Voyage 1 Limited

The Mews

Inspection report

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Date of inspection visit: 19 and 29 December 2014
Date of publication: 08/04/2015

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 19 and 29 December 2014 and was unannounced. The last inspection of the service was carried out on 3 July 2013. The service was compliant with all the regulations we examined at that time.

The Mews is registered to accommodate a maximum of four people and provides care to people who have a learning and physical disability. Nursing care is not provided. Four people were accommodated at The Mews at the time of our visit.

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.

Relatives and visiting professionals were very complimentary about the service. For example, one relative said, "The staff are very nice, they are always welcoming at any time of the day and very, very caring. (Name) is very happy there, there are no problems it is

Summary of findings

brilliant". One of the visiting professionals we spoke with told us "It is very well run as far as I can see. There is low staff sickness so care is consistent, it is really very good." Another professional said, "They do very well in all areas."

The premises were well presented and safe for people to live in. The provider and the registered manager ensured standards of the premises and care were maintained. Staff were recruited appropriately, were well trained and knowledgeable about people's needs. The staffing levels were appropriate to meet people's needs and the staff worked well as a team. Medicines were managed safely. Risks were identified and managed well in order that people's independence was promoted and they could safely enjoy participating in their chosen activities.

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being followed. The service ensured that people's rights were protected by making sure they were represented appropriately.

People were supported to enjoy a nutritious diet that suited their needs and preferences.

Staff had a caring and reassuring approach. People's privacy and dignity was upheld at all times. Relatives told us they felt involved in people's care as appropriate.

People's needs were assessed and care was planned and reviewed by involving people and their representatives.

Staff had a good understanding of people as individuals and care was provided in a way that was tailored to individual needs and choices. For example, we saw people's meals were prepared in accordance with their plan of care and their food preferences were taken into account at the time each meal was made.

People were supported to be part of the community; they used local shops, attended day services, college, went bowling and, for the more adventurous, a sky diving activity had been arranged. Complaints procedures were clear and readily available. The service had received no concerns but many compliments from people, their staff and other groups that were surveyed.

A strong management team gave good leadership. The service had a registered manager and a team of senior staff. The provider, and the registered manager, had effective systems for checking and maintaining the quality of the service. The staff clearly understood and practised the provider's standards and values. This was evident from the comments of relatives and care professionals. In addition, the service had recently been nominated for several awards in connection with the quality of the care provided and had been successful in winning some of these.

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.

Staff understood how to protect people from harm and how to respond to any concerns about this.

Risks were identified and managed so that people were kept safe and their freedom was supported and respected.

Sufficient, suitably recruited staff were available to ensure people were kept safe.

Medicines were appropriately and safely managed.

Good

Is the service effective?
The service was effective.

Staff were suitably trained and well supported so they could provide effective and safe care to people.

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were being followed.

People were supported to enjoy a good diet that suited their needs and preferences and had the necessary access to community based health services.

Good

Is the service caring?
The service was caring.

Relatives and visiting professionals told us the service was caring.

Staff had a caring and reassuring approach to people. People were supported to make decisions about their care Relatives were involved and consulted about people's care, where people were unable to make their own decisions about more complex matters.

Staff ensured that people's dignity and privacy were promoted at all times.

Good

Is the service responsive?
The service was responsive.

People's activities and staff support were both arranged in response to individual needs and requests.

Personal care was delivered in a sensitive way and took account of people's choices.

The service actively sought the views of people who used the service, their relatives and other outside professionals and had clear, accessible complaints procedures.

Good

Is the service well-led?
The service was well led.

There was an established registered manager in place.

Relatives, staff and professionals we contacted spoke highly of the registered manager and their leadership. Staff were clear about the service values and how they were expected to uphold these. The provider and registered manager promoted a positive, open culture within the service.

Good

Summary of findings

The provider and the registered manager had systems for monitoring the quality of the service and continuous service improvement.

The quality of the service had been recognised by outside agencies through their awards processes.

The Mews

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 19 and 29 December 2014 and was unannounced.

One adult social care inspector carried out the inspection.

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 looked at the notifications we had received from the provider about incidents, such as serious injuries, the service had sent us and other information we held about the service.

