

Voyage 1 Limited

The Granary

Inspection report

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26 October 2018

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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

This inspection took place on 22 and 26 October 2018 and was unannounced.

The Granary is 'care home' registered to provide accommodation and support for up to 12 adults who may have a learning disability or autistic spectrum disorder. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there was 11 people living in the home.

At our last inspection in March 2016, we rated the service overall good. At this inspection, we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Medicines were managed safely and staff had a good knowledge of the medicine systems and procedures in place to support this. We found staff had been recruited safely and training was provided to meet the needs of people. Staff received supervision and annual appraisals.

Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Accidents and incidents were responded to appropriately and monitored by the management team. The home was clean and infection control measures were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a strong person-centred approach and a positive caring culture within the service and we observed people were treated with dignity and respect. People's wider support needs were met through the provision of activities. People's nutrition and hydration needs were catered for.

There was a complaints policy and procedure made available to people who received a service and their relatives. Feedback was regularly sought from people and their relatives and this was positive.

There was a range of quality audits in place completed by the management team. These were up-to-date and completed on a regular basis. The provider completed regular unannounced visits to complete their

own audits and observations. People and staff spoke highly of the registered manager.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

The Granary

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 checked 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 22 and 26 October 2018 and was unannounced.

Before the inspection we reviewed all the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We sought feedback from the commissioners of the service prior to our visit. The registered provider also completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection.

The inspection was carried out by two inspectors on the first day of inspection and one inspector on the second day. We spoke with the registered manager, two senior care staff and three care staff. We spoke with three people who used the service. We looked at two people's care records in full and one in part, two staff recruitment files, staff training and supervision records. We looked at records in relation to the management of the service, including quality audits, surveys and development plans.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we contacted by telephone two visiting professionals. Both provided feedback for this inspection.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, the service continued to be good.

People told us they felt safe and one person said, "Yes, I feel safe, we have new gates which have been put on because the other ones were getting old, so I feel even safer now." Another person told us, "Yes, I feel safe, I keep my place clean but staff respect my belongings."

The provider had procedures in place to ensure people's medicines were managed consistently and safely by competent staff. Medicine information had been included in people's plan of care and staff were knowledgeable about people's medicines. We discussed with the registered manager where systems in place for the recording of room temperatures and the disposal of medicines could be improved and this was actioned immediately by the registered manager.

We looked at the recruitment records for two new members of staff. These records evidenced an application form had been completed, references obtained and checks made with the Disclosure and Barring Service (DBS). A DBS is a check which indicates any criminal convictions or cautions and helps employers make safer recruitment decisions.

Sufficient staffing levels were available to meet people's needs. Rota's were planned in advance to accommodate people's one to one hours and chosen activities.

People's care plans included detailed risk assessments to identify and reduce risks to people. Documents were individualised and provided staff with a clear guidance. Documents were in place to guide staff on how to support people, who displayed behaviour that may challenge the service. These documents were comprehensive and staff found them useful.

Safeguarding and whistleblowing policies were in place at the service and staff we spoke with demonstrated excellent knowledge of what to do if they had concerns. The local authority safeguarding team were informed when required and all events had been notified to CQC.

The implementation of infection control procedures ensured people and staff were protected from the risk of infection. Staff had access to personal protective equipment (such as gloves and aprons). Regular audits and checks were in place.

A comprehensive system was in place to monitor accidents and incidents within the service. A paper and electronic reporting system ensured that staff followed the provider's policies and procedures and allowed them to identify any patterns that might be emerging or improvements that needed to be made.

We found there were systems in place to ensure the safety of the premises, including regular servicing of equipment. Personal Emergency Evacuation Plans (PEEPs) were in place which provided information for

staff to follow on how people should be supported to evacuate in the event of an emergency.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, the service continued to be good.

The premises were well-maintained and pleasant throughout. The service was split across two buildings. One building was the main house with people's bedrooms downstairs and upstairs, a shared lounge, dining room and kitchen. Another building was accessed via a pleasant garden and court yard area. This building contained additional bedrooms and one house that was shared by two people. This house offered additional independence to those two people who had their own lounge, kitchen and conservatory.

Care plans showed people's needs were assessed and evaluated. Care plans gave detailed information about people's diverse needs. A separate comprehensive plan contained all health-related needs and how they were to be addressed. Detailed records reflected each health professional's visits and any follow up action when required.

New staff were supported to understand their role through a structured induction. Following induction, staff entered an on-going programme of training which provided them with skills to meet the needs of people. We saw how team meetings were used as a forum to skills share and prompt discussions around recent areas of learning. The staff we spoke with were positive about the training provided. Records showed staff received regular supervision and appraisals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Observation of staff practice demonstrated they had good working knowledge and understanding of MCA. People were given choice and this was respected. Records we examined were detailed and showed that any restrictions were deemed to be in the person's best interests and the least restrictive option. Care plans evidenced best interest decisions included multiple stakeholders involved in the persons care. Staff had a quick reference to all decisions made in people's best interests called a decision planner. This was recorded in each persons care plan. These were monitored and reviewed as a minimum six monthly to ensure they still complied with the principles of the MCA.

