

# Voyage 1 Limited







# Broadview

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This unannounced inspection took place on 22 and 24 June 2015.

Broadview is a service which provides support and accommodation for up to six people who live with a learning disability. The service has a main house which provides accommodation for four people, a one bedroom self-contained flat attached to the main building and a separate one bedroom self-contained flat. At the time of our inspection there were six people living in the service.

The service had 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.

People told us they felt safe at the home and their relatives confirmed this. There were clear procedures in place for safeguarding people at risk and staff were aware of their responsibilities and the procedures to follow.

Risks associated with peoples care were identified and plans developed to reduce any risk. Incidents and accidents were monitored and used to inform the delivery of care. Medicines were stored safely and

# Summary of findings

administered as prescribed. However the records were not always accurate and temperature checks of medicines storage did not consistently take place. We have made a recommendation about this.

There were enough skilled and experienced staff who received appropriate training and support to meet people's needs. Procedures in relation to recruitment of staff were followed and all required information was obtained to help the employer make safer recruitment decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff had a good understanding of DoLS and the action they needed to take. Applications had been made to the local authority.

Staff demonstrated a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005. People confirmed they made their own decisions and said staff always asked them first. The registered manager and staff knew how to undertake assessments of capacity and when these may need to be completed.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People's

physical and emotional health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People had developed good relationships with staff who were kind and caring in their approach. People were treated with dignity and respect. They were encouraged and supported to be involved in making decisions about their care and day to day life. Plans of care for people were individualised and staff responded to people's changing needs.

People said they had not needed to raise a complaint but were aware of the complaints procedure. They felt confident they would be listened to and action taken to respond to any concerns they may have.

The registered manager operated an open door policy and encouraged staff and people to make suggestions or discuss any issues of concerns. They supported both people and staff by taking a hands on approach to support. A system of audits was in place and used to identify where improvements could be made. Action plans were developed as a result and monitored to ensure they were carried out.

# 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 not always safe.

Medicines records were not always accurate and this placed peoples at risk of not receiving medicines as they were prescribed. We have made a recommendation to the provider regarding the recording and administration of medicines.

Staff understood how to safeguard people from the risk of abuse. Risks were identified and plans were in place to minimise them.

Staffing levels were sufficient to meet people's needs and the recruitment process ensured staff were safe to work with people.

Requires improvement



### Is the service effective?

The service was effective.

Staff received training, support and supervisions to understand their role and meet the needs of people.

Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. People were supported to make their own decisions and staff respected these.

People were satisfied with the food they received and were supported to maintain a balanced diet. Other health professional involvement was requested and supported when needed.

Good



### Is the service caring?

The service was caring

People told us they were very happy with the care and support they received. Staff had a good understanding of people's needs and knew them well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People's privacy and dignity was respected by staff.

Good



### Is the service responsive?

The service was responsive

People told us they were happy with their care. They were involved in the planning of their support and guidelines for staff were individualised. People's support was regularly reviewed and where changes were needed this took place.

There had been no complaints but people knew how to complain and were confident they would be listened to and their complaint acted upon.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The registered manager was visible to people and staff and provided a hands on approach to support. Staff felt listened to and supported. People and staff felt the registered manager responded to concerns and took action where needed.

There was a system in place to monitor the service and where improvements were needed, plans were developed and monitored to ensure actions were carried out.

Good



# Broadview

## 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 24 June 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection we reviewed previous inspection reports and looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked in depth at the care records for two of the six people who lived at the service and sampled the records for a further person. We looked at the medicines records for three people. We also looked at accident and incident records, staff recruitment, training and supervision records. We reviewed a range of records relating to the management of the service such as complaints, records, quality audits, policies and procedures. We spoke with three people and two relatives to ask them their views of the service provided. We spoke with the registered manager, deputy manager, operations manager and two staff. We also spoke with an external health care professional.

The last inspection of this home was in August 2013 where no concerns were identified.

# Is the service safe?

## Our findings

People felt safe at the home and their relatives confirmed they were safe. We observed people were comfortable and happy when being supported by staff. Staff treated people as individuals and people and their relatives were confident they could raise concerns with the registered manager and that action would be taken to address their concerns.

The service had a copy of the local authority safeguarding procedures; however, we noted this was not the most up to date version. The registered manager knew what actions to take in the event any safeguarding concerns were brought to their attention. Staff had undertaken training in safeguarding to keep people safe. Staff were able to describe the types of abuse they may witness or be told of. They knew how and when to report any safeguarding concerns within or outside the service. People knew how to report if they felt unsafe and were confident staff would protect them and take action if this was needed.

Safeguarding concerns were raised and reported by management to the local authority and the Care Quality Commission (CQC) had been notified of these concerns. For example recent concerning incidents relating to a person's behaviour had been reported and the service was working with health and social care professionals to explore options of support available for the person.

