Voyage 1 Limited

West Drive

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

This inspection took place on 16 February 2015 and was unannounced. When we last inspected the home in October 2013 we found that the provider was meeting their legal requirements in the areas that we looked at.

West Drive provides accommodation and support for up to ten people who have a learning disability. At the time of this inspection there were nine people living at the home, two of whom lived in a separate bungalow within the grounds of the main house. .

The home is required to have 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. The registered manager was supporting two homes within the provider's organisation at the time of our inspection. However, a new manager had been appointed from 01 March 2015 and the registered manager was to cancel their registration for the home from that date.

Summary of findings

People were safe and the provider had effective systems in place to safeguard people. Their medicines were administered safely and they were supported to access other healthcare professionals to maintain their health and well-being. They were given a choice of nutritious food and drink throughout the day and were supported to maintain their interests and hobbies. They were aware of the provider's complaints system and information about this was available in an easy read format. They were encouraged to contribute to the development of the service. People had access to an advocacy service.

There were sufficient, skilled staff to support people at all times and there were robust recruitment processes in place. Staff were well trained and used their training effectively to support people. The staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. They were caring and respected people's privacy and dignity. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

There was an effective quality assurance system in place.

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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

People were involved in deciding the level of risk to which they were exposed.

Emergency plans were in place.

Good

Is the service effective?
The service was effective.

Staff were well trained.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Good

Is the service caring?
The service was caring.

Staff interaction with people was caring.

People's privacy and dignity were protected.

Friends and relatives could visit at times that suited them.

Good

Is the service responsive?
The service was responsive.

People were involved in assessing their support needs and staff respected their choices.

People were supported to follow their interests.

Information about the provider's complaints system was available in an easy read format

Good

Is the service well-led?
The service was well-led

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values which were embedded in their practices.

Good

West Drive

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 16 February 2015 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Also before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with one person who lived at the home and a relative of another. We spoke with four staff members, the deputy manager and the provider's operational manager. We observed how care was delivered and reviewed the care records and risk assessments for three people who lived at the home. We checked medicines administration records and reviewed how complaints were managed. We looked at two staff recruitment records and staff training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

The person and the relative of a person who lived at the home we spoke with told us that they or their relative was safe. The person told us, "I feel safe. I have to have a support worker when I go out and about. I have one to one to keep me safe." The relative told us, "[Relative] comes home every weekend and always wants to come back every Monday. [Relative] feels secure and does not want to run away. [Relative] is safe in this environment. It is secure."

The provider had an up to date policy on safeguarding. Staff we spoke with told us that they had received training on safeguarding people and were able to demonstrate that they had a good understanding of what constituted abuse. They told us of the procedures they would follow if they suspected abuse had occurred. We noted that the manager had reported relevant incidents of concern to the local authority and to the Care Quality Commission. We saw that plans had been put in place by the manager to reduce the number of incidents that had occurred between two people who lived at the home following an investigation by the safeguarding authority. This demonstrated that the provider had effective systems in place to protect people from harm.

We saw that there were personalised risk assessments for each person who lived at the home. Each assessment identified the people at risk, the steps in place to minimise the risk and the steps staff should take should an incident occur. We saw that where people demonstrated behaviour that had a negative impact on others or put others at risk, the assessment included information on what might trigger such behaviour, and steps that staff should take to defuse the situation and keep people safe. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Where able people were involved in decisions about the level of risk that they are exposed to. One person told us that they had been encouraged to manage their money themselves and said, "I buy my DVD's with my own money." Staff we spoke with told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These had included looking at people's risk assessments, their daily records, entries in the communication book and by talking about people's experiences, moods and behaviour at shift handovers. Staff told us that people's moods were observed before they went out into the community and the risk of behaviour that might have a negative impact of others occurring was assessed, to ensure that an appropriate level of support was provided. This gave staff up to date information and enabled them to reduce the risk of harm.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These included checks of window restrictors, hot water and fire systems. Staff told us that there were formal emergency plans with contact number available for emergencies to do with the building, such as a gas or water leak and information as to where to find the necessary taps to switch the supplies of gas, electricity or water off. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur.