We contacted the local authority commissioners and clinical commissioning group, as well as the local Healthwatch organisation. Local Healthwatches have been set up across England to act as independent consumer champions to strengthen people's voices in influencing local health and social care services.

During the inspection we spoke with one person using the service, the registered manager and four staff. We examined two people's care records, four staff recruitment and training records and other records associated with managing the service, such as health and safety checks, medicines records and various policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

After the visit we contacted three relatives, one social care and two healthcare professionals to gather their opinions of the service.

Good

Is the service safe?

Our findings

Relatives and other care professionals we spoke with all told us the service was safe. One professional who had contact with the service, told us, "They have always managed risks very well." When we asked relatives if they felt their family members were safe they told us," (Name) is really safe there; I have no concerns about that at all" and, "Absolutely! No concerns whatsoever about this. They are very aware of risks and take these into account at all times."

Staff told us their training in relation to safeguarding adults was up to date. One staff member said, "We get good safeguarding training here." They were able to describe the kinds of abuse that could potentially occur in a care home environment and what they would do if they felt people living at the home were at risk of abuse. Staff also told us the registered provider had a whistleblowing policy and that they would raise concerns with the registered manager, or the registered provider, if they were at all concerned about care at the home. We saw the provider's procedures for safeguarding people and whistle-blowing were pinned up on the noticeboard in the office. These provided a ready reference to staff regarding the steps to follow and the contact telephone numbers to use. One staff member told us, "I would have no problem raising any concerns at all. I know exactly what is expected of me." Another staff member said, "We have to be vigilant because people cannot tell us about things, so we have to observe how people respond. I would have no problem reporting anything. At the end of the day it is all about looking after people." This meant the provider had ensured, as far as possible, that people were protected from harm.

We looked at four staff records. These showed that checks had been carried out with the Disclosure & Barring Service (DBS) or its predecessor, the CRB, before the staff were employed. In addition, at least two written references including one from the staff member's previous employer were obtained. Documents verifying their identity were also kept on their staff records. The provider had obtained a record of their employment history and the reasons previous employments had ended. By employing suitable staff the provider helped ensure the safety of people living at the service.

Fourteen care staff were employed. Care staff, who also undertook non-care tasks such cooking and cleaning, were able to respond promptly to people's needs in a calm unhurried manner. Three care staff were on duty during our visits and we saw in staff rotas that this was the usual level of cover during the daytime. The rotas showed that staff levels through the day were, on some days, increased above this. The registered manager and staff told us the staffing levels were adjusted in response to people's activities and needs as appropriate. One staff said, "If we have an activity that needs a driver then the rota will be altered to make sure this happens." Waking night staff were available at night.

Risks were assessed so that people were safely supported to be as independent as possible. People's care plans described how the identified risks would be managed and showed they were regularly reviewed. For example, staff were aware of how people needed to be positioned when eating food and taking fluids. They told us one person needed to be more upright when eating their food, but their position had to be more reclined when supported to take fluids. We saw this information was detailed in their care plan. For another person who was at risk of developing pressure ulcers on their skin a detailed plan of care described the support staff should provide to ensure the person's well-being, such as the use of pressure relieving equipment.

Environment and equipment risks were undertaken. For example, the provider had an up to date fire risk assessment for the building and risk assessments were in place for the use of individual pieces of equipment, such as hoists and bed safety rails. Other records showed that routine health and safety checks on the building and facilities were regularly undertaken, such as fire safety and water safety checks. Other documents and reports confirmed that arrangements were in place for independent inspections of equipment, portable electrical appliances (PAT) and other installations. For example, inspection and servicing of hoists had been carried out in November 2014, the electrical installations five yearly inspection was carried out in June 2014 and the gas installations passed inspection in May 2014. We noted that the electrical installation report described some aspects as 'unsatisfactory'. The registered manager told us they had followed this through with the provider and showed us an email which confirmed this.

Good

Is the service safe?

The registered manager had a file for recording and analysing all accidents and other incidents as they occurred and this included the actions that had been taken to reduce the risks of future accidents, where possible.

The service had clear emergency and contingency arrangements procedures. Copies of these were held in the office in a folder clearly marked, 'Emergency Folder' and contained guidance and procedures for staff to follow in the event of various emergencies and incidents, such as cold weather and loss of electrical power.

