Care Quality Commission

Voyage 1 Limited

Wellington Road

Inspection report

52 Wellington Road
Taunton
Somerset
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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 1 October 2015 and was an unannounced inspection.

This was the first inspection of the service since the provider changed their legal entity from Voyage 3 Limited to Voyage 1Limited in June 2014. Voyage 1 limited is the provider of a number of services throughout the country.

The home is situated within walking distance of Taunton town centre. Wellington Road is registered to accommodate up to 12 people and it specialises in providing care and support to adults who have a learning disability. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

When we visited there were 10 people living at the home all of whom had lived there for many years. People had very complex needs and communication difficulties associated with their learning disability. Because of this

Summary of findings

we were only able to have very limited conversations with two people about their experiences. 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 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 had a clear vision for the home and the people who lived there. They told us they were committed to ensuring people received the best possible care and enjoyed a happy life.

People were relaxed and happy with the staff who supported them and it was evident that staff knew people well. Staff understood people's needs and preferences and engaged with each person in a way that was most appropriate to them. One person was able to tell us they felt "Happy" and "Safe" at the home.

Each person had a care and support plan which reflected their needs, risks and preferences. These were understood and followed by staff. Staff monitored people's health and well-being to ensure they maintained good health and identified any problems. People received good support from health and social care professionals.

People were protected from the risk of abuse through a range of policies, procedures and staff training. These included robust staff recruitment procedures and staff understanding about how to recognise and report any signs of abuse.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and that there were sufficient supplies of medicines. People received their medicines when they needed them from staff who trained and competent to carry out the task.

There were enough staff to meet people's needs. Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access a range of social and leisure activities in the home and local community.

People were supported to eat well in accordance with their preferences and needs. There was a varied menu which had been developed with the people who lived at the home.

The service made sure staff completed the training they needed to 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 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.

There were sufficient numbers of experienced and appropriately trained staff.

Staff followed safe procedures for the management and administration of people's medicines.

Good

Is the service effective?
The service was effective.

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

Staff knew how to make sure people's legal rights were protected.

Staff received on-going training and support 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 their wishes were respected.

People were supported to keep in touch with their friends and family.

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 and identified areas for improvement.

Good

Wellington Road

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 1 October 2015 and was unannounced. It was carried out by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. 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 10 people living at the home. We met with everybody who lived at the home. Most people were unable to tell us about their experiences directly due to communication difficulties but two were able to have limited conversations with us. Therefore we spent time observing how staff interacted with people. We spoke with four members of staff and the registered manager. We also spoke with the provider's operations manager for the service.

We spent time observing how staff interacted with the people because the majority of people were unable to communicate verbally..

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 and recruitment files for two members of staff. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

All of the people we met were relaxed and happy with the staff who supported them. One person was able to tell us they felt "Happy" and "Safe" at the home. The majority of the people who lived at the home were unable to communicate verbally. However, people responded positively to staff interactions and they appeared comfortable with the staff who supported them.

Support plans had information about how people were supported to take risks and how risks to people were minimised. Examples included accessing the community, taking part in activities and travelling in a vehicle. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised.

Support plans contained risk assessments with measures to ensure people received personal care and support safely. For example, some people could become agitated and distressed. Risk assessments and plans, outlining the possible triggers and appropriate actions for staff to take when people started to display signs of anxiety, were included in people's support plans.

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 appropriate training.

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident that if any concerns were raised with management they would be dealt with to make sure people were protected.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained.

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. Procedures were in place which reduced risks to the health and safety of people at the home. There was a range of risk assessments which monitored the on-going safety and suitability of the home. A fire risk assessment was in place and records showed that regular checks had been made on the home's fire detection systems, fire fighting equipment and emergency lighting. Checks were also carried out on water temperatures, food hygiene, electrical items, transport and equipment.

Staff knew what to do in emergency situations. Staff told us if they had significant concerns about a person's health they would call the emergency ambulance service or speak with the person's GP.

Staff told us there were enough staff to help keep people safe. Some people were independently able to access the kitchen to make themselves a drink, help themselves to a snack and help with the washing up. We observed staff were available to support or observe people to ensure they remained safe whilst maintaining independence and choice.

To reduce any risks to the people who lived at the home, visitors could only access the home when they were let in by staff. Visitors were also required to sign a visitor's book when they arrived and when they left the home.

Good

Is the service effective?

Our findings

Staff were knowledgeable about people's needs and preferences and support was provided in line with people's individual support plans. Staff told us they received appropriate training to effectively meet people's needs. This included general training such as safeguarding, first aid, infection control, and administration of medicines. Specific training relating to people's individual needs was also provided. This included autism awareness, epilepsy and palliative care. One member of staff told us "The training is really good and covers what you need to know."

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 specific training relating to people's needs. 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.

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 rights were protected. Care plans contained documented evidence that best interest meetings had taken place where required. For example, one person had required certain investigations relating to their health. Records showed that staff knew the person well and appropriate health care professionals had been involved in the decision making process.

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. The registered manager knew about how and when to make an application. They knew about the recent changes to this legislation which may require further applications to be made. We saw assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for each person who lived at the home.

Staff monitored people's health and wellbeing to ensure they maintained good health and identified any problems. The registered manager told us they had excellent links with the local GP practice and local hospice. People also had a named social worker to act as their care manager. These multi-disciplinary contacts helped the service to maintain people's physical and mental health. Support plans contained health action plans and records of hospital and other health care appointments. Staff prompted and supported people to attend their appointments.

