

Voyage 1 Limited

Southview

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Southview on 26 April 2016, the inspection was unannounced. The service was last inspected in May 2014; we had no concerns at that time.

Southview is a care home owned by Voyage 1 Ltd and provides accommodation and personal care for up to six younger adults with a learning disability.

Southview is required to have a registered manager and there was one 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.

People who lived at Southview were unable to share their views of the service due to their health care needs. We observed care and support provided to people, talked with staff and relatives about the quality of the service provided and reviewed a range of records held by the service. Relatives told us Southview was, "always a happy place."

Care plans contained risk assessments which identified when people were at risk, for example from accessing the community. Guidance for staff contained detailed information on the action staff could take to minimise the risk.

Medicine Administration Records (MAR) were clear and accurate. This showed how much medicine people were receiving and whether the amount of medicine in stock tallied with the amounts recorded.

The registered manager had oversight of the service and people, relatives and staff told us they were available and approachable. Management was supported by an effective staff team. Staff were positive about how the service was run. One staff member commented, "I love working here. The team are very good, very supportive." There were clear lines of accountability and responsibility. There were sufficient numbers of staff to meet people's needs.

Relatives told us they considered Southview to be a safe environment and said staff were skilled and competent in how they supported people. There was a relaxed family feel to the service. It was clear that people were comfortable with each other and staff.

Pre-employment checks such as disclosure and barring service (DBS) checks and references were carried out. New employees undertook an induction before starting work to help ensure they had the relevant knowledge and skills to care for people. Training was regularly refreshed so staff had access to the most up to date information. There was a wide range of training available to help ensure staff were able to meet people's needs.

Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made to the local

authority appropriately. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. The registered manager and staff demonstrated an understanding of the principles underpinning the legislation. For example, staff ensured people consented before giving personal care. Mental capacity assessments had been completed as required.

People were supported and encouraged to take part in a range of personalised activities organised for them by the service. Visitors were made to feel welcome at the service and staff recognised the value of these relationships to people.

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. Staff had received safeguarding training and were confident about reporting any concerns.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

There were sufficient numbers of suitably qualified staff to keep people safe.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good ●

The service was effective. Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

People were able to make day to day decisions about how and where they spent their time.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Is the service well-led?

Good ●

The service was well led. There was a positive and open culture within the staff team.

Staff said they were supported by the registered manager and worked together as a team.

People and their families told us the management was very approachable and they were asked their opinion about the service, which was listened to and acted on.

Southview

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 26 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR, previous inspection reports and other information we held about the service including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at three people's care plans, three people's Medicine Administration Records (MAR), two staff files, staff training records and other records in relation to the running of the home. People who lived at Southview were unable to share their views of the service due to their health care needs. We observed care and support provided to people, and talked with staff and relatives about the quality of the service. We spoke with the registered manager, deputy manager and three other members of staff. We spoke with two relatives. Following the inspection we contacted two external professionals to ask them about their experience of the care provided at Southview.

Is the service safe?

Our findings

People who lived at Southview were unable to share their views of the service due to their health care needs. We observed care and support provided to people and also talked with management, staff and relatives to gather a range of views of the service.

Relatives of people who lived at Southview told us they believed the service was a safe environment. One relative told us, "It is a very safe place. [Person's name] has such a happy life here. They aren't rolled in cotton wool, they get to live the life they want but it's all done while keeping them safe."

Staff received training in safeguarding adults when they joined the service. This was refreshed at regular intervals to help ensure staff had access to the most up to date information. Staff told us they had no concerns about any working practices or people's safety. They would be confident to report any worries to the manager and believed they would be dealt with appropriately. If staff felt their concerns were not being taken seriously they knew where to go outside of the organisation to report concerns. Staff told us they would have no hesitation in doing this if they felt it necessary.

Safeguarding updates was a regular topic for discussion at monthly staff team meetings and staff told us they were encouraged to take personal responsibility for reporting any concerns they had.

All people who lived at Southview had access to 'whistleblowing' cards that they were encouraged to use to contact a staff member if they had any concerns. Management described the culture at Southview as 'open'. This was reflected in the results of the annual service review where staff and family members commented they felt able to discuss any concerns with the Registered Manager at any time. Management said they welcomed feedback and were active in seeking suggestions from people about how to improve the service. This was done through the service review and through discussions with family and external professionals who visited the service.

Care plans included risk assessments that covered all aspects of health and safety such as using the kitchen safely. There were also plans to reduce risks, while allowing each person as much freedom as possible. Where someone had been identified as being at risk there was a description of the action staff should take to minimise it. For example, one person supported by Southview was described as 'very unpredictable' when in the community. In order to ensure the person's safety there was a risk assessment with details of how staff should best support the person by walking on either side of them to reduce the risk of the person running away.