Risk assessments were contained within people's support plans. The support plans provided clear guidance to staff to ensure they knew what to do to keep people safe. Incidents and accidents were recorded and monitored and this information was used to assess the support that was provided to people. The information was shared centrally with the provider's behaviour therapist who then provided support to services and people as needed. Where people displayed behaviours that may present a risk to themselves and others, plans were in place to guide staff. Staff had received appropriate training to support them to understand how to work proactively with people who displayed behaviours that may present challenges. This training also included strategies to manage behaviours if they arose. The service involved other professionals for support and advice where needed.

Recruitment records for staff contained all of the required information including two references, application form and

Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks. CRB and DBS checks were carried out to ascertain if the staff were suitable to work with people at risk. Staff did not start work until all recruitment checks had been completed.

The registered manager told us about the core staffing levels at the home. This was set at a minimum of three staff on duty during the day. Each person who lived at the home had additional support hours to help them achieve what they wanted and these were identified at assessment and agreed by the local authority. Where a person's needs had changed the provider ensured that additional staffing was provided to meet these needs. Most staff said there were enough of them on duty to meet people's needs at any one time and people felt there were enough staff to support them when they needed it. Relatives had no concerns about the staffing levels. During our visit we saw that staff were available to provide support promptly and when people needed this.

Staff supported people to take their medicines. People and their relatives confirmed they received this when they needed it and had no concerns regarding their medicines. The registered manager told us at the request of people, individual medicines cabinets had been fitted in people's rooms to support people's privacy and where possible promote their independence. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure.

Records showed the amount of medicines received into the home was recorded and a nightly stock check was maintained. We checked this against two people's medicines and found this was correct. People were prescribed medicines to be given when required (PRN) and there were clear protocols in place for their use. Medicine administration records (MAR) showed these were not used excessively; the dosage given and time they were administered were clearly recorded. All staff had completed training in the safe administration of medicines and staff confirmed this. Staff were required to undertake an annual competency assessment to ensure they were safe to administer medicines.

Each person had a medicines support plan in place. This detailed how and when they liked to take their medicines. Two of the three people's MAR we looked at were up to date. However for one person the MAR and prescription did

## Is the service safe?

not match what was being administered for one medicine. When we queried this the registered manager confirmed the dosage with the person's GP and staff were administering the dose correctly. Whilst the person was receiving the medicines they required, staff had not ensured the records were accurate which could place the person at risk of not receiving medicines as prescribed.

The home undertook monthly audits of medicines. The audit completed in June 2015 had identified gaps in the recording of the administration of medicines and the need to ensure the medicines cabinets were clean and organised. The MAR we reviewed for June 2015 showed no gaps in the recording of medicines. The audit for June 2015

also identified that temperature checks of the rooms where medicines were stored were not being consistently completed. We found the temperature readings for one medicine cabinet had not been recorded on four occasions since 1 June 2015 and another cabinet had not been recorded on 7 occasions since 1 June 2015. The registered manager was aware of this and had discussed the need to ensure these checks were completed with staff during a team meeting in June 2015.

**We recommend the service consider current guidance on the management of medicines in care homes, in particular the checking of records to ensure medicines ordered have been prescribed and supplied correctly.**

# Is the service effective?

## Our findings

People were positive about the support they received and felt staff were sufficiently skilled and experienced to support them. One person said “They (staff) are really helpful, they know what I want and what I like... they’re very professional and help me when I need it”.

Staff demonstrated a good understanding of people’s needs, behaviours, likes and dislikes. Staff received an induction when joining the home. This included spending time with the registered manager discussing the service and people’s needs. It also included a period of shadowing more experienced staff and spending time reading through people’s plans of care. New staff were required to complete a 12 weeks common induction standards workbook which involved an assessment with their line manager to assess their level of understanding and awareness of their role and responsibilities. The Common Induction standards are standards which people working in adult social care need to meet before they can safely work unsupervised. One staff member told us they found the induction really helpful in supporting them to understand people and their needs.

The registered manager recognised that supervision sessions with staff had not taken place in the past as regularly as the registered manager expected. They had identified this as part of the home’s action plan and we saw evidence which confirmed these sessions were now taking place. Senior staff who undertook supervisions with staff received training to ensure they could do this effectively and we saw discussions involved what was working well and where improvements could be made. Staff had the opportunity to provide feedback and openly discuss any issues they may have. Staff told us they felt very supported and listened to by the registered manager.

