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their lives.

Good



Is the service responsive?

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Good



Is the service well-led?

The service was well-led.

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service.

Good



The Minster

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.

This inspection took place on 16 November 2015 and was unannounced. It was carried out by one inspector.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were nine people living at the home. During the inspection we spoke with five people, four members of staff and the registered manager. We also spoke with the provider's operations manager for the service.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People who were able to have a conversation with us told us they felt safe living at the home. One person said “I feel incredibly safe living here.” Another responded “Yes very” when we asked them if they felt safe and well cared for.

There were sufficient staff to meet people’s individual needs and to help keep them safe. For example, some people required a staff presence at all times during the day. We saw staff were available and attentive when supporting these people.

Potential risks to people were assessed and managed so that people could live their lives with minimal restrictions and in a safe way. For example, people were supported to make hot drinks and help with food preparation and cooking. Staff supported people to maintain a level of independence in accordance with their plan of care and associated risk assessments.

Everyone who lived at the home required staff to manage and administer their medicines. There were appropriate procedures in place for the management of people’s medicines and these were understood and followed by staff. Medicines were supplied by the pharmacy in sealed monitored dosage packages which provided details of the prescribed medicine, the name of the person it was prescribed for and the time the medicine should be administered. Each person had a pre-printed medicine administration record (MAR) which detailed their prescribed medicines and when they should be administered. Staff had signed the MAR charts when medicines had been administered or had made an appropriate entry when a medicine had not been administered. There was a clear audit trail of all medicines entering and leaving the home. Medicines were only administered by staff who had received specific training.

Risks of abuse to people were minimised because the provider had a recruitment process which ensured all new staff were thoroughly checked before they began work. Checks included seeking references from previous employers and carrying out checks to make sure new staff were suitable to work with vulnerable adults. Staff told us they were only able to start work once all checks had been received.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

There were plans in place for emergency situations; people had their own evacuation plans if there were a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system which meant they were able to obtain extra support to help manage emergencies.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Is the service effective?

Our findings

People were always asked for their consent before staff assisted them with any tasks. One person told us “They [the staff] always ask me if I need any help. If I say no; they respect that.”

We observed staff having friendly and supportive conversations with people and asking them if they wanted to go out or if they wanted anything to eat or drink. People appeared at ease in the presence of the staff and each other. Those who were able told us they got on well with all the staff, including the registered manager.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people’s legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Assessments about people’s capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

People were supported to access physical and mental health care services to help them maintain good health and well-being. People’s care plans contained records of hospital and other health care appointments. There were health action plans to meet people’s health needs. Care plans included ‘hospital passports’ which are documents containing important information to help support people with a learning disability when they are admitted to hospital.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. We met with two people who had chosen to follow a healthy eating plan. With staff support they had drawn up a list of foods and snacks which they liked and would also help with their weight loss. One person was keen to tell us they had lost some weight. They sat with the registered manager and reviewed their healthy eating plan as the person had wanted to make some changes.

Staff told us menus were planned each week with the people who lived at the home. The menu was varied and offered an alternative for each meal. The initials of the person who had chosen the meal had been recorded on the menu. One person told us “The food here is delicious and there is plenty of it.” Another person told us they had planned a fish and chip supper with a bottle of wine to celebrate their forthcoming birthday.

We were present when lunch was served. We noticed that staff sat with people at the dining tables and provided discreet support to people who required physical assistance to eat their meal. Throughout the meal there was lots of chatter and friendly banter which made meals a sociable and pleasant occasion.

Staff were confident and competent in their interactions with people. Some people had very complex needs and were able to communicate their needs verbally. Staff recognised and responded straight away to people’s requests.

Staff told us training opportunities were very good. They told us they received training which helped them to understand people’s needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people’s care needs, such as caring for people who have epilepsy.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

Is the service caring?

Our findings

Staff were extremely caring and considerate when they interacted with people. They were available when people needed them and they supported people in a kind and unhurried manner. One person told us “The staff are just marvellous.” Another person said “All the staff are kind. I have my favourites though, but they are all lovely.” One person told us “[name of staff member] has changed my life. They have supported me to do things that I could never of dreamt of doing.”

Throughout our visit there was a relaxed and friendly atmosphere in the home. People were extremely comfortable with staff and other people. People using the service and staff spent time chatting together and there was lots of laughter. Staff had an excellent knowledge of each person which enabled them to communicate well and talk about subjects that interested them. People made choices about where they wished to spend their time. People socialised with each other and with staff.

Staff spoke with kindness and compassion about the people they supported. Staff had a very good knowledge about what was important to each person who lived at the home. Each person had a one page profile which provided staff with information about the persons needs and what was important to them.