Southview had a service medication procedure in place. This set out the policy regarding how medications would be managed. People were individually supported to take their medicines. We checked a sample of Medicine Administration Records (MAR) and saw these were clearly and accurately completed. People received their medicines when they needed them. Relatives told us they were happy with the way the service managed medicines. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records showed the temperature of the medicine refrigerator was consistently

monitored. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The amount of medicine held in stock tallied with the amount recorded.

All staff with responsibility for administering medicines had received the appropriate training which was regularly updated. Staff undertook medication competency assessments before they could give people their medicines and this was repeated annually. Regular medicine audits were carried out to ensure the records were properly completed.

People were supported by sufficient numbers of suitably qualified staff. During each shift a number of staff worked at different times to ensure enough staff overall were available to meet people's needs. Management told us the service was recruiting for two full time support workers. This had not impacted on the staffing level because the service had employed a bank staff member to fill in required shifts. Management told us, "The staff team are quite reactive so they are quick to fill in when required." During this inspection two support workers were on duty supported by the deputy and registered manager. Relatives told us they thought there were enough staff on duty and staff responded promptly to people's needs. We saw people received care and support in a timely manner.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check.

Accidents and incidents were recorded, investigated and action taken to keep risks to a minimum. The premises had been assessed to make sure avoidable risks or hazards had been identified and action taken to avoid the risk.

Maintenance work was carried out when required. Maintenance was ongoing and a repairs and maintenance schedule was completed. Fire safety and emergency evacuation plans were in place to protect people in the event of an emergency. Fire evacuation procedures were carried out at regular intervals.

Is the service effective?

Our findings

People were cared for by staff who were skilled in delivering care. It was clear from our discussions with staff that they knew people well and understood how to meet their needs. Relatives told us they believed staff to be competent. One relative told us, "We are very happy that [person's name] lives at Southview. It is such a great place with staff who care and want the best for everyone who lives there."

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Before starting working unsupervised management assessed them for competency and confidence.

The registered manager told us new staff were supported to complete the Care Certificate. This replaced the Common Induction Standards in April 2015 and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. One staff member had recently completed this. Other staff had achieved or were in the process of completing a Diploma level qualification in health and social care.

There was a robust system of training in place to help ensure staff skills were regularly refreshed and updated. Staff told us they had enough training to enable them to do their jobs properly. The PIR stated that all staff had undertaken a wide range of mandatory and condition specific training such as working with people with epilepsy. Staff told us, "The training here is very good. As well as all the usual training you would expect like medicines and fire training, we also have training in areas specific to the people we support. For example, to support with good communication, some staff are trained in Makaton and the rest of us are due to be."

Staff received regular supervisions and annual appraisals. They told us they felt well supported by management and were able to ask for additional support as needed. Supervisions were either face to face one to one meetings or observations of individuals working practices. Records showed these took place approximately every six to eight weeks. Observations were carried out by the deputy or registered manager. Staff told us, "Supervisions are my time and I find them very helpful to air my views. We are listened to and actions are taken when they need to be." Staff told us they felt well supported in their role.

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. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. We saw evidence that formal mental capacity assessments and best interest discussions had taken place before DoLS applications were made.

Management and staff demonstrated an understanding of the principles underpinning the MCA. DoLS applications had been made on their behalf of everyone living at Southview, following appropriate assessment and best interest meetings.

Staff spoke of the importance of allowing people to maintain choice and control in their everyday lives. We saw how staff had an understanding of people's needs and picked up on people's unspoken cues indicating their mood and what they wanted. For example, staff understood one person's body language cues when approached by the inspector and ensured the experience was made comfortable and unthreatening for the person. Management explained how the support of a behavioural therapist and staff training in the area of managing behaviour that challenged, had been successful in reducing incidents of this type. For example, one person had benefitted greatly from use of scheduling and communication tools which it had greatly reduced the person's anxiety.

People took an active role in planning their menus and helping out with cooking if they wanted to. Everyone could access the kitchen and food and drink whenever they wished. Staff monitored food to make sure it was properly cooked and met people's dietary needs. The service used the Malnutrition Universal Screening Tool (MUST) to monitor people's nutritional needs.

People had access to external healthcare professionals such as dentists, chiropodists and GP's. Care records contained records of multi-disciplinary notes and any appointments. The registered manager and staff told us they had developed good relationships with local GP's and other health care professionals.

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the care and support people received at Southview. We saw that people were well cared for. Staff were attentive, positive and encouraged people to be as independent as possible. Relatives us; "I'm very happy with how they support [person's name]. It is a home and there is such a lovely happy feel about the place."

People were familiar with all staff as well as the management. We saw people happily come in and out of the office during the day to see who was there and there was a relaxed, happy feeling in the service. People and staff chatted together and there was laughter and joking throughout the day. Some people chose to spend time in a lounge area and it was clear people had developed friendships between themselves and with staff.

