

# Voyage 1 Limited

# The Maltings

## Inspection report

Brewers Lane  
Shelbourne Road  
Calne  
Wiltshire  
SN11 8EZ

Tel: 01249815377  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
20 February 2020

Date of publication:  
06 April 2020

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Maltings is a residential care home providing personal care to three people with learning disabilities. At the time of the inspection three people were living at the service.

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.

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

Risks assessments and support plans were combined and included the measures to reduce the risk of harm to people. For example, for one person textured meals were served to reduce the risk of choking. Support plans were not always person centred and for some people the reviews had not been updated since 2017. Some support plans were task focused and the language used was not always in line with a person centred approach. The registered manager had identified in the improvement plan that the quality of support plans needed to improve.

Where people became distressed or anxious the staff knew how to manage the situations. The registered manager had agreed to review the behaviour plans. This was to ensure there was detailed guidance to staff on how to support people when they were asked to go to their bedroom to regain control of their emotions. We recommended the registered manager seek guidance on developing behaviour support plans that have detailed guidance to staff.

Although communication plans were in place and acknowledged people's sensory needs. The actions did not include developing records in formats that helped people understand the support to be provided. For example, picture formats and audio recording will help people understand the care being delivered.

Quality assurance systems were in place and effective. The areas identified at the inspection were already set for action by the registered manager.

There were in-house activities and staff told us people were supported with in-house or community activities.

People were not able to tell us about their experiences of living at the home or on how the staff supported them. People did not show signs of distress while staff were present. We saw people accept staff support and interaction.

We saw examples of good engagement between people and staff. The staff told us how they ensured people were treated with kindness and compassion. The relative we spoke with gave positive feedback about the care and support delivered by the staff.

The staff had attended safeguarding of adults from abuse training. They knew the procedure for

safeguarding people which included the types of abuse and reporting their concerns.

There were sufficient staff on duty to meet the needs of people. The recruitment procedures followed ensured suitable staff were employed.

Medicine systems were safe. The registered manager acted promptly and added the person's ability to express pain to the "when required" protocols.

New staff received an induction which included the Care Certificate. Staff attended mandatory training set by the provider. Staff were supported with the responsibilities of their role which included regular one to one supervision.

Mental capacity assessments were in place for specific decisions. The staff were knowledgeable about the day to day decisions people made. People at the service were subject to continuous supervision and restrictions and appropriate Deprivation of Liberty Safeguards applications were made. People were supported with their ongoing health. People had access to community health such as therapists, dentists and opticians.

People's dietary requirements were catered for.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published on 27 August 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?

Requires Improvement ●

The service was not always 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.

# The Maltings

## 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

The inspection was carried out by one inspector.

#### Service and service type

The Maltings 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

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection.

#### During the inspection-

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. The people at the service was not able to tell us about their experiences of the care they received. We spoke with two members of staff and the

registered manager,

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a relative and made efforts to contact professionals who regularly visit 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

- Safeguarding procedures ensured people were protected from the risk of abuse. The people at the service were not able to tell us about their experiences of the service.
- We observed people welcome staff's attention and we saw people and staff interact well with each other. The relative we spoke with said their family member was safe with the staff.
- The staff attended training in safeguarding of adults at risk and were knowledgeable about safeguarding procedures such as the types of abuse and reporting concerns.

Assessing risk, safety monitoring and management

- Personal Emergency Evacuation Plans (PEEP) were in place which made it clear there was to be full evacuation of the property in the event of a fire. The staff were to prompt and assist people to a place of safety. The registered manager will be updating the PEEP to detail how lone staff were assist people in wheelchairs when the policy was for staff not to re-enter the property.
- Individual risks to people were assessed. Staff knew the preventative measures to reduce the risk. For example, choking and falls. Support plans and risk assessments were combined which included the risk and the measures to reduce the risk.
- There were people who at times placed themselves, others and staff at risk of harm. Emotional and Behaviour Support plans gave staff an overview of the person and their understanding of their behaviours. Listed were the triggers which may cause a change in behaviours. For example, pain and invasion of their personal space. While staff were given guidance to use distraction, the techniques to use were not detailed. It was documented that for one person not be in the presence of others while they were distressed. The staff were to then ask the person to go to their bedroom and calm down. There was strict guidance on the times the person was to stay in their bedroom. However, there was potential for the person to be isolated as the guidance did not included that staff were to inform the person when they were able to leave their bedroom. The registered manager has agreed to review the guidance. We recommend the register manager seek guidance from a reputable source developing behaviour support plans that ensure people are not isolated when they were asked to go to their bedroom to become calm.

- Fire Risk assessment detailed the hazards, the checks of equipment and practices which ensured staff were able to take preventative or appropriate action in the event of a fire. For example, monthly checks of fire extinguishers and staff were to attend fire drills practice.

