

Voyage 1 Limited

Chard Manor

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Chard Manor is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Chard Manor supports 10 people with a learning disability, physical disability and/or autism. The service is housed in a large adapted house set back from the road in its own gardens.

Chard Manor has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the service had improved to outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

At this inspection we found the service had improved to Outstanding overall.

Why the service is rated outstanding

People were protected from the risk of harm as the provider had effective policies and procedures in place to guide staff on how to keep people safe.

There was a stable, well trained, experienced staff team supporting people to become more independent in a way which put people in control of their lives and the support they received.

People and relatives told us the service was very well managed and the registered manager was very good at their job. It was clear the management team led by the registered manager provided clear guideline for staff and promoted the values of the service.

People were supported to participate in a wide range of activities, including sailing, cycling, visits out and holidays.

People were supported by staff to develop the service. They had helped redesign the garden and were consulted on any changes planned for the service.

Relatives told us communication with the home was excellent. The service supported people to maintain contact with relatives and friends by using 'skype'. People told us they liked using this and it was better than the telephone. The service also provided staff to facilitate home visits where required.

The service kept up to date with best practice in supporting people with autism and/or a learning disability. These practices were then embedded in the service by the staff team. This led to a huge reduction in people behaving in a way which challenged other and staff.

The registered manager and provider had effective systems in place to review the quality of the service provided to people. Where they found shortfalls, action plans were developed and implemented to address these.

The service met all relevant fundamental standards and exceeded in some.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service has improved to Outstanding	Outstanding ☆
Is the service well-led? The service has improved to outstanding	Outstanding ☆

Chard Manor

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 was a comprehensive inspection and took place on 20 January 2019 and was unannounced.

The inspection was carried out by one adult care inspector. Before the inspection, we looked at information we held about the provider and home. This included their 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 also looked at notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, the deputy manager, a senior support worker and three support workers. We requested feedback from commissioners.

We also spoke with four relatives of people living at Chard Manor and received feedback from them about the home.

We met the ten people living at Chard Manor and spoke with seven of them. We also used observations of how staff interacted with people and provided support.

We looked at three people's care records and their medicine records. We also looked at records that related to how the service was managed, such as staff rotas, staff training records and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe at Chard Manor. This was also reflected in discussions with relatives of people. One person told us "The staff here are great and can't do enough for you and are always around if you need to talk about anything that's worrying you."

People were protected from the risk of abuse as safeguarding procedures and policies were effectively implemented. Staff we spoke with had a good knowledge of safeguarding issues and were aware how these should be recorded and reported. Staff were confident that the management team would take any concerns seriously, they also knew how to report incidents to the local authority. Records demonstrated that safeguarding incidents had been reported and dealt with appropriately.

The provider had a whistle blowing policy in place. Staff were aware of the policy and how to access it. None of the staff spoken with had ever had to use this policy whilst working at Chard Manor.

Risks to people had been assessed and measures put in place to reduce any identified risks to keep people safe. For example, people had risk assessments in place for the home environment, access to the kitchen, health conditions, choking and activities. Measures put in place did not restrict people's independence or prevent people from taking part in activities or trying new things. People benefitted from this approach and took part in lots of activities such as swimming, sailing, cycling and trampolining. People of all abilities were encouraged to take part in activities. Staff didn't allow someone's disability to prevent them from taking part in activities. For example, one person had an adapted chair which was attached to a bike allowing them to experience going for a bike ride which they were unable to do before. The risk assessments we viewed were reviewed and updated regularly and when people's needs changed.

Incidents and accidents were monitored by the management team and the provider. Staff recorded descriptions of the events leading up to, during and after an incident. These were reviewed by the management team and where appropriate measures to reduce the risk of these events occurring again were put in place. Incidents were then discussed with the staff involved and the wider team to disseminate any learning to reduce the likelihood of further incidents occurring.

