

Voyage 1 Limited

12 Channel Lea

Inspection report

12 Channel Lea
Walmer
Deal
Kent
CT14 7UG

Date of inspection visit:
29 April 2019

Date of publication:
04 June 2019

Tel: 01304367131

Website: www.voyagecare.com

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

About the service: 12 Channel Lea supports people with learning disabilities and/or autism. There were three people living at the service when we inspected. The service is based in a residential road in Deal, Kent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

The people living at the service told us that they were happy living there and were positive about the support they received.

People were supported to remain safe. Staff supported people to take their medicines and people received their medicines on time and as prescribed. Staff were recruited safely and had the skills and training they needed to support people.

People were supported to access healthcare service when they needed to do so and there was information for people to take with them if they needed to be admitted to hospital. This information would assist hospital staff to support people whilst they were in hospital.

The staff at the service were caring. People had a good relationship with staff and were happy living at the service. If people needed emotional support this was identified and put in place. Staff respected people's privacy and people were treated in a dignified manner.

There was information on how to complain available to people if they chose to do so. People had keyworkers who led on their support and gave people the opportunity to feedback on their support and any concerns.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people reflected the principles and values of Registering the Right Support in the following ways; people were supported to maintain their independence. People told us that they had a say in their support and were able to make choices and decisions whilst living at the service. For example, people planned their own meals and chose what they wanted to eat and when. People also chose their own activities and went out socialising with their friends. Staff respected people's right to make their own decisions. Most people living at the service were very independent and were able to access the community independently. Where people needed more support, there were sufficient staff at the service to provide this.

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 supported this practice.

There were systems in place to check and maintain the quality of the service to ensure that people received a good standard of care. People knew the registered manager and were able to speak to them if they wanted to do so.

The service continued to meet the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

At the last inspection the service was rated Good (published on 09 November 2016).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will visit the service again in the future to check if there are changes to the quality of the service.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

12 Channel Lea

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

12 Channel Lea 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:

We gave the service 48 hours' notice of the inspection visit because it is small, and people and staff are often out. We needed to be sure that they would be in.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and we used this information to help plan this inspection.

We spoke with two people who lived at the service about their experiences. We also spoke with two relatives and two members of staff as well as the registered manager and the area manager.

We looked at one person's support plan and health action plan as well as medicines management, meetings minutes, training records, staff supervision and appraisal records, health and safety assessments, audits and accidents and incidents logs.

After the inspection we asked the registered manager to send us some further information about the support plan of one person. This information was received in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse and people told us that felt safe. Staff continued to support people to keep themselves safe. For example, during the inspection staff talked with one person about how to keep themselves safe on social media.
- Staff knew how to identify concerns and there was information on display in the office for staff on how to identify and raise concerns. Staff and the registered manager knew how to report concerns to the local authority. There had been no concerns at the service.

Assessing risk, safety monitoring and management

- Risks to people continued to be mitigated. There was information for staff on how to support people to reduce risks. Risk assessments included accessing the community independently, financial management, medication and maintaining positive mental wellbeing. The staff we spoke with knew what the risks were to people and how to support them to remain safe and we observed staff supporting people to manage their money safely.
- Where people needed support to manage their emotions there was information for staff on how to identify and prevent concerns, what caused people to become upset and what to do if the person became upset.
- Risks to people from the environment also continued to be mitigated. For example, gas safety had been checked and there were regular fire drills which people told us they had participated in.

Staffing and recruitment

- There continued to be enough staff to keep people safe. Staffing was arranged flexibly around people's needs and where people needed one to one support this was provided.
- No new staff had been recruited since the last inspection where we found that staff were recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People continued to receive their medicine as prescribed with the support they needed. Medicine administration records (MARs) were complete and there were no gaps in records.
- Risk assessments had been completed to assess the level of support people needed to manage their medicines. People told us that they were happy with the support they received with their medicines.
- Where people used 'home remedies' such as pain relief the service had checked with people's GP's that these medicines were safe for people to use. There was information for staff on how and when to use these medicines and their use was appropriately recorded.
- Medicines continued to be stored safely in a locked cupboard and were ordered and disposed of safely.