We observed the meal time experience to be pleasant and promote people's independence. People told us they enjoyed the food. One person told us, "I choose what I want to eat here. We get lovely food." Another person told us, "I do my own drinks and my dinner if I want to. I go over the main part of the house if I want to. At tea time, there is always a variety." There were systems in place to support staff in meeting people's nutritional needs. This included the use of monitoring and weight records.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, the service continued to be good.

People told us that staff were kind and caring. One person said, "Staff are caring, if you ask for anything, they will get it for you straight away." Another person told us, "The staff always listen to me and they show they are kind in the way they talk to me."

People were supported by staff who truly lived the values of the organisation. One staff member told us, "I think we aim to make people's day happy; it's their home and we remember that. We ensure we treat people how we would treat our family."

People's independence was promoted through the care they received. Detailed care plans recognised people's abilities and skills and ensured staff encouraged and supported people to maintain their independence. One person told us how they regularly take their dog out for a walk, "I just get up and take the dog out. I let them know I am going out and put it in the book and tell them where I am going so they know."

Relatives were welcomed into the service. One person told us, "Yes all my visitors are made to feel welcome." People were supported to maintain important relationships and be part of the community. One person said, "At Halloween we are inviting the neighbours over for a party."

The relationships between staff and people receiving support demonstrated dignity and respect. All people we spoke with confirmed that staff knocked on doors and waiting to be invited before entering rooms. Dignity was promoted around the service including a dignity poem displayed on entrance to the building.

People's cultural and religious needs were considered when care plans were developed. Care plans included personal history information and cultural and religious needs.

People were supported to communicate in accessible ways which met their needs; this included the use of verbal and non-verbal communication, including facial expressions and body language.

Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. A poster advertising local advocacy services was on display within the home and we saw people had accessed advocacy support.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, the service continued to be good.

People and their relatives were involved in the development of their care plans. Plans contained individualised information and they complied with the accessible information standard through asking, recording and sharing communication needs people had. Evidence of regular care plan reviews was seen. One person told us how they wrote their own daily notes, "I am involved in writing my care plan and I do my own daily notes as well."

People felt the registered manager would be responsive to concerns or complaints raised. There had been one recorded complaint since the last inspection, which was responded to within appropriate timescales. An easy to read version of the complaints procedure was available on the service notice board. People told us, "I have never had to complain, I wouldn't need to, the registered manager would sort it out."

People had access to a range of regular activities which met their wider needs. The staff supported people to engage in activities of their choosing. One person told us, "On Mondays I do cooking with [name of staff]. I have baked a cake today." Another person told us, "I used to be a florist and sometimes I do flower arranging with [name of staff], we play domino's, there are always staff about to do things with." The service had an allotment close by. We saw that people were encouraged and supported to be involved in growing the produce. People were supported to go on holiday and visit a local caravan, owned by the provider. One person told us, "It's good to be here, I was in a hospital before here. It's open here and I can go out. The staff here don't make me feel worried to do things myself."

People had end of life plans in place. People's end of life wishes were individualised and included the person's religion and funeral preferences.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, the service continued to be good.

The service had a manager in place who was registered with the CQC. A registered manager is a person who has registered with the CQC 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 knew the registered manager well. One person told us, "The registered manager is very good. They are my key worker. We have both been here since the beginning. They still do my meetings and take me out once a month. I know they are here as the manager now but they still plan in time for me."

Staff were positive about the registered manager. Comments included, "The manager is very approachable. They are around at different times not just 9-5 Monday to Friday. They come in early or leave late, does weekends and bank holidays. I think that's good as it shows they are dedicated and everyone gets to see them."

The registered manager sought feedback from people, their relatives and staff through regular meetings and an annual service review. Feedback was positive and the registered manager reviewed and acted on all feedback given. One staff member told us, "Our team meetings are every month. I haven't brought anything up yet, but I would feel comfortable to if needed." People's meetings were held regularly and pictorial and easy read minutes were circulated to all afterwards. Records showed people were asked their opinion about the running of the service and activities they wanted.

There was a quality monitoring system in place to help monitor and drive improvements to the care people received. The registered manager and senior care staff completed numerous weekly and monthly internal audits to ensure they understood what was happening directly with people and to establish how they could learn from any mistakes made. The provider conducted their own unannounced visits on a regular basis to assess the homes performance. Records evidenced that all action plans we recorded with clear timescales and updated when completed.

The registered manager worked to form meaningful links within the community and partner organisations to integrate people with the local community as much as possible.

The registered manager understood their relevant legal requirements and had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.