People were supported to be as independent as they could be. Care plans detailed people’s abilities as well as the level of support they needed with certain activities. There was an emphasis on enabling people to maintain a level of independence despite their disability. For example assisting with the preparation of meals, doing their laundry and making day to day decisions about where they wanted to spend their time and what they wanted to do.

The home was within walking distance of local shops and other facilities. People were able to decide when to get up and go to bed, when and where to eat their meals and whether they wished to spend time on their own.

Staff respected people’s right to privacy. Each person had their own bedroom which they could access whenever they wanted to. We saw this to be the case on the day we visited. Bedrooms had en-suite facilities which meant people could be supported with their personal care needs in the privacy of their own room.

One person was keen to show us a new lock which had been fitted to their bedroom door. The lock was operated by swiping a fob key on a panel which meant the person could easily access their bedroom without staff support. They told us “It is amazing. It has changed my life and given me so much more independence.”

Staff assisted people to keep in touch with relatives to maintain their relationships. A number of people were supported to have overnight stays with family members and staff told us how friends and relatives enjoyed a recent coffee morning at the home to raise money for a recognised charity.

Staff understood the need to respect people’s confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person’s care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Is the service responsive?

Our findings

Staff knew about the needs and preferences of the people they supported. Care plans contained information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs.

People contributed to the assessment and planning of their care as far as they were able. People routinely discussed their needs and preferences with staff and this was recorded in people's care plans. People's key workers reviewed records and where necessary updated the person's care plan accordingly. Key workers had particular responsibility for ensuring people's needs and preferences were understood and acted on by all staff.

Routines in the home were based around the needs and preferences of the people who lived there. For example, people chose what time they got up in the morning and when they went to bed. We observed people arriving for breakfast at different times during the morning and staff were available to respond to people's needs and requests.

We heard staff asking people what they would like to do and where they wanted to spend their time. On the day we visited, staff responded to impromptu requests from people to go out for a walk or visit the local shops.

People had opportunities to take part in a range of activities and social events. One person told us they had recently enjoyed watching a performance of Mary Poppins and were planning with staff to attend another event. They told us "I have never been busier than I am now. I am having a fantastic time." A member of staff told us "The good thing about The Minster is that there are so many opportunities for the people who live here. We have holidays together and there are lots of day trips."

The registered manager operated an open door policy and were accessible and visible around the home. There had been no formal complaints in the last year however; staff and the people who were able to communicate with us told us they felt confident any concerns would be taken seriously and appropriate action would be taken to address their concerns.

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. The registered manager's philosophy was about identifying each person's individual needs and responding accordingly, without compromising the needs of others in the home. They aimed to improve and develop people's life skills to enable them to be as independent as they wanted to be. This philosophy was cascaded to staff through staff meetings and one to one supervisions.

The registered manager had been in post for seven months. Staff and people who lived at the home were positive about the manager. One person said "[Name of registered manager] is the best manager we have ever had. She is a real people person." A member of staff told us "[Name of registered manager] is very approachable. They cover shifts and are really good to work with."

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. The registered manager told us "We have a structured senior team in place with each having responsibility for delegated tasks, I am encouraging the senior team to work more closely with their direct support staff to develop their personal attributes and utilise their skill mix to ensure they are experiencing some opportunities to assist with day to day decisions and activity within the home thus providing service users with a wide range of opportunities and experiences."

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. One staff member said "You get good training and support here. Your supervisions give you the opportunity to discuss any issues or additional training."

The registered manager said they participated in a range of forums for exchanging information and ideas and fostering best practice. They told us they had regular meetings with managers from the provider's other homes which they found useful for sharing ideas. The provider reviewed their policies and procedures to make sure they remained in line with current legislation and practices. The registered manager told us they were always informed of any changes and that these were cascaded to staff and implemented without delay.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. Detailed audits were completed by the registered manager. An operations manager from the company carried out regular visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive and well-led. Where shortfalls in the service had been identified action had been taken to improve practice.

Significant incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. The registered manager reviewed incidents to see if there was any learning to help improve the service. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. There had been few reportable incidents however; the registered manager was clear about their legal responsibilities.

Satisfaction surveys were sent to people who used the service and their representatives to seek their views on the quality of the service provided. Surveys had been produced in an easy read format appropriate to the needs of the people who used the service. The results of the last survey showed a high level of satisfaction with the service provided. Action had been taken to address areas which had been identified as requiring improvement. An example included enabling people to be more involved in the preparation of meals. One person told us "I made spaghetti bolognaise for 12 people yesterday. I enjoyed it and everyone enjoyed eating it."