

Voyage 1 Limited

West Drive

Inspection report

1 West Drive
Arlesey
Bedford
Bedfordshire
SG15 6RW

Tel: 01462835490
Website: www.voyagecare.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

West Drive is a residential care home for up to 10 younger adults with learning difficulties. At the time of the inspection there were six people living at the home. Accommodation for two people is provided in a separate bungalow in the garden. The service also has a dedicated room for respite care and four people spend some time at the home on a regular basis.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people. Where people had been involved in incidents because of behaviour that could have a negative effect on others, the triggers for the behaviour had been identified and action taken to reduce the occurrence of such behaviour. There were robust procedure for the safe management of medicines and people received their medicines as they had been prescribed.

Staff received training to ensure that they had the necessary skills to care for and support the people who lived at the home.

Staff were kind, caring and protected people's dignity. They treated people with respect and supported them in a way that allowed them to be as independent as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Information was available in formats that people understood about the complaints process and the services provided at the home. People were assisted to access healthcare services to maintain their health and well-being. Staff worked with healthcare professionals and people's relatives to ensure that the support provided to people best met their needs.

There was an effective quality assurance system in place and the service met all relevant fundamental standards.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

the service remains Good.

Is the service responsive?

Good ●

the service remains Good

Is the service well-led?

Good ●

The service remains Good.

West Drive

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 checked 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 scheduled comprehensive inspection.

This inspection took place on 25 January 2017 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was autism and learning difficulties.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two people who lived at the home and the relative of another person. We also spoke with two relatives of people who lived at the home by telephone. We spoke with seven care staff, the registered manager and the registered manager of another of the provider's homes who was supporting the registered manager.

We observed the interactions between members of staff and the people who lived at the home. We looked at care records and risk assessments for two people and at how people's medicines were managed.

We looked at two staff recruitment records. We also looked at training records and the supervision and appraisal meeting schedules for all staff members. We reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed.

Is the service safe?

Our findings

People told us that they were safe living at the home. One person said, "I am safe here and everyone is kind to me." A relative told us, "Yes my [relative] is safe here. This home is very good."

The staff we spoke with told us they understood the process to follow to report any concerns relating to people's safety. There was a whistle-blowing policy in place so that staff could report concerns anonymously without the fear of the consequences of doing so. One member of staff said, "The people are safe and we are all aware of the whistleblowing procedures here and would report anything untoward."

Risk assessments were in place for each person to identify the risks arising from people's care and support needs. Risk assessments included control measures to mitigate the level of risk in areas such as vehicle safety, social leave with their family, behaviour and accessing the community. The behavioural risk assessments provided staff with information about early warning signs that could indicate that a person was going to experience an episode of such behaviour. Management plans gave staff information as to the actions they should take to reduce the risk of an episode developing. People and their relatives were encouraged to contribute to the risk assessment process to detail ways in which they felt that risks could be managed.

The level of staffing varied according to the number of residents at the home and their activity schedules. There were normally five or six staff members and the registered manager was also available to support people if needed. There was no agency staff employed by the service as this would be disruptive to the people who lived at the home. We looked at the recruitment documentation for two members of staff who had recently started work at the home. The provider had robust recruitment and selection processes and gaps in an applicant's employment history had been explored during the interview process. We saw that appropriate checks had been carried out which included Disclosure and Barring Service Checks (DBS), written references, and evidence of their identity. This enabled the provider to confirm that staff were suitable to support people who used the service.

Medicines were managed safely and monthly audits were carried out to check that medicines administration records (MAR) were completed correctly. Details of the medicines that people took and their preferred method of administration were in their care plans. There were protocols in place for medicines that had been prescribed on an 'as needed' basis. When people left the home for short periods to stay with their families the medicines that were sent with them and the medicines they returned with were documented to enable a full reconciliation to be undertaken.

Is the service effective?

Our findings

People and their relatives said that the staff were effective. One relative told us, "The staff are good and we have no worries at all." Another relative agreed and said, "The staff are very good with my [relative]." A third relative told us, "Staff here are very good and they look after [my relative] very well."

Staff were provided with training to ensure that they had the skills needed to support people effectively. They were required to complete refresher training regularly and the registered manager monitored that this was completed. One member of staff told us, "We get regular training but I would like Makaton sign language training as we have non-verbal people here and I would like more communication training." The registered manager told us that this was to be provided.

