

Voyage 1 Limited

Chantry Gardens

Inspection report

69 Chantry Gardens
Southwick
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Wiltshire
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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

About the service

Chantry Gardens is a care home providing care and accommodation for three people with a learning disability and/or autism. At the time of inspection there were three people living at the service. The property was a bungalow with its own gardens and parking. People had their own room and shared two lounges, bathrooms and a kitchen. There were no identifying signs, cameras or industrial bins to indicate this property was a care home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People and staff told us the service was safe. Systems were in place to protect people from abuse and staff understood how to report any concerns. Risks were identified and assessed, and all management plans were reviewed. Any incidents or accidents had been recorded and the registered manager reviewed them to identify any further risks. Staff had been recruited following pre-employment checks and there were enough staff to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff had been trained and were supported. Staff shared information with each other and made referrals to healthcare professionals. People had health action plans and needs had been assessed. Staff supported people to maintain a balanced diet and do their own shopping and meal preparation where appropriate.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff supported people to access their local community and services. There were planned activities in place but also people could follow their own interests.

People had their own care plans which were regularly reviewed. Information was accessible to people and staff followed communication guidance. There was a complaints policy in place but there had been no complaints. People had opportunities to voice their opinions and ideas to improve the service.

There was a registered manager in post who had started at the service since our last inspection. They were supported in their role by a senior support worker and an operations manager who visited monthly. Quality assurance systems were in place and action plans were produced to identify improvements. People and staff had regular meetings to discuss their views which were recorded and if needed, actions identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection - The last rating for this service was Good (published 1 June 2017).

Why we inspected - This was a planned inspection based on the previous rating.

Follow up - We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chantry Gardens

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Chantry Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people living at the service and three members of staff. We also spoke with the

registered manager. We reviewed a range of records. This included two people's care plans and health plans and three people's medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and training data were reviewed.

After the inspection

We contacted two relatives and three healthcare professionals for their feedback about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood their responsibilities to keep people safe. Staff had received safeguarding training and knew to report any concerns to the registered manager.
- People who were able to talk with us told us they felt safe. One person said, "I am safe here, there is a fire alarm and I have my own room." One relative told us, 'The house is in a very quiet area and it's always felt a safe neighbourhood. Yes, I do think that [person] is safe there'.
- The registered manager knew to report any concerns to the local authority safeguarding team.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's risks had been assessed and there were management plans in place to reduce the risk of harm. These were reviewed regularly by staff.
- People who experienced distress or anxiety had detailed plans in place for staff to follow to de-escalate distress. Staff had been trained on how to use de-escalation techniques which meant they did not use any form of restraint.
- Fire systems were tested and serviced and there were regular maintenance checks carried out at the property. Any repairs or faults were dealt with promptly.
- The home was clean and smelt fresh. People were encouraged to do light domestic activities where appropriate. There were supplies of personal protective equipment available and we observed staff using this appropriately.

Staffing and recruitment

- Staff had been checked prior to starting work at the service. This included a check with previous employers and with the disclosure and barring service (DBS). A DBS check helps employers make safer recruiting decisions.
- There were enough staff to meet people's needs. During our inspection we saw two members of staff working who were able to take all three people out into the community.

Using medicines safely

- People had their medicines as prescribed. Staff had received medicines training and been assessed for competence in administering medicines. Competence was checked annually.
- People had their own medicines administration record which staff signed when medicines were administered. There were no gaps in the recording. Staff monitored temperatures of medicines storage. Records demonstrated temperatures were within a safe range.
- When people had medicines prescribed 'as required' there were detailed protocols in place to give staff

guidance. For example, where people were prescribed 'as required' pain relief, there was a protocol in place to inform staff when people may need this medicine.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and the registered manager reviewed them to identify any further risk or patterns. The registered manager told us they used reflective practice with staff to identify any learning or changes needed to their practice.
- There had been some medicines errors and incidents which had been reported to the local authority. Whilst no harm had come to people the registered manager reviewed practice and made changes to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed by the staff and the local authority learning disability teams. The local authority assessment was available in people's plans.
- The staff used nationally recognised guidance to assess needs such as Malnutrition Universal Screening Tool (MUST) to assess for malnutrition. Where any risks had been identified, staff had measures in place such as monitoring people's weight.
- The provider was signed up to initiatives such as stopping over medication of people with a learning disability, autism or both (STOMP). Staff had supported people to see medical professionals to review the use of some types of medicines in line with STOMP. People's psychotropic medicines had been reduced or stopped which improved people's quality of life.