Medicines were securely stored, properly administered and well managed. The administration records showed people received their medication regularly. A clear record was kept to show when medicines had been given or any reason why they had not. We saw training records for three members of staff, which showed they had been trained in how to handle medicines safely. This included training for medicines requiring administration in response to certain medical events, such as a seizure, and medicines that were given via a special process known as percutaneous endoscopic gastrostomy (PEG). A care worker who administered medicines, confirmed they had been trained to do this safely. They also described the audits and checks which were regularly carried out to make sure that medicines were fully accounted for. We observed medicines being given to people and saw the staff member carefully ensured each medicine was administered and taken before completing the recording process. We saw in records that one medication error had occurred and this had been addressed and followed through appropriately to ensure no harm came to the person and to avoid a recurrence.

Good

Is the service effective?

Our findings

Staff had completed induction and on-going training to update them in safe working practices. A recently employed care worker told us, “The training here is very good.” The training records showed staff had received a range of relevant specialist training including first aid and epilepsy awareness and the staff team overall had achieved 99% of training updates. We observed that care workers went about their work confidently and professionally. This showed staff received appropriate professional development.

The manager, staff and records confirmed that there was a supervision and appraisal system in place. These discussions provided a formal way for staff and their line manager to discuss any concerns they had; request training and support and discuss how they carried out their roles. A care worker told us their supervision took place monthly and said appraisals were carried out every year. They told us, "The annual appraisal is an opportunity to talk about progress and training. We get questions to complete before the meeting about this."

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment.

The provider had ensured staff were trained in MCA and the (DoLS). The staff we spoke with demonstrated an understanding of MCA. Guidance concerning the five key principles of MCA was posted up in the office as a reference for staff. We saw in care records that the service had appropriately applied for a DoLS and the letters of application and decision were on file in line with recent changes in the law concerning DoLS. The Commission had been appropriately notified about these matters. A ‘best interests’ decision had been reached for one person living at the service. This followed a capacity assessment in regards to taking medicines and receiving treatment and was in line with MCA principles.

People were supported to eat and drink enough to maintain a balanced diet. Staff ensured people could make choices about the food. For example, we saw people were asked individually what they would like for lunch and their meals were prepared to order. People were offered nutritious foods, such as fresh fruit and smoothies and a choice of warm soup or cold snacks. Staff demonstrated they were aware of the importance of offering people food and drink which was tasty and appetising. A staff member told us, "We have care plans to follow from SALT and we know what people enjoy and to make food enjoyable ". SALT refers to the local speech and language therapy team.

People's meals were prepared in accordance with their plan of care. For example, some meals were pureed and fluids were thickened according to each person's individual needs and people enjoyed their meals. Staff supported people to be as independent as possible when eating and drinking. For example, one person's meal was placed on a plate with a guard, which was then placed on a non-slip mat on a tray. This enabled them to eat independently. Staff offered people a choice of condiments and asked them how much and where they wanted seasonings added to their food.

Staff obtained people’s consent before they acted on behalf of people. No task, however small was carried out for, or with, people without staff first checking that it was what the person wanted to happen. For example, at the mealtime we saw a staff member who was assisting a person to eat and drink asked permission first, asked which way the person wanted their cup positioned and checked this was right for them.

The staff ate with people at mealtimes and, where safe to do so, engaged in conversation with people throughout the meal. This made the meal a convivial, social occasion.

Staff explained how they assisted people who required nutrition to be given via a special process known as percutaneous endoscopic gastrostomy (PEG). PEG feeding is used where patients cannot maintain adequate nutrition with oral intake. Records were kept of food and fluid intake. This ensured people were supported to eat and drink sufficient amounts to meet their needs.

A relative said, “The physical layout is very good. It has all the necessary space, facilities and (name) loves her bath and pamper sessions.” The premises had been adapted to meet people’s individual needs. For example, ceiling mounted track hoists had been installed in people’s rooms and various pieces of equipment, such as special wheelchairs and other seating had been obtained for each person to promote their comfort and safety. Another

Good

Is the service effective?

relative said, “The premises are ideal and the pieces of equipment they have, they are always looking at (name) needs and comfort. (Name) is a different person since going to live there.”