People were supported to eat well in accordance with their preferences and needs. There was a varied menu which had been developed with the people who lived at the home. Staff helped people to make meal choices in ways they could understand such as looking at pictures or pointing to the foods they liked. We observed people having lunch. This was a relaxed and sociable experience.

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences and we saw people were supported by staff in accordance with their plan of care. For example, one person had been seen by a dietician who had recommended foods were cut up into smaller pieces.

Good

Is the service caring?

Our findings

We observed people with limited or no verbal communication skills responded positively when staff spoke with them and staff understood what the people wanted and needed. All of the people we met appeared relaxed and happy with the staff. Staff understood people's needs and preferences and engaged with each person in a way that was most appropriate to them.

People's support plans detailed the best way to communicate with each person and how to help them make choices. Some people were able to communicate through sign language or through pictures and symbols. Others communicated through physical forms of expression such as leading staff to what they wanted or refusing things they did not want. Each person had their own key worker and core team of support staff who knew the individual's needs and behaviours well.

Staff were kind, patient and professional when they interacted with people and there was lots of friendly banter. Staff spoke to people in a caring way and took account of their views and wishes. For example, one person had chosen to stay in their room. This was respected by staff and they regularly checked on this person to see if they were alright or wanted to come downstairs.

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 personal care needs and making day to day decisions about where they wanted to spend their time and what they wanted to do.

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. They were encouraged to visit as often as they wished and staff supported people to visit their friends and relations on a regular basis. The home had recently held a coffee morning which had been very well attended by friends and families. This had raised money for a recognised charity.

A member of staff told about how they had supported one person to go on holiday with a relative. They explained it was the first time in many years they had been away together and it had been thoroughly enjoyed by the person and their relative.

People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of others. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

Staff provided care and support based on each individual's assessed needs and preferences. Each person living at the home had a personalised support plan based on their individual needs. Support plans included clear guidance for staff on how to support people. This included risk assessments and positive behavioural support plans for people who may become anxious or distressed. The plans identified people's support, communication, health and well-being needs. This included information on how each person made and expressed their choices and decisions.

People had a core team of support staff, including a key worker responsible for ensuring their support plan and risk assessments were up to date and appropriate to their needs. Staff understood people's individual communication methods well, and assisted them to express their needs and preferences in ways people could understand. For example, a member of staff explained how one person, who had particular health needs and had no verbal communication, would let staff know when they were in pain. They explained "We all know when [person's name] may be experiencing pain. It means we can make sure they have pain relief quickly so that they are more comfortable."

Where people demonstrated or expressed a preference for particular members of staff this was acted on. We observed staff asking one person who they wanted to assist them with their personal care. The person responded yes or no when the staff member told them the names of the available staff.

There had been no recent admissions to the home. The people who lived there had lived at the home for many years. The registered manager told us before people moved to the home they would be visited to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. The registered manager told us the needs and abilities of the people who lived at the home would always be considered before accepting a new admission.

Staff told us routines in the home were flexible to meet the needs and preferences of people. People were able to plan their day with staff. On the day of our inspection people were busy, coming and going at various times. People were able to do the things they wished to do. On the day we visited staff supported two people to go trampolining and two people were supported to attend a tone/exercise class. During the afternoon three people went out for a walk with staff and two people were looking forward to going to a disco that evening.

There were effective policies and procedures in place relating to complaints. This had been produced in an appropriate format for the people who lived at the home. Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Good

Is the service well-led?

Our findings

The service was well-led by a manager who was registered with the Care Quality Commission. They told us they were committed to ensuring people received the best possible care and enjoyed a happy life. The registered manager told us they were also committed to making sure staff received the support and training they needed to carry out their roles.

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. All the staff we spoke with told us they felt well supported and received the required training to meet the needs of the people they supported. One member of staff told us "The support is really good and [name of registered manager] really listens to what you have to say." Another member of staff said "I think we have a great team here and we all work well together."

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there were senior support workers who took responsibility when the registered manager was not at the home. We were told there was always a senior member of staff on duty. This made sure people and staff always had access to an experienced member of staff. Staff said everyone worked well together as a committed and close knit team.

Decisions about people's support needs were made by the appropriate staff at the appropriate level. Specialist support and advice was also sought from a range of external health and social care professionals when needed. Feedback from health and social care professionals had been positive. One commented "It is a real home from home. It has been a great pleasure to work with the staff who are all very professional."

Satisfaction surveys were sent to people who used the service, their representatives and health and social care professionals 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.

Information about the home had been produced in accessible formats for the people who lived there. This included photographs of the staff on duty and visiting health care professionals. We also saw that menus and activities had been produced in a pictorial format. This meant that people could be supported to make informed decisions and choices.

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. The service also had an annual unannounced audit from a member of the provider's internal quality team to ensure that the home was complying with the law and providing good quality care and support.

Systems were in place to monitor and improve the quality of the accommodation provided. The Provider Information Return (PIR) told us the service was visited weekly by the provider's property support maintenance operative who attended to repairs which had been reported by staff. The home also had a comprehensive annual property review which was carried out by the provider's property manager. As a result of the last review, the kitchen had been refurbished and new furniture for the lounge and dining room were in the process of being purchased. The registered manager told us the people who lived at the home would be involved in choosing the furniture and furnishings.

The PIR confirmed the provider was accredited by or members of relevant professional organisations such as Investors in People, Skills for Care, the British Institute of Learning Disabilities and Care England. Voyage Care were finalists in Laing Buisson's Specialist Care Awards in 2014.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.