Accidents and incidents were reported to the deputy manager. We saw that they kept a record of all incidents, and where required, people's care plans and risk assessments were updated. Where incidents occurred when people had demonstrated behaviour that had a negative impact on others or put others at risk, we saw that the person's behaviour immediately before the incident was recorded. Staff told us that this enabled them to look for patterns and reduce the risk of an incident by using non-physical strategies and following identified criteria for planned interventions. Records of accidents and incidents were reviewed by the deputy manager to identify any possible trends to enable appropriate action to reduce the risk of an accident or incident re-occurring to be taken.

The deputy manager told us that there was always enough staff on duty during the day for people to be supported in accordance with their care plans. Some people required additional support when in the community and extra staff was employed to ensure that the support needed was provided. We saw that there was a visible staff presence and the one person who had been assessed as requiring one to one support throughout the day received this.

We looked at the recruitment files for two staff that had recently started work at the home. We found that there

Good

Is the service safe?

were robust recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People's medicines were administered safely and as prescribed and by staff that had been trained to do so. The deputy manager told us that there was always a member of staff that had been trained to administer medicines on duty each day and no medicines were administered covertly. We observed that people were offered drinks to assist them to take their medicines. Medicines were stored appropriately within a locked cabinet in the main office. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly with no unexplained gaps. There was a system in place to return unused medicines to the pharmacy. Protocols were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). The deputy manager told us that only medicines that had been prescribed by a health care professional were administered. The provider did not encourage the use of 'homely' medicines.

Good

Is the service effective?

Our findings

People were unable to tell us whether they thought the staff was well trained although the relative we spoke with said that the staff were effective. They told us, "Most of the staff have been here for a long time. There is nobody who is not doing a proper job."

The manager showed us that staff training was managed using a computer system. There were certain areas of training that the provider considered essential, including communication and caring for people who exhibited behaviour that could have a negative impact on others. Staff received reminders by email when any training was due and continued to receive reminders until the training had been completed. The deputy manager showed us details of communications sent to staff who had fallen behind with their training and the steps taken to ensure that the training was completed. This had included arranging for additional shifts for those staff to complete the training. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely. The effectiveness of any training received was checked by the senior support workers who worked alongside more junior staff and observed whether the training was used to influence the way in which care and support was provided.

Staff had received training in methods of non-verbal communication, including MAKATON, a form of sign language used by some people who have a learning disability. They told us that they used these methods to communicate with people who could not explain their needs verbally. We saw one support worker using a white board to communicate with a person by the use of pictures.

Staff told us that they received regular supervision at which they could identify any training and development that they wanted to undertake. They told us that supervision was a two way conversation at which they discussed their training needs, their morale, any concerns they had or any complaints they wanted to make.

Care records contained consent forms signed by people or their representatives agreeing to the support to be provided. We saw that where people were unable to sign the document the way in which their consent had been obtained, such as by nodding of their head, had been recorded on the consent documents.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate a good understanding of the requirements and told us that all the people at the home were deemed to have capacity to make day to day decisions about their care. However they were able to explain how decisions would be made in people's best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs are met. Staff told us, and we saw records that showed that DoLS applications had been made to local authorities for people who lived at the home as they were not allowed to leave unless supervised by relatives or staff. We saw that where an application had been authorised by the local authority, such as the use of a key pad lock to restrict entry to the kitchen, care plans had been updated in line with the terms of the authorisation.

Staff told us that they respected people's decisions as to their daily care and support needs, such as the time they get up, what they wear or how they spend their time. One member of staff told us, "It is giving them responsibility in what they can do."

