

Voyage 1 Limited

2a & 2b Mayfair

Inspection report

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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

This inspection took place on 19 and 22 January 2016, and was unannounced.

The service provides residential support to people who require personal care, and have a primary diagnosis of Learning Disabilities and associated behavioural needs. Although registered to provide support to ten people, the location currently has seven people using the service. 2a and 2b Mayfair, are two homes that are connected by a corridor. People who have more complex behavioural needs reside in one portion of the home, whilst people with more health related care needs reside in the other.

The home is required to have a registered manager, and has had the same manager in post since 2013. 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.

People were kept safe by a staff team who had an understanding of the importance of reporting concerns promptly. Systems were implemented to recruit suitable staff to work at the service, whilst protecting people against the risk of abuse. Sufficient numbers of trained and experienced staff were deployed in each wing to ensure people's needs were met.

People were supported by staff who were trained and competent in the administration and management of medicines. Medicines were safely secured and managed. Protocols were in place to ensure PRN (as required) medicines were only given when needed.

Good caring practice was observed. Relatives of people using the service reported that staff were caring in their approach, and supportive of their family members. People and their family members were involved appropriately in the planning and reviewing of care related documents. Care plans were personalised, focusing in the individual and how to meet their needs effectively.

People who could not make specific decisions for themselves had their legal rights protected. People's care plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in the person's best interests. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty.

People received care and support from a staff team who had the appropriate skills and knowledge to care for them. Staff received comprehensive induction, training and support from experienced members of staff. They felt supported by the registered manager and said they were listened to if concerns were raised. The quality of the service was monitored regularly by the registered manager and the Operations Manager. A thorough quality assurance audit was completed quarterly with an action plan being generated, and

followed up on during identified timescales. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to 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?

Good ●

The service was safe.

People were safeguarded from abuse. Staff knew how to report any concerns they had. Procedures were on display within the home outlining steps to take.

Risk assessments, and plans in an emergency were in place.

The provider had a robust recruitment procedure in place. People were kept safe with the current staffing ratios. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People and their relatives were involved in making decisions about their care.

People were offered choices of meals and drinks that met their dietary needs. People received timely support from appropriate health care professionals.

Staff received regular supervision, training and appraisals.

Is the service caring?

Good ●

The service was caring.

Staff worked in a caring, patient and respectful way, involving people in decisions. People's dignity and privacy were maintained.

People's individual needs and preferences were understood by staff. Explanations of support were given.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected people's needs and were reviewed regularly.

There was a system to manage complaints and people and relatives felt confident to make a complaint if necessary.

People and their relatives were asked for their views on the service and they felt confident to approach the management with concerns.

Activities were provided by the service.

Is the service well-led?

Good ●

The service was well-led. Staff, relatives and professionals found the management approachable, open and responsive advice.

Effective processes were in place to monitor the quality of the service.

Audits were carried out to see how to improve the service with appropriate action plans being produced.

2a & 2b Mayfair

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 inspection took place on 19 and 22 January 2016 and was an unannounced comprehensive inspection. Both days were completed by one inspector.

During the inspection we spoke with four members of staff, including the registered manager and three support staff. We spoke with three relatives of people who reside at the service, and one professional visiting the service. Observations were completed in both wings of the home during activities. We focused on the interaction of staff with people during this time, as some people were non-verbal.

Care plans, records related to health, medicines and additional documentation relevant to care and support were seen for three people who use the service. In addition, a sample of records related to management of the home were viewed. This included five staff records of recruitment, supervision and training, as well as complaints, quality assurance and meetings records.

Prior to commencement of the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. In addition we referred to inspection reports previously completed as well as notifications. Notifications are sent to the Care Quality Commission by the provider to advise of any significant events related to the service.

Is the service safe?

Our findings

Relatives of people told us that they felt people were kept safe at the service. We were told, "Oh yes, they are safe. They are well looked after". Staff had a comprehensive understanding of safeguarding and whistleblowing procedures. They were able to describe the various signs of potential abuse. One member of staff, when asked about the reporting of safeguarding concerns stated, "Immediately. I wouldn't hesitate." Visual aids were placed within the office to reinforce the safeguarding protocol to all staff. This detailed who to contact externally in such incidents. Each member of staff was up to date with in their 'safeguarding people against abuse' training. This was refreshed regularly to ensure staff retained understanding of what to do in such circumstances. Staff reported being able to raise concerns with management, and felt these would be dealt with appropriately.