Staff support: induction, training, skills and experience

- New staff received an induction when they started work which included completion of the Care Certificate. It also included shadowing more experienced staff and doing training courses both online and face to face.
- Staff received ongoing training and support from the provider. One member of staff told us, "I have training very regularly, and I enjoy it." There was opportunity for staff to have a supervision where they could discuss any training needs or any concerns. Staff told us they felt well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were actively involved in food shopping, planning and meal preparation where appropriate. During our inspection we observed one person with a member of staff in the kitchen helping to prepare a light meal. Staff told us they also liked to wash up following the meal.
- There was a four-week rolling menu which provided people with a healthy, balanced diet. There was also provision for people to have a 'takeaway' meal of their choice regularly. One person said, "The food is very good, I like it very much."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's oral health had been assessed and guidance provided for staff to provide effective support. People had access to local dentists when needed.
- Staff used handovers and a communication book to share information and updates on any changes to people's care and support.
- People had a hospital passport to take with them in the event of an emergency. This gave medical professionals key information about people including how they preferred to be supported.

- Referrals to healthcare professionals had been completed when needed. People had access to GP's, community nurses and services such as opticians and chiropody.
- Where people had health conditions such as epilepsy there were seizure profiles and guidance for staff to follow in the event of a seizure. People had a health action plan in place which had been reviewed.

Adapting service, design, decoration to meet people's needs

- Chantry Gardens was all on one level with accessible gardens. There was a 'quiet lounge' which people could use to spend time away from others.
- People had personalised their rooms and chosen colour schemes and pictures to put up. One person proudly showed us their room and changes they had made. They were pleased with them.
- The registered manager told us people and staff had been involved in plans to improve the garden area. This was going to be a project for 2020 to encourage people to spend more time in the garden if they wished.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been assessed and where needed best interest decision made. Staff had recorded all the decisions discussed to evidence the least restrictive decision was made.
- People had a DoLS authorisation in place, but it had expired. The registered manager showed us how they had contacted the local authority for a review and were waiting for a visit.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were being supported by staff who knew them and treated them with respect and kindness. We observed positive interactions where staff offered people choice and responded to people's anxiety.
- People appeared comfortable around staff and relaxed. People were able to spend time where they wanted doing what they enjoyed.
- Staff told us they enjoyed working at the service. Comments included, "We have good relationships with people here and understand them well" and "I love it here, it is very rewarding and fulfilling knowing you are helping people enjoy their lives."
- People had one-page profiles in place which provided staff with an overview of what was important to people. There was also information on people's background and life history to help staff understand people's needs.

Supporting people to express their views and be involved in making decisions about their care