People chose what they had to eat each week and the menu was displayed in the kitchen so that people knew what they were having for their meal. Menus were planned with the people who lived at the home and pictures were used so that people who could not tell staff what they wanted were able to express their preferences. The person we spoke with said that they could have what they wanted and just had to ask a member of staff if they wanted a drink or a snack. The relative we spoke with told us that the staff tried to encourage their relative to eat healthy foods, although they preferred the less healthy options of sausages, burgers and chicken nuggets. They told us, "Generally the food on offer is good."

Records showed that people were supported to maintain their health and well-being. Staff told us that they made appointments for people to attend healthcare services, such as GPs, dentists and opticians, and they always arranged for a member of staff to accompany people to their appointments. People's care plans identified any health issues that a person may have that may require particular vigilance by staff to maintain the person's health and well-being. One person was at particular risk of

Good

Is the service effective?

developing throat infections and their care records highlighted the need for staff to be vigilant about this and refer them to the GP immediately should it appear that they may be developing an infection.

Good

Is the service caring?

Our findings

The person and relative that we spoke with both told us that the staff were caring. The person said, "They are good at helping you out." The relative told us staff were, "…caring and committed." They went on to say, "They know the people who live here and are well used to [relative's] ways and those of other residents." A comment from another relative during a recent satisfaction survey was, "Staff know [relative] well and seem to like [them]. [Relative] is at ease with them and likes them. The staff are very good and genuinely care about the service users. My [relative] is well cared for and happy. Staff understand [their] needs."

We observed staff interact with people in a caring way. One member of staff told us, "It's about respecting people." We saw that they always spoke with people as they passed them and asked if they were alright or wanted anything. They clearly knew people's likes and dislikes and there was a very homely atmosphere. People's support records included a one page profile which provided information for staff about people's preferences, their life histories and things that were important to them. This had enabled staff to identify ways in which people would wish to be supported. Staff were able to tell us of people's personal histories and the people and things that were important to each person they supported. They spoke with people appropriately, using their preferred names and re-enforced their spoken words with non- verbal communication methods when necessary.

We saw that staff promoted people's privacy and always knocked on their door and asked permission before entering their rooms. Staff were able to describe ways in which they protected people's dignity when supporting them, such as ensuring that if someone was having a shower the door to their bathroom was kept closed, or if someone was getting dressed, the curtains in their room were drawn. They also told us that they protected people's personal information and never discussed the people they supported outside of the home.

People were encouraged to be as independent as possible. The person we spoke with told us that they did their own laundry and cleaned their room themselves. They said, "Room cleaning is Tuesday, with staff support. I have a basket for my laundry. I take it downstairs in the evening and put it in the machine." We saw that people were actively involved in making decisions about the way in which their support was provided. People's rooms were personalised and reflected their individual interests and taste. People were given choices, such as in how they spent their time during the day and the staff supported their choices. We saw that people got up at various times during the morning and were supported to get the breakfast of their choice when they were ready to eat.

Information about the home was available in an easy read format that people who lived at the home could understand. People had access to an advocacy service and an advocate attended the home regularly to support people who had no other representative to express their views.

The person and relative we spoke with told us that friends and relatives could visit at any time. The person told us, "I've got my [relative] coming on Wednesday to take me out." The relative told us, "There is no restriction on visiting. We can come any time during the day or evening."

Good

Is the service responsive?

Our findings

People had a wide range of support needs that had been assessed before they moved into the home to determine whether they could all be met. We saw that support records included personal information and reflected people's wishes. The plans included information on people's communication, behavioural and care needs and detailed how people wished to be supported in these. Information from relatives and people who knew them well had been included when the plans were developed. The relative we spoke with told us that they were consulted and annual reviews of support plans were undertaken. They said, "[Relative] will be invited but won't have anything constructive to contribute. They listen to us and changes will be based on whether [Relative] will do it or not."

The deputy manager told us that each person had been assigned a key worker who was responsible for identifying the person's support needs and agreeing the goals they would work towards. The person we spoke with told us, "I like my key worker. I can't manage without her." We saw that there were monthly meetings between a person and their key worker at which they discussed their health, emotional well-being, social events, current and future goals and reviewed their support plans and risk assessments.