The frequency of incidents for people was analysed over time. This demonstrated that incidents of behaviour which could challenge others had reduced both in frequency and seriousness of the incidents. Staff received training in managing behaviours which could challenge and this included the use physical intervention techniques to protect the person, themselves and others. However, records evidenced that the use of these techniques had decreased to a point staff needing to physically intervene had been eliminated. The registered manager was passionate about their belief that all behaviour was form of communication and by improving people's ability to communicate their needs and empowering them to take control of their own choices these behaviours that challenge others had reduced. This approach has reduced the risks to people living in the service, staff and others and is in line with best practice guidance on how to reduce behaviours that challenge.

Medicines were administered safely and given as prescribed by the GP. Staff who administered medicines were trained to do this task. Their competency and understanding was checked by senior staff before they could administer medicines to people. We saw records which evidenced staff had further competency checks on an annual basis. Medicines were audited by staff on a daily basis and further audits were conducted by the registered manager and the provider at appropriate intervals.

Clear evidence was present which showed people's medicines had been reviewed regularly by the staff and GP. The registered manager has worked with the GP to reduce medicines people were taking. This is in line with a national initiative known as STOMP. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. These medicines are often used to manage behaviours in people that may challenge others. It is best practice to reduce or eliminate these medicines for people. Several people's medicines had been reduced and the registered manager had plans in place to discuss further reductions with the GP.

Records contained clear guidance for staff on when to administer medicines which were prescribed to be given when required. Staff were aware of the guidance and knew when these medicines should be administered. Medicine records demonstrated these had been given appropriately and in line with the guidance.

Staffing levels at Chard Manor were adequate to meet people's needs. The level of staffing required was based on the needs of people and their dependency. People told us there was enough staff working at the home. This was also confirmed by our observations during the inspection visit and in discussions with people's relatives.

Recruitment records evidenced that staff working at Chard Manor had been recruited safely. The appropriate pre-employment checks had been made including criminal records checks. This ensured the staff were suitably experienced and safe to support vulnerable adults.

The home was clean, tidy and free from unpleasant odours. Staff maintained the cleanliness of the home with support from the people living there. Chard Manor had a five-star rating from the most recent check by the local authority. There were measures in place to ensure good infection control practices were maintained and these were monitored by senior staff and the registered manager. Records confirmed these checks were happening.

Checks for the environment of the home had been completed as required. These included: Gas, Electricity, Fire alarm, equipment and the water systems in the home. There were also regular fire drills and weekly tests of the alarms and emergency lighting system. Appropriate risk assessments for the environment were completed and updated at regular intervals.

Is the service effective?

Our findings

Staff received an induction when they started working at the home. Once they completed their mandatory training they were supported to undertake the care certificate. The Care Certificate standards are recognised nationally to ensure staff have the relevant skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. As part of the care certificate observations of staff practice were conducted by the registered manager. This ensured staff were implementing what they had learnt in their practice when supporting people and were competent to carry out their job effectively.

Staff received regular formal supervision meetings with a senior member of staff. Staff told us they benefitted from these meetings and discussed both their performance and professional development. Records demonstrated staff were receiving regular supervision. All staff spoken with told us they felt very supported by the registered manager and the rest of the management team. One staff member told us, "It's the best place I've ever worked in, we get great support from the manager." Other staff members comments included: "it's a really nice atmosphere here, we have a good team and all work together really well" and "Very supportive management, they bring out the best in us all". Staff told us they could seek support from the registered manager or the management team at any time.

The management team also said they felt supported by the provider and the registered manager. They told us how the registered manager gave them responsibilities to allow them to develop in their roles. The registered manager was proactive in developing the staff team and used the individual strengths of staff members as well as developing their skills. The deputy manager told us that she was encouraged to go for the role by the registered manager and that the registered manager had delegated responsibilities and tasks to develop her skills and confidence.

Staff were well trained and understood their roles and responsibilities. The training was a mixture of e-learning and face to face training. There was evidence of staff training being monitored to ensure staff's skills and knowledge were up to date. The management team also held extra training sessions to check staff's knowledge and understanding. For example, the senior staff led monthly refresher sessions for staff on de-escalation concentrating on reinforcing positive behaviours rather than physical intervention. The staff team meeting notes also evidence that a quiz had been held to test the staff's knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards(DoLS).