Staff received training that supported them in their role, including safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, medicines administration and health and safety related topics. In addition staff were supported to undertake training that would support specific needs such as autism awareness and management of behaviours. Staff told us training was helpful to them. One said “It helped me understand what people need”. Staff who did not have a relevant health and social care qualification were supported and required by the provider to complete the ‘Care Certificate’. This

certificate is based on various standards of care aimed to give people confidence that staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff demonstrated a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005. The Act provides a legal framework for acting on behalf of people who lack capacity to make certain decisions at certain times. Staff told us how people could make their own decisions and staff would provide guidance and support to make these decisions. People confirmed they made their own decisions and said staff always asked them first. They said staff did not make decisions for them and they could choose to do what they wanted, when they wanted to. The registered manager and staff knew how to undertake assessments of capacity and when these may need to be completed. Relatives confirmed staff supported and respected people’s decisions. A healthcare professional told us staff in the service had a good understanding of the Mental Capacity Act 2005.

The registered manager understood Deprivation of Liberty Safeguards (DoLS) and staff received training to support their understanding. The DoLS provide a legal framework for lawfully depriving people of their liberty if it is in their best interests to do so. Applications to deprive people of their liberty at certain times had been made to the local authority responsible for making these decisions. Staff received training on the management of behaviours which challenged. The registered manager confirmed staff did not use physical intervention unless it was a last resort. The training delivered supported staff to understand the need to work proactively with people and if physical intervention was required to do this in a safe and least restrictive manner. Clear plans were in place which guided staff when physical intervention may be considered, how to do this safely and the need to ensure this was appropriately recorded and monitored.

People were supported to have enough to eat and drink. People said, and we observed that, they were given a choice of what they wanted to eat and when they wanted their meals. Drinks were offered and given regularly and people were able to make these at any time they wanted. Staff knew people’s needs well and one told us how a person has a high protein diet due to muscle wastage as a result of their condition. People’s weights were monitored where needed and this supported staff to ensure they were

## Is the service effective?

receiving an adequate diet. However, for one person we noted their plan of care stated their weight should be checked monthly. This had not been done for the month of February or April 2015. The registered manager had identified this as part of an audit and had a plan in place to address this. This included allocating a day for this to happen, rather than an individual staff member responsibility.

Staff and relatives confirmed people regularly accessed healthcare services and confirmed regular check-ups with

the GP and the dentist took place. In addition and where needed other professional input was sought, for example the community nursing team and psychiatrist. We saw the service worked closely with others to support people. We were told how one person had been having a difficult time. The registered manager had worked closely with other professionals to ensure the persons physical, mental health and social needs had been considered. They had involved the person in discussions and a plan had been developed to meet the person's needs.

# Is the service caring?

## Our findings

People and their relatives told us staff were kind and caring. They described how staff respected their privacy, dignity and the decisions they made.

We observed positive and caring interactions between members of staff and people. Staff spoke to people in a kind and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance and provided this in a positive manner. Observations demonstrated people felt at ease and comfortable with members of staff and the registered manager.

Staff knew about the people they were supporting. They knew what people liked and disliked and gave us examples of how they supported people differently dependent upon their individual needs. People were encouraged to do as much for themselves as possible. We observed people being supported to make choices about what they were doing that day, what they wanted for meals and where they wanted to spend their time. Staff said they always asked people what they wanted to do and would respect and support the decision and choice they made. One person found it difficult to manage if given too much choice; staff supported them by reducing the number of choices available to them.

People said and relatives confirmed they were always involved in planning their care and asked to be part of discussing their care. One relative told us they were always kept informed and were a part of their relative's reviews. Another told us they received emails from the registered manager keeping them updated. Where people had chosen not to have involvement from their families this was respected.

Monthly key worker meetings were in place for people to meet with their allocated key worker to discuss their support and any changes they may want. A keyworker is a

member of staff given a lead responsibility to work with a named person. House meetings took place for people where they could discuss issues as a group with staff input. The registered manager said these had not been happening as frequently as they would like recently due to some of the difficulties people had been having. They had identified this as part of an audit and were discussing with staff how this could improve. Person centred reviews took place annually. It was evident that the person was at the centre of these discussions, looking at what was working well for them and what they wanted to do or change.

People were supported and encouraged to have relationships outside of the home. One person told us about a friendship they had and how staff supported them with this. Advocacy support had been requested which resulted in access to other professionals. Advocacy support helps people to express their wishes and make informed decisions. The person had been supported to understand the meaning of the relationship and how to keep safe. A clear plan of support had been developed with the person's involvement. A staff member told us how they had worked with another person to ensure a friendship that had been developed before the person moved into Broadview was maintained.

People felt staff respected their privacy and dignity and promoted their independence. One told us how the staff helped them but "never make me do something I don't want to do". They told us staff "make me happy..... They listen to me .....staff respect us all". Staff confirmed they always encouraged people to do as much for themselves as possible and would respect their dignity and privacy by closing doors, knocking before entering the person's room and informing them what they are going to do before supporting them with personal care or other support tasks. People were walking around the home freely and staff closed doors when they were supporting people with personal care.