People were kept safe by the implementation of appropriate risk assessments. These looked at allowing people to engage in activities they enjoyed doing, whilst keeping them safe. Assessments were reviewed frequently, with people or their representatives, where applicable and appropriate.

Medicines were supplied by a community based pharmacist using the Monitored Dosage System (MDS). This prevented over-ordering and wastage of medicines, as well as reducing the risk of error, as each MDS held a copy of the person's photo. Medication Administration Records (MAR) sheets were signed and dated correctly, with no medicine errors noted. Frequent audits of the MAR sheets were carried out by the management to identify and manage any potential errors. All medicines were stored safely and at the correct temperature. Those requiring refrigeration had temperature checks completed daily. 'As required' medicines (PRN) had correct protocols in place to keep people safe. This is a document that provides staff guidance on what action to take prior to offering a person PRN medicines. This aims to safeguard people against the potential of being given medicines more frequently than necessary. Staff were able to correctly describe when PRN medicines should be administered.

Incidents and accidents were monitored. An IT system was used for trends analysis, which alerted the manager to complete written guidance to prevent similar incidents occurring as part of the analysis process.

Each person residing at the service had their own personal fire evacuation plan in place. Staff were able to explain what action needed to be taken in such an event. Fire drills were completed frequently, to make certain people and staff knew what they had to do during an evacuation, and to minimise the potential of panic. Fire equipment was regularly checked to ensure it was safe to use. A contingency plan was in place, should staff need to evacuate the premises in an emergency with people. The office contained a prepared 'grab bag' that contained emergency supplies for staff to take with them in such events.

All maintenance checks were up to date. The home was clean and tidy. Personal protective equipment (PPE) such as gloves and aprons were available for staff to use as and when required. Colour coded systems for cleaning products were visible throughout the home. The kitchen also used a colour coded system for equipment. This reduced the risk of cross contamination.

People were kept safe by appropriate number of staff working at the service. Where shortfalls in staffing were noted within the rotas, these were covered from within the team where possible. If this was not an option then shifts were offered to staff from the provider's other local services. Agency staff were used as a last option only.

Robust recruitment procedures allowed the provider to keep people safe. This meant that any new staff had reference checks in relation to their character and behaviour in previous employment and Disclosure and Barring Service (DBS) check prior to commencing work. A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. A comprehensive system had been implemented by management to ensure staff were able to carry out their duties both safely and effectively. This included declaration of health and fitness, a documented interview process, gaps in employment explained – all of which were obtained and checked prior to employment being offered.

Is the service effective?

Our findings

People's health care needs were met. Care records provided evidence of all visits to or from health professionals including GP, optician, dentist, chiropody and Speech and Language Therapist (SALT). Information arising from their advice was included in the care plan and health plans. Hospital passports were created for all people using the service. This was a document that provided essential information about the person, including personal preferences, important contacts, as well as medical information.

Whilst the kitchen was locked in response to behaviours of some of the people that may put them at risk, the rights of others was protected through best interest meetings. People were regularly offered fruit, yoghurt, and drinks to keep them hydrated. Visual cues were used to help people make an informed choice of what to have. Nutritional profiles and health plans were in place for each person. If a person had dietary requirements for medical, cultural or religious reasons, these were catered for. Documents were prepared through multi agency working with professionals such as the local speech and language therapist (SALT). This meant a thoroughly comprehensive care plan had been prepared. Visual aids for staff on how to prepare foods were also provided and kept within the files. This minimised the potential for error, and ensured health and dietary needs were met at all times. Community based nutrition clinics were attended with people on a monthly basis. Those that were unable to attend the community clinic had home visits from the dietician.