People's needs were assessed prior to moving into the service and a care plan was developed to ensure that staff had clear guidance on how people should be supported to ensure these needs were met. Care plans were developed with people and were person centred. People had been supported to set clear goals to increase their independence.

People living in the service were supported to have a healthy nutritious diet. Staff involved people in the planning, shopping and preparing of meals provided in the home. People had two choices at meals times and if they didn't want either of those they could have something else. People told us the food was nice and confirmed they had a choice of what they wanted to eat. We also observed that drinks and snacks were

available throughout the day.

People's ongoing health including their weight was monitored appropriately and with the agreement of the person. People had access to healthcare services and had regular appointments with the GP, dentist, optician, chiropodist and psychiatrist depending on their individual needs. Records were kept of these appointments and we could see that people were involved in making decisions about their healthcare when they were able to.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager and the staff had a good understanding of DoLS and the MCA. We found DoLS had been applied for people appropriately and where these had been agreed we saw that the conditions were being met.

We observed throughout the inspection visit staff supporting people to make decisions and respecting their choices. We also saw that people was not restricted when it came to accessing the community, one person went to the shop on their own and others were supported by staff to access the community when they wanted to. Records evidenced that where people lacked the capacity to make complex decisions about their care and support decisions were taken in their best interest. People, relatives and other health professionals were involved in making these decisions and assessing the impact of these on the person. This is in line with the code of practice of the MCA.

The environment of the home was suitable for the needs of the people living at the home. Each person's bedroom was personalised to their needs and wishes. People could move around the home freely and request staff support as and when they needed it. People were involved in decisions about the environment of the home. Staff supported people to clear one area of the garden which was not accessible for people. This was a big project and required a lot of work. People living in the home were really proud of their garden and the work they had put in to clear it and maintain it for everyone to use.

Is the service caring?

Our findings

All the feedback we received from people and relatives was that the staff and management of the home cared very much for the people living at the service. Staff saw people as individuals in their own right and supported them to live fulfilled lives in their community. The feedback from relatives and people about the staff working at Chard Manor was extremely positive. People told us they liked all the staff working at Chard Manor. One person told us "the staff look after us all really well, they are always there when you need them and they've always got time for a chat." One relative said "Couldn't wish for a better setting for [our relative] and its good for us to know he is settled. [our relative] see's Chard Manor as his home." This relative also told us the service now provide a staff member to support their relative when they come for home visits. We were told this has made home visits more manageable and has been really appreciated by the relatives.

One person had recently moved in to Chard Manor the registered manor received the following quote from their relative for use in Chards Manor's newsletter: 'I cannot express how happy [my relative] has been over the past eight weeks, he has embraced activities and is enjoying life again. He loves his new home and due to the professional caring staff and his great housemates, that is exactly what Chard Manor is 'home!'

People benefit from a settled staff team who know the people living at the home really well and respected people's choices, needs and wants. Staff knew how important it was that people were as independent as they could be. Staff encouraged people to take part in anything they were doing such as cooking, cleaning or planning activities or meals for the following week. People told us they were very involved in the running of their home. Throughout the inspection we observed staff actively encouraging people's independence by involving them in the task they were doing.

Staff we spoke with described how they supported people with their privacy and dignity. Staff were aware that people sometimes wanted to spend time on their own we observed people spending time in their rooms and in the communal areas of the home. There was enough communal space in the home for people to enjoy their own company or spend time with others as they wished.

We saw that care plans for people's personal care directed the staff to encourage independence in completing these tasks. The records also reminded staff to consider people's dignity at all times. Staff told us this was really important for people.