- People had a keyworker who took responsibility for making sure people's needs were being met by holding regular communication activities. Any discussion was recorded and shared with other staff.
- Regular care reviews were held which involved relatives and professionals if needed. This enabled people to share their views on how their support was provided.
- People had access to an advocate if needed. An advocate is a person who can speak up for people who might not be able to do so themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. Staff knocked on doors before entering people's rooms and kept confidential information secure.
- People's independence was promoted as much as possible. Staff told us how they had encouraged people to do the smallest of activities and celebrated their successes. For example, one person had been encouraged to put their own cereal and milk in their bowl for breakfast. One member of staff told us how this had been progress for the person. They said, "[Person] really enjoys doing this and verbalises it, it is heart-warming to see. It is more dignified for [person] to do this themselves."
- Staff supported people to regularly engage in sessions on 'kitchen skills' which aimed to develop independence in the kitchen.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had their own care plan which was person-centred and recorded how people wanted their care to be provided. Staff reviewed care plans when needed.
- Guidance on people's individual routines was recorded to make sure staff were aware of how people wanted to be supported. This included areas such as getting up in the morning and going to bed. Details were provided so staff knew precisely what people preferred.
- Staff recorded detailed daily notes which outlined how people had been during the day and what they had done. Records seen were legible and appropriately worded.
- There was nobody receiving end of life care at the time of the inspection. People had started to record their wishes for the end of their lives. One person had a detailed end of life book which recorded their preferences. This included details about their funeral arrangements.
- The registered manager told us this was an area which they were developing with staff. They wanted to give staff confidence to have end of life conversations with people. They also told us they were waiting for the right opportunity to start the discussion with some people as they did not want to cause distress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans with guidance for staff on how to use people's preferred methods. For example, one person had guidance for staff to narrow choice down to two options as the person was overwhelmed with more choices.
- Information was provided to people in easy read and pictorial format. This included information on health issues such as flu vaccinations.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to follow their interests and engage in activities if they wanted to. People had their own activity planners that were pictorial. One person told us, "I enjoy art and craft, and I like to bake cakes."
- Some activities were established and held regularly such as music therapy and reflexology. Others were ad hoc such as accessing the local garden centres or watching a film. The provider had invested in a 'smart tv' which meant people could access the internet and watch a variety of content on anything that interested them.

- People were able to go to local clubs to meet with friends if they wished and attend events organised by the provider. The provider had several services in Wiltshire and organised social events for people to get together and discuss a range of topics.

Improving care quality in response to complaints or concerns

- There was a complaints policy in the home which was easy read. People told us they would tell staff if there was something wrong.
- There had been no complaints since our last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Staff and professionals told us the culture had changed at the service since the registered manager had started work. Comments included, 'As I understand they have had a change in manager and this has brought about, in my professional opinion, a positive change to the care and support in the residents' and 'I would like to praise [registered manager] and the staff on the new atmosphere and behaviour change in the three tenants'.
- There was a positive and open culture at the service. The registered manager had a clear vision and passion for supporting people who lived at Chantry Gardens.
- Staff told us the service was well-led. Staff were complimentary about the registered manager and their approach. Comments included, "[Registered manager] does a good job here, teamwork is good, and I enjoy working here" and "We have an amazing manager, she is passionate about what she does which is infectious."
- The registered manager had an open-door policy at the service, which meant anyone could approach them at any time. We observed people going to the office to contact the registered manager.
- Quality monitoring systems were in place and effective at identifying improvement. The registered manager carried out monthly audits and the provider also carried out audits on a quarterly basis.
- Any actions identified as a result of audits were recorded on action plans and monitored by the registered manager and the provider to track progress.
- The registered manager showed us an award the provider had given the service to recognise their work to improve compliance. Following an improvement in compliance scores the provider had rewarded the team with a 'most improved service' award.
- There was a service improvement plan in place to develop the service which included improving the environment and setting goals for people. For example, one goal agreed with everyone living at the service was to be involved in a local carnival. This had been decided after people had watched a local carnival and really enjoyed it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles and understood their responsibilities.
- Notifications to CQC had been completed when needed.
- If things had gone wrong the registered manager understood the need to report it to outside agencies and

the provider. The provider had oversight of all incidents, accidents and safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and external stakeholders were invited to complete annual surveys to give feedback about the service.
- The results were collated, and a report produced outlining any action needed. For example, in the most recent survey relatives had asked for more information about what people did. The registered manager had agreed to produce a newsletter to email to relatives to keep them updated.
- People were able to share feedback in a variety of ways. In addition to key working meetings there were 'house meetings' to discuss how things were for people.
- Staff were able to attend team meetings monthly to share their ideas and discuss any concerns. Meeting minutes were kept and shared with any staff unable to attend.
- The provider organised events at their local hub which were accessible to all. For example, at Christmas there had been a Makaton Christmas carol service. Some carols had been signed for people using Makaton and they were encouraged to sign along.

Working in partnership with others

- Staff worked with many different healthcare professionals to provide support to people. Where needed information was shared to improve people's outcomes.