Preventing and controlling infection

- People were protected from the risk of infection. People were supported to keep their own home clean and free from odour.
- Staff had access to appropriate personal protective equipment such as gloves and aprons and used these when needed.
- Staff had completed food hygiene training and knew how to support people to store and prepare food and cook safely.

Learning lessons when things go wrong

- One incident had occurred since the last inspection. This was appropriately recorded and investigated. Changes to the person's support plan was not needed after this incident, however this had been considered and assessed.

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

Good: 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

- No one new had moved in to the service since the last inspection.
- People's needs continued to be reviewed and assessed. Assessments included what support people needed with personal care, mental health, accessing the community, communication, diet and hydration and social and cultural needs. Assessments of people's needs had been used to plan their support and staffing levels.
- There was a system in place to receive guidance such as updated advice from the National Institute for Health and Care Excellence (NICE) and to review people's support plans in line with this guidance.

Staff support: induction, training, skills and experience

- Staff continued to have the training they needed to support people effectively. Training was a mixture of face to face sessions and e-learning. All the staff at the service had completed the provider's mandatory training in areas such as basic life support, equality and diversity, fire safety, infection prevention and control, and safeguarding adults.
- Staff had also completed specialist training such as Autism awareness, mental health awareness and managing stress. People told us that they were happy with the support they received from staff and we observed that staff were able to apply their skills and knowledge. For example, during the inspection we saw that staff were aware of how to support one person who did not wish to engage with the inspection.
- Staff continued to be appropriately supervised and supported. Staff received regular supervision and appraisals.

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

- People told us that they were supported to plan their own meals and shop for their own food. People told us that they had a choice over what they ate and would choose their own meals when out alone. However, staff did encourage people to make healthier choices.
- Staff encouraged people to participate in cooking as much as possible.

Staff working with other agencies to provide consistent, effective, timely care

- People had hospital passports in place. These are documents people could take with them when they went to hospital and provided useful information for healthcare staff. Passports included information such as how the person expresses that they are in pain, how they take their medicines and information about how the person engaged with healthcare previously.
- People had communication passports. This included information on what people's signs and gestures meant and what people could understand. These documents could be used by healthcare staff to aid communication.

Supporting people to live healthier lives, access healthcare services and support

- People continued to have access to healthcare services when they needed it. People had health action plans which included information about their healthcare needs and appointments such as doctors, dentists and opticians.
- Staff worked with people to enable them to be able to access healthcare and people attended annual health checks at their GP surgery.

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

- The design and decoration of the service met people's needs. People's rooms were personalised to suit their tastes and needs and people told us that they were happy with the environment.
- People had free access to the garden and all areas of the service including the kitchen and had privacy in their own rooms.

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 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). No people at the service were being deprived of their liberty.
- We checked whether the service was working within the principles of the MCA and found that they were. For example, there were detailed risk assessments which were regularly reviewed and set out what support people needed to make decisions for themselves. Staff understood that people were entitled to make unwise decisions and supported them with their choices. People were not restricted and told us that they were free to come and go as they pleased.

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

Good: 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

- When the inspector arrived at the service one person was given minimal support to greet the inspector and ask them to sign in. The person then showed the inspector around their home and told the inspector about the running of the home and their support.
- People told us that they were happy living at the service and with the support they received.
- We observed people being treated with kindness and compassion. Staff spoke to people in a friendly but polite and respectful manner and people were happy in staff's company.
- Staff spent time with people and listened to them. People laughed and joked with staff and were relaxed in their company.

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

- No one at the service needed support to express themselves although some people needed encouragement to maintain communication. Where this support was needed there was detailed guidance for staff on what encouraged and discouraged the person from expressing their views.
- People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support. People's keyworkers supported them to review their care to ensure their wishes and needs were being met.
- People told us that they were involved in making decisions about their care. For example, one person chose when they wanted support to access the community or when they wanted to do this alone. There was a risk assessment in place to ensure that this was done safely.