Staffing and recruitment

- Effective recruitment procedures ensured people were supported by staff with the appropriate experience

and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

- Two staff were on duty during the day. Staffing levels reduced to one staff on duty in the evening and, at night the staff slept in the premises. The staff told us the staffing levels were appropriate to meet people's needs.
- A relative we spoke with raised concerns about staffing levels. We discussed this with the registered manager who agreed to processes.

#### Using medicines safely

- People's medicines were safely managed by staff. Support plans and mental capacity assessments were completed where staff administered medicines.
- Medicines were stored securely. Individual profiles included the person's photograph, personal details and known allergies.
- Medicine administration records were signed by staff to show medicines administered. Protocols were in place for medicines to be administered "as required". However, pain relief protocols did not detail the person's ability to request pain relief. During the inspection the registered manager updated pain relief protocols.
- Body maps were included in the topical medication administration records (TMAR) for people prescribed with creams and lotions. TMAR gave clear direction on the application of cream and lotions and body maps illustrated where in the body they were to be applied.

#### Preventing and controlling infection

- The home was decorated to a good standard. The registered manager told us the bathroom was due to be refurbished when we noted rust in some areas.
- The home was clean and free from unpleasant smells. Schedules detailed the areas and frequency for cleaning. The staff told us part of their role included the upkeep of hygiene standards.

#### Learning lessons when things go wrong

- There were three recorded accidents and incidents. There was an online system for reporting accidents and incidents which the registered manager followed.
- The registered manager said the online system ensured patterns and trends were identified where appropriate to provide staff with guidance to prevent any reoccurrence of the same event.
- The actions taken to monitor injuries were not detailed in the accident reports although the injuries were detailed. For example, the observations carried out for falls. The registered manager told us they had explained to staff the procedure for recording the follow-up action for falls.



# 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 had lived at The Maltings for some time and since their admission reviews of their needs have taken place. Social worker needs assessments were provided following the reviews.
- The registered manager and staff followed best practice guidance such as National Institute for Health and Care Excellence (NICE) and legislation.

Staff support: induction, training, skills and experience

- People were supported by staff that understood and were skilled to meet their needs. The staff attended mandatory training set by the provider which included basic life support, medicine competency, equalities and diversity.
- There was an induction for new staff. The induction included the Care Certificate. (set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.)
- There were systems in place to support staff with the responsibilities of their role. One to one supervision with the line manager was quarterly. The staff told us their one to one supervisions included discussions about their personal development and their performance.

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

- Menus were prepared to meet people's preferences. There were adequate stores of fresh, frozen and dried foods which reflected the rolling menus
- Eating and Drinking support plans described the assistance staff were to provide and equipment needed by the person. For one person there was additional guidance from the Speech and Language Therapist (SaLT) on the textured diets to be served.

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

- The property blended well with the local community. The accommodation was arranged in single storey building with single bedrooms and communal areas including kitchen, dining room and lounge.
- We saw people moving around the property independently and with some support from staff.
- There were weekly visits from the landlord to check systems such as legionella and hot water temperatures.

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

- People were supported with their ongoing health care needs. Health Action plans detailed the healthcare

professionals involved and the support needed to remain healthy. For example, ongoing appointments, concerns and treatments.

- Epilepsy profiles were in place for people with this medical condition. The profiles listed the signs and symptoms of a seizure. Emergency management plans gave staff guidance to contact emergency services for prolonged seizures.
- People had access to community NHS facilities such as dentist, opticians and chiropody. Oral health was part of people's personal care routine support plans.
- The staff told us they arranged for GP visits to the home and a record of visit were maintained. The reports of healthcare visits detailed the nature and outcome of the visits.

#### 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 were supported to make day to day decisions. A member of staff gave us examples on how people were supported to make decisions. For example, people made decisions on what to wear from two visual choices.
- People's capacity to make specific decisions were assessed. For example, medical procedures, flu vaccines and to administer medicines

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).

- Although DoLS applications were made to restrict people's freedom and for continuous supervision, the best interest decision did not specify that a DoLS application were made for this. The registered manager said best interest decisions will be updated to clarify the decisions reached.
- The registered manager kept DoLS applications under review to ensure the least restriction option was taken.

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

- The people at the service were not able to tell us about the staff that supported them. During our inspection we saw one person showed an interest in the lighting of the home which had cast shapes and shadows on the walls. We observed the staff interacting with another person. The staff used distraction techniques to promote acceptable forms of greeting strangers. We saw staff use a gentle manner to guide one person with sensory needs around the home.
- The staff told us how they showed kindness and compassion towards people. A member of staff said their body language and tone of their voice showed a kind manner. This member of staff said "I try to reason, and I say I understand. I would kneel down so [name] can see me. I give options." Another member of staff said they smiled at the person. This member of staff said one person showed trust in staff because they liked arms when they walked with them.
- The registered manager told us they ensured staff understood they must "value" people. This registered manager said "What makes someone feel valued when they can't express their feeling of isolation. Not dismissing that people may feel left out."
- The relative we spoke with told us the staff were caring. This relative praised the team leader and the staff. They told us the staff were skilled and adhered to the preferences of their family member when personal care was being delivered.