People were provided with the equipment that they needed to remain independent and undertake the activities that they enjoyed. We saw that one person had been provided with a whiteboard in their room that staff used to communicate effectively with them. Another person, who could not walk long distances without aid, had been provided with a wheelchair for when they were out in the community for any length of time. People had access to the internet and were encouraged to pursue their hobbies. The person we spoke with told us that they went to college but was also enabled to undertake training that interested them at the home. They said, "I'm doing the health and safety training at the home."

We saw that people had individual timetables for the activities that they enjoyed and were supported by staff in these. These included regular drives in the home's vehicles and trips to local shops and restaurants for meals. The person we spoke with told us, "I still go to college but it's half term. I have to have a support worker with me." The relative we spoke with told us, "Everybody tries to get [relative] to do things. [They] are a train enthusiast and likes DVD's and books on trains."

They went on to say that they were aware of the provider's complaints system and had used it. They said they had complained that their relative's razor was not being washed after use. This had now been resolved to their satisfaction. We looked at the records of complaints that had been made. We saw that complaints and the actions that had been taken to resolve these had been recorded. Complaints had been actioned within the timeframe outlined in the provider's complaints policy.

Good

Is the service well-led?

Our findings

The deputy manager and the provider's operational manager told us that the registered manager for the home was transferring to a different home within the group and a new manager was to start on 01 March 2015. They were an experienced manager from another home within the group.

The person and the relative we spoke with told us that they were encouraged to contribute to the development of the service by way of regular meetings and satisfaction surveys. We saw that at a residents meeting held in January 2015 people were encouraged to discuss menu choices, activities, holidays, home issues and the compliments and complaints that had been received. Minutes of this meeting were in an easy read format so that people had understood them.

The relative we spoke with told us that they had given poor feedback at the last satisfaction survey as they were dissatisfied with the standard of maintenance of the buildings. They told us that since they had given this feedback the provider had carried out a full refurbishment of the home and they were now very satisfied with it. They said, "They have done a lot of work. There are new carpets and the main house has new windows and patio doors. They have also had the decking redone with special treading decking."

Staff were involved in developing the service by way of regular staff meetings and opportunities to give feedback at supervision meetings. We saw that staff had contributed to discussions at a staff meeting held in January 2015 about training provision, what works well at the home and what not so well and the provider's vision and values, the five 'c's. These stood for commercial, care, competency, culture and customer.

Staff told us that the culture at the home was very open and person-centred. They said that they, "… treated everyone differently and as individuals." One member of staff said that it was, "…like a family." They told us that the provider's vision and values were clearly understood by everyone who worked at the home and these were embedded in their day to day practice.

Staff told us that they were aware of their roles and responsibilities and they felt supported by the deputy manager who was very approachable. One member of staff told us they were, "…a wonderful manager" who had, "..a good rapport with staff." Staff were able to demonstrate a good knowledge of the provider's whistleblowing policy which they would use if they were concerned about issues of poor or inappropriate care or support. They were confident that any concerns raised would be dealt with in accordance with the policy and they would be informed of the outcome of any investigation. Senior support workers told us that they monitored the quality of the care and support provided by working alongside the support workers and addressed issues or poor care and support immediately.

We saw that the provider completed an annual review of the service to identify improvements that could be made and that the local authority had completed a service review in October 2014 at which the service had been rated as 'Good'. We were shown an action plan that had been drawn up following these reviews for the improvements that had been identified. We noted that the action plan had been monitored and completed actions had been signed off.

A range of quality audits had been completed, including infection control, people's finances and health and safety. Where actions had arisen from these audits we saw that these were monitored until they had been completed. The provider's operational manager told us that the manager did a quarterly internal audit of the service, the results of which were submitted to them. They then completed spot checks of the information submitted to them to check the accuracy of it.