# Is the service responsive?

## Our findings

People told us they were looked after well. They had no concerns about the support they received and felt staff understood their needs and the support they wanted. A health care professional told us the home was very responsive to people's needs. They said staff understood people and worked proactively to deliver care that was individualised

All people had individual files which contained personalised support plans. These were detailed and included people's preferences, choices, likes and dislikes. People and their families confirmed they were involved in discussions about their care and made choices and decisions about how they received their support. This included making choices about who they received support from and when this took place. Staff told us and we saw that discussions were held in team meetings about the support people needed and when or how this needed to be adapted based on a change of needs. The registered manager, staff and the deputy manager told us support plans were reviewed every month. The registered manager said a record of when support guidelines were changed was maintained but the service did not record when reviews of care plans took place but no changes were needed. This meant it was not always clear that people's plans of care were reviewed regularly. When we returned to the home on the second day a new system of recording all reviews of care plans had been introduced.

Staff we spoke with were very knowledgeable about people's needs. They were able to explain what care and support was required for each individual. Staff were able to explain how they had identified that one person's support

needs had changed. The registered manager had ensured other professionals had been involved. They had ensured all relevant health checks had been undertaken to monitor the person's physical health. They had engaged the support of the provider's behaviour therapist and other community professionals to look at the support being provided and how this could be adapted.

Communication books and handovers between shifts were used to communicate any information amongst staff about each person for that day. This included healthcare appointments, activities and additional requests for staff to review people's care plans and risk assessments.

Activities were personalised and people were supported to carry out the activities they enjoyed. The registered manager told us they did not have a planned activities board in place as people mostly chose day to day what they wanted to do. People and our observations confirmed this. Throughout our visits we saw people being supported to do personal shopping, access the bank and go out for the day. Indoor activities included arts and crafts as well as listening to music and watching a television programme of their choice.

People and their relatives confirmed they had never needed to make a complaint about the service, however, they all knew how to do this and who to speak to. People told us they would talk to the registered manager and were confident if they had any issues the concern would be dealt with. No complaints had been received in the 12 months prior to our inspection but there was a clear complaints procedure in place. The staff had also implemented an audio version of the complaints procedure for people. This was held in the lounge area where people had chosen to keep this.

# Is the service well-led?

## Our findings

People and their relatives told us they felt the home was well led. They told us they could access the registered manager at any time and were confident they were listened to and any actions needed were taken. A health care professional told us they felt the service and the registered manager worked proactively at all times. They told us the registered manager was visible in the home and worked alongside staff to support people.

The service was managed by the registered manager who was supported by a deputy manager and senior support workers. The operations manager provided support to the registered manager and visited the service regularly. During our observations we saw that both the registered manager and deputy manager took an active role in the daily running of the service and had a 'hands on' approach to supporting people who used the service and the staff. Staff we spoke with told us the registered and deputy manager were always available if they needed to speak to them. They said they were approachable, supportive and listened to them. We also saw that the operations manager knew people well and people responded positively to their presence in the home. This indicated they too were actively involved in the service.

All staff confirmed they felt listened to and able to make suggestions. They said staff meetings discussed any changes that were required and felt the management encouraged a culture of learning and improvement.

We saw that the service had systems in place to regularly assess and monitor the quality of the service. We were told monthly audits of medicines were completed, however the registered manager could not find the audits for April or

May 2015. We saw the June 2015 audit had identified the need to ensure temperatures checks were carried out however it did not identify that the records of one person's medicines were not accurate.

The registered manager was required to complete a quarterly audit which covered all aspects of the service. As part of this audit the registered manager scored the service a 'pass' or 'fail' in different areas, which then generated an overall pass or fail for the service. Following the audit the registered manager produced a consolidated improvement plan. The audit report and action plan was inputted into the provider's computerised system and shared with the operations manager and the provider's quality team. We were told where required this may prompt a response from other members of the provider's team. The operations manager then conducted an audit during their visits to the service. This included checking the registered manager's audit was accurate and any actions had been completed. The action plan for the quarter April to June 2015 showed the service had identified the need to improve staff understanding of MCA and DOLS. The registered manager had introduced a simple quiz format to team meetings to support this and staff we spoke with demonstrated a good understanding. They had also identified the need to improve supervisions and the need to improve the recording regarding medicines. These actions were being taken forward.

The service also undertook annual surveys for people, their relatives, staff and other professionals. We saw feedback was positive and where areas could be improved these had been identified and an action plan developed. We saw actions taken forward. For example, the action plan identified the need for a person centred review for one person and we saw this had taken place.