

Voyage 1 Limited

60 Cobham Road

Inspection report

Fetcham
Leatherhead
Surrey
KT22 9JS

Tel: 01372379623

Website: www.voyagecare.com

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We inspected this service on 2 March 2017. The inspection visit was announced.

60 Cobham Road provides accommodation and personal care for up to six people with learning disabilities. There were five people using the service at the time of our visit. The people are supported with a full range of tasks, including maintaining their health and well-being, personal care, support with nutrition and social activities.

This was a focused inspection following the last inspection in June 2016. Despite being awarded an overall rating of 'Good' during the last inspection we found a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This follow up inspection on 2 March was a focused inspection to check if the service was effective.

On the day of inspection we met the 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.

During this inspection we found 60 Cobham Road to be working in line with the principles of the Mental Capacity Act 2005 (MCA). People were involved in the decision making process and when people lacked capacity best interest meetings had taken place.

People were being supported by staff who had a good knowledge of their support needs. Staff felt supported and felt they had adequate training to meet people's needs.

People were supported effectively when it came to their nutritional needs and a varied diet was offered to people. Alternative meals were offered if and when requested by people.

People were supported to maintain good health and had access to healthcare services to meet their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective.

The requirements of the Mental capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

Staff had the skills and training to support people's needs and staff felt supported.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Good ●

60 Cobham Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 2 March 2017 and was announced. The provider was given 24 hours' notice because the home is small and we needed to be sure someone would be available to meet with us. This inspection was carried out by one inspector.

As this was a focused inspection the provider was not asked to complete a Provider Information Return (PIR) before this inspection. 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 information we held about the service. We looked at information received from relatives, social workers and commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection we spoke the registered manager and one member of staff. We could not have a conversation with people due to their support needs so we observed support provided to them. We reviewed four people's care plans, to see how their care and support was planned and delivered. We reviewed records relating to training and managerial support.

Is the service effective?

Our findings

We looked to see if the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

During the previous inspection we found staff did not always follow the legal requirements in relation to the Mental Capacity Act 2005 (MCA). We found best interests meetings were not always completed for specific decisions particularly around the management of people's finances. This was a breach of Regulation 11 Health and Social Care Act (Regulated Activities) Regulations 2014.

During this inspection we found that at 60 Cobham Road the requirements of the MCA were now being met. The registered manager had identified people who lacked capacity to make certain decisions and best interest meetings had now taken place. For example for their financial management. This ensured that decisions made on the behalf of people who lacked capacity were made in line with the principles of the MCA.

Staff at 60 Cobham Road understood and embraced the principles of the MCA. A member of staff said, "We must assume they have capacity." This member of staff explained that the staff do all they can to involve people in decisions. They explained they follow the support plans, such as the 'Communication passport' and 'Decision making profile' to involve people and gain consent. The decision making profiles detailed how a person liked information presented to them and set out steps staff needed to take to support the person understand the information so they could make decisions. The profiles also explained what was the best time of day for the person to make a decision. One person's profile explained that they could make day to day decisions in the morning. Another person's profile detailed that they were not able to make decisions in overcrowded noisy environments. The member of staff had a good understanding of these support plans and the communication needs of the people. The member of staff said, "They all have different ways of communicating. One person touches their face if they want something and scratches their head if not." This information was reflected in the communication passport.

Some people's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in registered homes are called the Deprivation of Liberty Safeguards (DoLS). When people lacked capacity to understand why they needed to be kept safe the registered manager had made DoLS applications to the relevant authorities. These applications reflected the specific restrictions in place. For example there was a keypad on the front door. At the time of this inspection these applications were being processed.

People were supported by staff who had the knowledge and skills they needed to effectively meet people's

needs. Staff said they undertook an induction when they commenced employment and were only able to support people on their own when they were assessed as being competent. Training courses were in line with the needs of the people. There were courses that covered Autism, mental capacity, safeguarding and health and safety.

People were supported by staff who had regular supervision (one to one meeting) with their line manager. These gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. Members of staff felt supported. One staff member said, "Anything I need to improve on the manager helps me. Supervisions are very helpful, the manager tells you what you need to improve on, what training you need and tells you if you have done well."

People's nutritional needs were met. People who were at risk of dehydration and malnutrition had been identified clearly within care records and had fluid and food charts in place so that what they ate and drank could be monitored for any changes. People's weight was monitored to ensure that their nutritional intake was adequate to meet their needs and to remain healthy.

Meals were varied and during the inspection we saw alternatives being offered. A member of staff explained that the menu was composed on a Sunday and people used pictures to decide what they wanted to eat. Staff were aware of people's dietary needs and preferences.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff responded to changes in health needs effectively. People saw a GP and dentist when it was required. People were referred to specialists when required. People had input from the Speech and Language Team (SALT), and dieticians. We saw that a person with epilepsy had clear guidance, which staff followed and understood.