Respecting and promoting people's privacy, dignity and independence

- Support plans gave staff guidance on respecting people's rights to privacy and dignity.
- The staff gave us examples on how they respected people's rights.
- The relative we spoke with said the rights of their family member was respected. This relative told us the environment was adapted to support the sensory needs of their relative.

# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff that knew their preferences and how to meet their needs. Support plans were person centred in some areas. One page profiles detailed what was important and how best to support the person. Life stories described the person's early years, family network and other care provisions before their admission to the home
- The typical day/ daily life described the person's preferences along with details of the assistance to be provided by the staff. For example, how staff must enable the person to make choices.
- The personal care support plan for one person was more task focused and had less detail about their preferences. The language used by staff on the actions to meet the identified needs were not person centred. The eating and drinking support plans for two people were task focused and contained the same information. Although the staff were aware of the textured diets to be served the guidance from the Speech and Language therapist was not part of the eating and drinking care plan.
- Support plans were moderated as changes occurred. This meant the information was not dated when the support plan changed. . The registered manager had identified through audits that care planning systems needed to be developed.
- The relative we spoke with told us they were invited to care plan review meetings. They said there were opportunities to make suggestions at the meetings.

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.

- Support plans detailed the person's abilities to communicate verbally but records were developed in line with people's sensory needs. For one person the care plan stated they needed support to understand information. For example, staff were to use simple sentences. The specific words used by the person were listed along with their interpretations which assisted staff with communication.
- The support plan for one person with sensory needs gave guidance for staff to use the person's preferred first name before any interactions. The staff were also to use simple sentences to help the person understand the conversations.
- A member of staff told us for one person with limited vision they ensured the environment was kept the same. They said this ensured "familiarity of surroundings".

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

- The daily routine plans detailed the daily activities of people. For example, visiting local coffee shops, places of interest, watching DVD and listening to music. However, the weekly planners showed people's activities were mainly in-house and there were once weekly visits to coffee shops. The registered manager said that the activities programmes will be addressed at the next team meeting. The programme of activities was to be developed and would be in a pictorial format.
- Staff told us "if there is a driver we go out." They told us there was in-house one to one time with people. Another member of staff said "we know what people like and the activities they like. We try and do a couple of activities every day."
- We noted that during the inspection people went out for lunch with the staff.

Improving care quality in response to complaints or concerns

- There were no complaints received at the home since the last inspection

End of life care and support

- The registered manager had identified through audits that people's advanced wishes were not sought. The registered manager said the staff were working with people to gather their advance wishes. Where relatives were involved, they were to be contacted about any arrangements already in place.

# 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

- A person centred culture was promoted at the home. The staff knew there was a values framework and said their practice promoted the values.
- The staff said they were valued. They said the team worked well together and the registered manager was available at the home twice weekly and by phone at all other times. A member of staff said, "we help each other."

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 had a good understanding of their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality of service delivery was assessed in January 2020 by the organisation's quality team. The registered manager completed a consolidated action plan in line with the judgements reached by the quality team. For example, Areas identified for action included developing person centred support plans. The registered manager told us the progress of the actions was monitored by the organisation's director. The area manager completed an audit on a recent visit and had agreed with the completed actions. The areas identified for improvement were consistent with the findings of the inspection.
- There were systems in place for staff to receive feedback from the registered manager. For example, one to one supervisions with the line manager and team meetings. At team meetings information on policy changes was shared. We saw that care planning was raised at the team meeting. It was raised that support guidance were out of date and in need of updating. Where staff had not attended there was an expectation they read and sign the document to show their agreement.

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

- The people at the service were not able to give feedback about their experiences of staff. Questionnaires with symbols were used to gain feedback about the quality of the service. There were positive questionnaires responses from three people that visit, and staff.
- The relative we spoke with told us that "from time to time" their views about the service was sought. The relative told us while their views were gathered the outcome of the surveys were not always made known to

them.

Continuous learning and improving care; Working in partnership with others

- The registered manager had an oversight of the service and on how it was to be developed. The registered manager said the actions were "progressive" and there was forward movement of the service to "make it valued for people and for their relatives".
- The registered manager told us there was partnership working. This registered manager said they attended forums such as the "Wiltshire New". The registered manager said that at these forums information was shared.
- Other partnership working included regular contact with relatives, social and healthcare professionals such as GP and community services.
- There was learning from events. The registered manager said accidents were discussed with the team and stated "It's not what we do, it's why we do it. If staff understand this then the support will improve. It's not about the service it's about the person."