People were supported effectively with bereavements. For example, one person had a close relationship with a relative who become unwell. The service had been told that the relative was not going to get better and didn't have a long time to live. Staff at the home planned a series of visits for the person to see their relative leading up to their relative and explained to them that their relative wasn't well. When the relative passed they informed the person and supported them to attend the persons funeral. The planning of the visits and use of social stories to prepare the person for their relative's death, enabled the person to understand and accept this. Staff told us that at the time the person was very sad about the death of their relative but understood that they had died. Staff said they then concentrated on the good memories that person had with their relative.

Since our last inspection one of the people living at the home had passed away. At times during the inspection both staff and people spoke about the person who had died. It was clear that they were fondly remembered by everyone and it was clear that people were encouraged to talk about their memories and the good times they had. The registered manager told us the staff had supported everyone at the home to attend the funeral and although it was a very sad time, it was important that staff and people continued to talk about this person and their feelings and not to keep these bottled up inside.

Is the service responsive?

Our findings

The registered manager told us when they began working at Chard Manor people rarely used to attend their care plan reviews. The registered manager and the staff team had worked hard to make the reviews more person centred. Care plan review meetings were now a celebration of the person's achievements over the past year. Relatives, friends and professionals involved in the person's care were invited to the meetings. We could see from records that personal goals set for the person at the previous meeting had been met and usually exceeded. People were very proud of the documents within their care plan reviews and enjoyed talking to us about their achievements and the skills they had developed over the past year.

Staff we spoke with had an in depth knowledge of people's life history and respected their individuality and fully understood the importance of providing person centred care to people. The impact of this was clear on the people living at the service. People told us and records evidenced that they and their families had been fully consulted and listened to when developing and reviewing their care plan. Care plans were detailed, providing clear information and guidance on the person's needs and preferences. Care plans were updated regularly to ensure people's needs were met.

One person used to get extremely anxious about the whole process of washing their clothes. The anxiety the person suffered caused upset and would often lead to behavioural incidents. The staff team over a long period of time worked with the individual around giving them control back in the process and introduced a praise book. Staff wrote notes praising the individual for everything that went well during this task, however small. Over a period of time the person became less anxious and the positive comments increased in the praise book. This person is now able to deal with washing their clothes with little anxiety, they no longer use the praise book as they are now able to regulate their own behaviours around this activity. This has made a big difference to this person's wellbeing and their self-confidence.

Another person told us how the staff had supported them to take control of their finances. The person told us that when they moved into Chard Manor they had built up debts to various organisations and companies. Staff supported this person to budget their money to enable them to pay back their debts but still have money to do the things they enjoyed. The person had a set amount of money each month which they could withdraw from their bank independently and spend on whatever they wanted. The rest of the money was used to pay off their debts and was now saved by the person. They told us they had been able to buy an adapted cycle which they wanted and paid for a holiday to Dublin which was a place they had always wanted to visit. The person said that without the help and support of the staff and the manager they would never have been able to achieve this.

People planned their activities on a weekly basis. The activities ranged from very active things such as sailing, swimming, hiking, trampolining to more sedate activities such as cooking, pottery, flower arranging and gardening. People were also supported to go on trips to places they wanted to go. For example, one person really liked construction vehicles. Staff supported this person to visit 'Digger world', where they could sit in, drive and operate a digger.

The service had developed close links with organisations which provided activities such as sail ability. Sail ability provides people with disabilities to experience and learn how to sail. People told me how much they enjoyed the sailing and how it was their favourite thing. Staff told us that this activity had really developed people's confidence and taught them new skills. For example, one person had learnt how to sail and land their boat and secure it to the jetty. This was a huge achievement for this person.

Staff encouraged people to become involved in activities and express their creativity. For example, one person went shopping with a staff member and whilst out bought some flowers for the home. Instead of just putting them in a vase, the staff member supported the person to cut the flowers and stick them into a florist's oasis to create two lovely arrangements which were displayed in the home. The person was very proud of what they had created and took pleasure in showing it to others.

The service had a complaints policy and procedure in place. This was displayed in the home in an accessible format which people could understand. People who we spoke with told us they had no complaints with the service and if they did they were confident these would be dealt with. Relatives told us that if they had any concerns or complaints they would speak to the staff. Feedback received from relatives included: "No complaints, I can't fault the place or the manager" and "Absolutely amazing, can't fault it!". There were no recorded complaints since the last inspection visit.