Respecting and promoting people's privacy, dignity and independence

- People continued to be encouraged to increase and maintain their independence. For example, people went in to town to spend time with their friends without support. And one person worked as a volunteer and staff were supporting the person to explore opportunities for paid employment. People were supported to increase their skills such as learning about budgeting.
- People were supported to maintain relationships with their family, friends and people who they cared about. For example, some people were supported to access social media to keep in touch with people and share their news.
- People told us that staff respected their privacy and knocked on their door before entering. People had keys to their own rooms which they could lock when they were out. People's records were kept private in a locked office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care continued to be person centred and delivered in an individualised way. There was information about people's preferences and goals in their care plans and staff knew people well. For example, one person's goal was to increase their ability to access the community independently and staff were working with them to increase their road awareness to ensure that their goal could be achieved safely.
- People regularly reviewed their support with their keyworkers. Support plans were reviewed annually or where people's needs had changed.
- People were supported to access the activities they chose to engage in, such as socialising with friends, watching films and going shopping. People planned their own activities and staff respected their choices. One person had chosen to reduce their social activity since the last inspection. However, staff were working with them to encourage them to participate in more activities again.
- No one at the service wanted support with any religious, cultural, sexuality or gender identity needs. Where people wanted support with relationships this was in place.
- Staff identified people's information and communication needs by assessing them where this was appropriate. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others through their communication passport. For example, where people needed information presented to them verbally.

Improving care quality in response to complaints or concerns

- There continued to be an accessible complaints policy and procedure in place. There had been no complaints since the last inspection and people told us that they had no complaints to make.
- People were also able to raise any concerns with their keyworker if they wanted to do so who regularly discussed with them if they had any concerns.

End of life care and support

- People living at the service were younger adults and the service was not supporting anyone at the end of their life.
- End of life support plans had not yet been developed. However, the registered manager was aware that these needed to be in place and was planning to address this.
- Where people needed support with bereavement this was provided.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Since the last inspection a registered manager had been recruited and was in post. The registered manager was also the manager for another service which was within walking distance from Channel Lea. The registered manager was supported by a senior support worker who had worked at the service for a long time. They had provided continuity after the previous manager had left and before the new manager was in post.
- There was an open and transparent culture within the service. Staff told us that they felt supported and were able to speak to the registered manager or area manager if and when they needed to.
- People knew the registered manager well and were relaxed in their company. People told us that the registered manager was approachable and that they could raise any concerns or issues with them. We observed that people also knew the area manager well. The area manager visited the service regularly and spent time talking with people during the inspection.
- When there were incidents, the registered manager was open and transparent about these and relatives told us that staff them kept informed where this was appropriate.

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

- There continued to be a system in place to check the quality of the service and make improvements as appropriate. There were regular audits of support plans, risks assessments, medicines, maintenance and the management of people's money. When audits identified concerns, these were planned for and addressed as appropriate. For example, the audit of the building identified a shower head needed replacing and this was completed. The area manager also undertook an audit of the service in March 2019 and checked that actions identified to improve the service were taken.
- No notifiable events had occurred at the service. However, the provider had a system in place to ensure that CQC was informed of any events as required by law and the registered manager understood their responsibilities.

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

- People were engaged through meeting with their keyworkers where they were asked about their support and any concerns that they may have.
- People had chosen not to have house meetings to discuss issues but did have an open dialogue with the registered manager at the service. Where people suggested changes to the service these had been listened

too. For example, people had wanted to make changes to their environment and these had been made. During the inspection people discussed with the registered manager and area manager that they did not like the new sofa, which people had chosen, and the area manager listened and agreed with people that they would come back with some suggestions for resolving the issue.

- There was also an annual survey for relatives and other stakeholders.
- There continued to be regular meetings for staff at the service and annual surveys of staff were completed. Staff continued to be positive about the service and told us that they had opportunities to express their ideas.

Continuous learning and improving care

- The registered manager kept up to date with best practice and developments. For example, they regularly met with other registered managers working for the provider and attended update events hosted by the provider.

Working in partnership with others

- The service referred people to external healthcare services when this was needed.
- People regularly attend events in the local community and accessed venues of their own choosing.