We saw in the records and staff confirmed that people received support from the community health services, such as physiotherapy, speech and language therapy (SALT) and GPs. Staff confirmed these services were valuable in helping them to provide support to people living at the service One staff member said, “The physios are very good and the SALT team are brilliant. They have been a really good in helping us to get the correct food for one of the people.”

Good

Is the service caring?

Our findings

The home had a welcoming and relaxed atmosphere throughout the inspection. The staff showed care and regard for people. We observed staff were relaxed with people and respectful toward them. Staff engaged in gentle good humoured joking with people about a forthcoming visit to the bowling alley and which teams would win. People showed their appreciation by smiling, laughing and those that could joined in with their own ideas.

All three relatives we spoke with told us the service was very caring. One relative said, "The staff are very nice, they are always welcoming at any time of the day and very, very caring. (Name) is very happy there, there are no problems. It is brilliant." A second relative told us, "They care very much about (name). They spoil (name) rotten, the carers are just brilliant." And a third relative said, "They have very caring staff who are sensitive to (name) feelings."

We saw evidence of this during the inspection when a staff member noticed that one person did not look very well. They approached the person and quietly asked, "Hello (name) you don't look so good are feeling alright? Are you feeling hot (name)? Are you feeling cold (name)? Have you any pain? Where? Can you show me? Can I take you temperature, I want to keep an eye on you, is that ok? When one person had finished eating and had decided to leave the room staff asked, "How can I help you now, what would you like me to do?" This meant that people, rather than staff, were making decisions that affected their day to day lives.

Relatives told us they were consulted about the care their family members received. One relative we spoke with said, "They keep in close touch with me and we are fully involved in the annual review meetings." People's care records showed that people were, as far as possible, involved in making decisions about their care. For example, we saw communication plans had been prepared to guide staff in making the most of people's ability to communicate for themselves. People's care plans also described who the key people were in people's lives to help support them to make decisions. This was called the 'decision making profile' and it helped staff ensure that people were properly involved and represented in decisions about their care. We saw information about advocacy services that staff could refer to in the office. This helped to ensure that people would receive support with expressing their views from independent bodies, should they need it.

We saw various surveys had been sent out by the service and returned completed. These included surveys to people living at the service which were presented in a picture format. This helped ensure people with communication difficulties could take part in the survey and make their views known.

In the PIR we were told that all staff received dignity training and a dignity champion ensured all relevant and present information is available for staff. This was also a standing agenda for staff meetings. Relatives confirmed people's privacy and dignity were respected. For example, one relative commented, "I have noticed the staff always knock before they enter a room, even though the person may not be able to answer, and will ask 'can I come in to get so and so. They are very good at respecting dignity."

We saw that staff respected people's privacy and dignity throughout the inspection. Each time staff entered a bedroom, bathroom or toilet they knocked on the door, asked permission to enter and gave people time to answer before going in. Staff spoke quietly whilst assisting people with personal care in private so that they were not overheard in the communal areas of the home.

Good

Is the service responsive?

Our findings

Comprehensive assessments of people's needs had been completed, covering the physical, social and vocational needs of each person. Care plans were in place to address people's needs. These included care plans to support people's health and wellbeing, such as mobility plans, eating plans and exercise routines. The two care records we looked at included detailed information about each person that reflected their individual needs and personality. For example, each contained a document called a 'One Page Profile'. The following are examples of the headings under which information had been recorded; 'What people like and admire about me'; 'What is important to me'; 'How to support me well'. Detailed communication plans were included which described the non-verbal communication people used and what it meant. This helped ensure staff were able to understand and respond to people's individual needs. A relative told us "They are really on the ball with (name) they understand and try different tacks because sometimes (name) needs to be left alone and other times (name) needs one to one time. (Name) responds well to a male carer there, he has a good understanding. They all have but (name) seems to have a good relationship." This showed that people received personalised care.

A staff member who was supporting people with taking medicines asked, "Are you ready take your tablets now? Would you like another drink of water? Do you think you need any more paracetamol?" After a meal we heard staff offer the following choices to a person about where they spent their time. "Well (name), what shall we do now? Is it time to get of your chair do you think and stretch out a bit? Yes, shall I help you with that?"