There was a detailed induction process in place for new staff which included a period of working with experienced members of staff and probationary reviews. Staff received regular supervision and appraisal of their performance. One member of staff told us, "We get regular supervisions, and we are supported well by the manager here."

Staff training included information in relation to the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Authorisation for DoLS had been sought and granted for a number of people who lived at the home. Care and support was provided in accordance with the authorisations.

People were involved in choosing the food and drink that they were provided with and assisted the care staff in preparing this. One person told us, "We get good dinners here." A member of staff said, "We give them a choice of food at lunch and dinner. Staff cook and prepare the food with some of the residents helping us." We observed the lunchtime experience and staff were attentive, supportive and engaged with the residents.

People were supported to attend appointments with other healthcare professionals, such as GPs, mental health professionals, dentists and opticians to maintain their health and well-being.

The registered manager agreed that the premises were in need of redecoration in a way that would make them more suited to people with autism. They told us of the plans they had in place to improve the environment, including new signage and the use of more colour in the decoration of the walls and doors.

Is the service caring?

Our findings

People and their relatives told us that staff were kind, caring and compassionate when delivering care and supporting people. One person said, "Staff are kind to me and help me." Another person said, "Everyone is kind to me." A relative told us, "Staff are kind and helpful."

People had set routines for their daily activities, such as going to a local café to buy a cake. The staff ensured as far as possible that these were adhered to as people became distressed if their routines were disrupted.

Staff interaction with people we observed was caring and respectful, even when people were 'in a heightened state of anxiety'. One relative told us, "Staff are caring and they have their work cut out. My [relative] can be very difficult at times and they do manage [them] well." Staff protected people's privacy and dignity. One person told us, "Staff knock my door to come in and they help me a lot. A relative said, "[Name] is always clean and presentable."

People's relatives were encouraged to visit whenever they wanted and people were supported to maintain contact with them. One relative told us, "My [relative] comes home every weekend and we phone every night and chat to [them]." Another relative said, "I visit every week and take my [relative] out and staff are always good here."

People and their relatives were provided with the information they needed. Information about the service and the complaints system was available in easy read format. One relative told us, "Communication is very good and they keep us informed. "

Is the service responsive?

Our findings

People and their relatives had been involved in the development and review of their care and support plans. One relative told us, "We attend all the reviews and are very involved in my [relative's] care." Another relative said, "Staff do listen to us and we attend all reviews."

The care and support plans followed a standard template which included information on people's personal history, their health, individual preferences and interests. They were individualised and included clear instructions for staff on how best to support people with their specific needs and the tasks associated with these. The care and support plans covered all areas of people's lives, including maintaining their dignity and autonomy, communication and lifestyle. The plans had been reviewed regularly.

People had individualised activity programmes, for both mornings and afternoons, which included going for walks, eating out, swimming and bowling. In addition the registered manager had obtained equipment, including a trampoline and electronic games, that people were being encouraged to use together when they were in the home.

There was an up to date complaints policy in place. This was available to people in an easy read format. The registered manager showed us the centralised system where any complaint received would be recorded. None had been received in the last twelve months. Relatives we spoke with told us that they were happy with the service and had no complaint to make. One relative said, "We never have any complaints."

Is the service well-led?

Our findings

There was a registered manager who was fairly new in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives and staff found the registered manager to be open and approachable. One relative said, "The manager does listen to us and has been very effective." Another relative told us, "The manager is an absolute treasure. She is so lovely. On her day off she travelled to London to watch my [relative] in a competition. Now that is dedication." A member of staff said, "The manager is very approachable and we work well as a team here."

Staff were able to support the development of the service through team meetings, supervisions and appraisals. Staff had also been asked to complete a survey which also gave them the opportunity to identify ways in which the service could be improved.

There was an effective quality assurance system in place. Quality audits completed on a monthly basis included medicines management, training, infection control and support records. In addition, monthly performance reviews were completed by a manager from another of the provider's services. Regular reports on performance and quality at the service were sent to the provider's head office, together with details of the plans devised to address identified areas of improvement.

There were robust arrangements for the management and storage of data and documents. People's written records were stored securely and data was password protected and could be accessed only by authorised staff.