The service was not supporting anyone who was receiving end of life care at the time of our inspection. People were given the opportunity to record their choices and wishes for the end of their life. Documents were made available to people and their relatives for completion, should they chose to do so. People's wishes, where known were recorded appropriately.

Is the service well-led?

Our findings

The management team and the provider promoted an open, inclusive and empowered culture at Chard Manor. The registered manager was committed to providing people with a service that placed them at the centre. Staff said they felt proud to work at Chard Manor and said that people were offered a truly person-centred service. The registered manager had a clear vision for the service and shared this vision with the staff team whilst developing future improvements at Chard Manor.

The values of the service were shared by the staff team who were proud to work for a service which enabled people and promoted their independence and rights. The staff keen to tell us how people living in the service had developed and told us they reflected on people's achievements over time during staff meetings. One staff member told us "you don't always notice the changes in people on a daily basis. But when you sit back and think about what they were like a few years ago, you can clearly see how much more independent and confident they are now".

The service had a registered manager in place. 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.

Without exception the staff in the service were extremely complimentary about the registered manager and the management team as a whole. Staff told us "we have very supportive management, they bring out the best in us all". Relatives we spoke with said; "the running of the home is amazing! I'm not sure how they (Chard Manor) didn't get outstanding on their report. They should this time, they deserve it!" and "The Manager is second to none". People told us the home was very well run one person said, "the manager is excellent and always has time to spend with us".

The management team carried out regular quality checks of the service this included checking records, practice of staff through observations and medication systems. The registered manager also carried out a formal quarterly audit of the service which checked all aspects of the service in line with CQC's fundamental standards. The score for the last audit was 94 per cent and an action plan had been developed to address shortfalls found and to continue to improve the service provision.

The providers quality team also carried out an unannounced audit of the service. We viewed the records of the most recent quality audit which took place in August 2018. The service attained a score of 98.6 per cent and received positive comments and praise from the quality team.

The provider involved people to promote and increase the quality of the service that was provided to people. A group of people who received support from the provider had been given an active role in the providers quality team. They had been trained and supported to carry out quality visits to other services. Their role was speaking with people who use the service and gaining their feedback about the service they received. The views of people using the service were at the core of improvement. This gave people the

opportunity to be fully involved in the development of their care and support. People felt confident to speak with their peers and make further suggestions for improvements. We noted that during the last audit by the quality team the person in the team who was supported by another service, liked Chard Manor so much they asked if they could move in if a room became available.

Staff were highly motivated to support people in a person centred way. The registered manager inspired staff working in services to work to high standards so that the people they supported lived a happy and fulfilled life; the life they wanted. Staff were kept up to date with any changes in the organisations policies and procedures. They had regular quizzes to test and embed staff's knowledge of key themes and topics such as The Mental Capacity Act and safeguarding. Staff meetings were arranged so that staff could attend these meetings regularly which provided an opportunity for staff to have input and feel motivated. Staff said they felt included, listened to and valued by the management team.

The registered manager ensured they were keeping updated and following best practice developments in the sector. For example, the register manager was member of the local registered manager association, regularly attended provider forums, attended Positive Behavioural Support meetings and regularly sought information from Skills for Care, CQC website and attended regional and national conferences.

The registered manager was passionate about sharing good practice and what had worked well at their service with other provider in the area, to develop and encourage good practice in the sector. The learning and best practice developments were also shared with the team through regular team meetings. This had a big impact for the people living in the service. For example, by implementing positive behavioural support and person centred communication strategies people were able to make choices and have control over their lives and their environment.

The management team notified CQC appropriately of significant incident and events which occurred in the service in line with the requirements of the regulations.

The service was an active part of their local community, the registered manager saw this as an important part of the service. The service had developed links with local businesses, community groups and neighbours which had led to people living at the service being accepted into their local community.