People's relatives told us that the service was good at arranging individual and group activities and records confirmed this. Care plans were in place to support people to attend activities or other community services. For example some people regularly attended a community based day service. Another staff member said, "Anything that people want to do here; if it can be done we will do it." We saw photographs of a sky diving experience that had been arranged for one person. A relative told us "They are good at looking at the risks and managing to overcome them." A visiting professional told us, "They are always trying new things to do. This showed the staff ensured people's physical or learning disabilities did not preclude them from participating in experiences they enjoyed.

A relative told us, "They have facilitated (name) to do things that you could say are beyond the call of duty. For example, when (name) was asked to be a bridesmaid at a family wedding, we asked the staff about it and it was no problem, they supported her to travel there, they provided an enabler for the whole trip. It went very smoothly. Even last week when (name) was invited by her old college to go back to Lancaster it was discussed and it was no problem, all arranged again for her." This showed people were supported to maintain relationships with friends and relatives who mattered to them.

We saw documents about making a complaint or comment were available in the foyer of the home. We were also told that each person had been given a copy of the service user guide, which used pictures and photographs to help explain what people could expect.

Staff told us no complaints had been received, which was confirmed by the complaints log book.

Staff told us meetings, known as key worker meetings, were held with each person every month and staff used these as an opportunity to ask people if they had any concerns. The staff used a stock of pictures and photographs to aid communication with people. House meetings, which everyone attended, were also held monthly during which people were encouraged to raise any concerns. Staff were aware of the importance of recognising and understanding people's non- verbal methods of communication. We saw them responding appropriately to people's individual methods of communication throughout our visit.

Good

Is the service well-led?

Our findings

We found the registered manager gave strong leadership and promoted a clear set of values.

Staff, families and visiting professionals told us the service was well led. One staff member said, “I feel the service is very well led. I get more than enough support and I am very clear what is expected of me.” A relative said, “It is exceptionally well-led. (The registered manager) leads the staff well and there is a happy atmosphere among the staff.” One of the visiting professionals told us “It is very well run as far as I can see. There is low staff sickness so care is consistent, it is really very good.” Another professional said, “They do very well in all areas.”

Everyone we spoke with spoke highly of the provider and registered manager and how well the team worked. For example, one staff member commented, “I feel valued as a member of staff. Everyone works to make the service better all the time.” A second staff member said, “Voyage (the provider) have training that covers values and it comes right down to the person you are caring for such respecting their values, their beliefs and it comes through in people’s care plans.”

We saw that monthly staff meetings took place from the notices pinned up in the office. From the notes of these meetings we saw that staff could raise topics to be discussed on a ‘discussion sheet’. Staff confirmed they read the notes of the meeting if they were unable to attend. For example, a staff member said, “Staff meetings are once a month and the majority of staff attend them. They are usually arranged during a shift changeover. If we can’t attend then we can leave an agenda item and all the information is kept in the meetings file. We read and sign it.” Staff also commented on how good the more general communication was in the service. For example, one staff member said, “Communication works well here. We keep up to date with people’s needs in the confidential files and we have meetings and general communication books for non- confidential information. We know where to look if we need anything.”

People were encouraged and supported to use community resources. For example, two people regularly attended college and people were supported to go shopping locally during the inspection. This helped to ensure the service had a positive, open culture which encouraged strong links with the local community

The provider used various means of measuring the quality of the service. The registered manager had completed a quarterly self-audit of the service that provided an action plan of immediate actions. The provider completed a six monthly audit this has been designed from various quality measures for services. Senior management monitored the service’s performance through the provider’s weekly governance system.

Weekly medication audits, health & safety and infection control audits had been carried out, as well as monthly audits on people's finances. These processes assisted in ensuring the service was run effectively.

We saw comprehensive surveys had been sent out on 17 August 2014 to obtain the views of people using the service, their families, staff and other professionals. The results showed a high level of satisfaction and comments included, “First rate, couldn’t be better” and “You provide a safe, happy, caring environment which (name) clearly enjoys living in.”

In the PIR we were told that the service was a member of BILD (British Institute for Learning Disabilities). The service had gained an award at the regional great British care awards for the "best care team" in November 2013. The service was among finalists for the national great British care awards for "best team" in London in March 2014. They were also finalists in the Lang Buisson Independent Specialist Care Awards for "personalisation" in March 2013 where staff received the runner up award. We saw evidence of these accreditations and awards at the inspection.