Staff had an understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example, one person had expressed an interest in walking into the local community. However, their level of anxiety had meant this needed to be done slowly. Care records showed this was being encouraged at a pace which minimised the person's anxiety. People made day to day decisions about how and where they spent their time and were free to spend time in their rooms or with each other in lounge areas. We saw from photographs how much people enjoyed using the gardens or spending time in the sensory room. Staff had worked with people to personalise the service; we saw memory boards which reflected the social activities and parties people had been involved in over the previous month. This included photographs of family members and visitors who had attended functions at the service. People who lived at Southview often stopped and smiled when looking at these memories.

People's privacy was respected. Bedrooms were decorated to reflect personal tastes and preferences. People had photographs on display and personal ornaments in their room. Some people had chosen to bring their own furniture into the service. This helped people develop a sense of ownership for their own private spaces. When showing us around the building staff knocked on people's doors and waited for a response before entering. People had lockable, secured storage available in their rooms if they wanted to keep any valuables secure.

People were supported to maintain family relationships. Relatives told us they were able to visit whenever they wanted and were always made to feel welcome by staff. One person used Skype to keep in contact with a member of their family. With agreement, key workers contacted relatives of people who lived at Southview on a weekly basis to ensure family were kept informed of people's lives. The registered manager told us the service welcomed interest and involvement from family of people supported by Southview.

Care plans contained information about people's personal histories. This is important as it helps staff gain an understanding of the person and enables them to engage with people more effectively.

People were encouraged to share their views and experiences of living at Southview. Each person had a communication passport to assist them in communicating in the best way for them. For example, some people understood sign language and could use this effectively. Key workers spoke with people often to

ensure they were happy. The service also used a quality assurance questionnaire developed with pictures and simplified language to help people understand the contents. Satisfaction questionnaires were also provided to family members and external professionals to ask for feedback on how the service was run. Responses from the most recent set of questionnaires had been positive.

Is the service responsive?

Our findings

People who wished to move into Southview had their needs assessed to help ensure the service could meet these needs and expectations. The deputy manager or registered manager would meet with people, and their families if appropriate, to discuss their requirements.

Care plans were an accurate and up to date record of people's needs. The records were well organised and it was easy to locate the information. They were detailed and contained information about a wide range of areas. For example, there were sections on communication, social needs and night time routines. This meant staff had a complete picture of any issues which might have an impact on people's well-being.

Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described how staff should assist the person with their personal care including what they were able to do for themselves. This meant staff did not assist in a way that could reduce peoples' independence.

Care plans were regularly reviewed to help ensure the information remained up to date and relevant. People and relatives confirmed they were included in the review process.

There were systems in place to help ensure staff were kept informed of any changes in people's needs. Daily records were consistently completed and there was a handover between different shifts. Information from daily records was monitored to identify any patterns that might indicate a change in people's well-being. Any small changes to people's care plans were discussed at handover meetings.

People had access to a range of activities which were chosen to reflect people's interests and preferences. For example, one person loved to be outside riding their bike and swimming. The service had made arrangements for these activities to take place regularly. Another person loved trains and the service had arranged for them to attend a train themed activity day. Photographs reflected how much the person had enjoyed this activity. In addition, staff were pro-active in taking people into the local community. The service was awarded a 'community participation cup' by the Parish Council during a local community fete. This reflected how hard the service had worked to ensure people were actively involved in community life.

There was a complaints policy in place which outlined the timescales within which people could expect to have any concerns addressed. There were no complaints ongoing at the time of the inspection. Relatives told us they would approach a member of the management team if they had any worries.

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility within the service. The registered manager was supported by a deputy manager and Voyage operations manager, who visited the service regularly. Staff spoke confidently about their roles and were aware of who was responsible for the various aspects involved in running the service.

The registered manager had oversight of the service and was a visible presence. A relative told us; "All of the staff are very approachable and we have excellent communication with the management." Staff told us the management of the service was 'clear' and stated, "They are good at supporting staff so we are able to carry out our jobs."

We observed a relaxed, friendly atmosphere amongst people, staff and management. People appeared to be happy and at ease with staff who supported them and approached management without hesitation.

Staff had monthly meetings to discuss any concerns regarding people or staff and said they felt well supported and were able to speak freely about any issues at any time. The registered manager told us they had an open door policy and encouraged staff to air concerns as they arose. Families were asked for their opinion and experience of the service on an annual basis. The registered manager told us relatives were free to, and did come to talk to staff about how the service was supporting people when they wished to. Results from the last survey were positive.

There were systems in place to monitor the quality of the service provided. An annual service review was held which looked at all areas of how the service was performing. The registered manager described this as, "an invaluable tool for canvassing a 360 degree view of the service." Audits were carried out on all recording systems for example, medicines, care plans and accident and incident records. The operations manager and Voyage quality compliance team undertook formal visits and produced a report focused on specific areas which highlighted any shortcomings or room for improvement. Policies and procedures for a wide range of areas were in place.

Checks were completed on a weekly or monthly basis as appropriate for fire doors and alarms, emergency lighting and Legionella checks.