People were involved in planning their meals. Meetings were held to decide the menus for the upcoming week. If people did not want to eat the planned meal, they were offered an alternative. Staff told us that if a person wanted food that was not on the menu, where possible they would attempt to accommodate this. The visiting professional – a dietician confirmed that staff would offer alternative food choices to people, and said "The registered manager is very good at proactively checking other meals are offered when people refuse". If a person preferred to eat on their own, they were able to do so. If a person needed support with their meals, this was done discreetly to preserve dignity.

One person had an en-suite 'wet room' created for them to maintain their dignity and independence. They were able to enter and exit both their bedroom and bathroom, by using an electronic door opening system, specifically put in to meet their needs. They were observed independently accessing both rooms. We were told by staff the changes had had a positive impact on the person's quality of life. The person's anxiety levels had reduced as they were able to do more things for themselves independently. We asked the person how they found their room and bathroom now, and they gave a positive response.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Training in the MCA had been received and staff understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff stated how they asked for permission before doing anything for, or with a person. We observed a person refusing support. Staff asked frequently until the person was happy to proceed with completing the task. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. Staff were able to describe why people were on DoLS and the implications for caring for them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA.

We saw staff seeking consent by asking people if they wanted to do something and giving appropriate explanations. They could tell us who had been involved in best interest meetings and the importance of involving people who knew the person well to help make a decision. This was evidenced within the care files for relevant people.

Each person had a decision making profile in their care plan indicating those decisions which required a best interest decision. The registered manager told us everyone living at the service had been reviewed in line with recent changes to DoLS. This ensured people's freedoms were not restricted unnecessarily.

People were cared for by a team of staff who underwent a comprehensive induction process. This included completion of mandatory training and additional training that would be supportive to their role. Work was commenced after a period of 'shadowing' of experienced staff once new staff felt confident to work independently. The training matrix showed that 100% of all required and suggested training had been completed or had been booked. An IT system was used by the home that alerted the manager one month in advance to when training was due to expire. This was effective in ensuring that staff knowledge and skills were continually updated. The registered manager told us she checked the competency of her staff team following training, so that she was confident staff were able to put into practice the learnt theory, and therefore ensure effective care was delivered. We saw evidence of team meeting quizzes that covered subject areas for review.

Staff received regular supervision. This provided staff and the registered manager the opportunity to discuss the job role in relation to areas needing support or improvement, as well as areas where staff had excelled. Supervisions were used positively to improve both personal practice and the practice of the service as a whole. One member of staff reported that they were "good to raise issues if you are unhappy, and highlight areas of development."

Is the service caring?

Our findings

People were supported in a caring way. Staff were respectful and approachable when interacting with people. During observations people were found to be comfortable when approaching staff for assistance or for general interaction. One relative told us, when asked about whether the service was caring, "Oh yeah definitely, they do a good job". Another relative said, "They do meet his care needs." This was reflective of the care seen.

People and their relatives were involved in decisions related to their care. A key worker system was in place, which meant that one member of staff had the primary responsibility for all documentation related to their key client. Information within documents was checked to meet the individual's needs and how they wanted to be supported. Care plans reflected the decisions made in key worker sessions and reviews. These were found to be written in the first person. For example "These things are important to me..." or "I would like to be supported..." Care plans were reviewed frequently with people and where applicable, with relatives. Likes and dislikes were noted in people's care files, as well as things that were of importance to them.

People were encouraged to engage in the monthly house meetings. These were designed to discuss general house related issues, as well as to look at menus, activities and any other business. Minutes of the meetings illustrated that people were encouraged to express their views and be involved in making decisions related to the service. We found that one person chose not to have the meals from the menu and this was discussed during the meeting. The person would make alternative choices that reflected their preferences, and this would be minuted.

The privacy and dignity of people was respected and maintained. We saw people being asked discreetly if they wished to use the bathroom, or being encouraged to change clothes, if food was dropped. One relative stated, "They respect his dignity and privacy." Records pertinent to care were securely kept in the office to maintain confidentiality.

People were encouraged to retain their independence and strive towards achieving this. We found several examples of this. One person was able to complete some personal care tasks independently. However, the layout of their bedroom and the property did not lend itself to the person achieving this easily. The service made relevant modifications to the premises, so to allow the person to remain independent and strive towards continuing to learn new skills. Staff reported that the person now independently washed, with staff remaining in close proximity predominantly for safety reasons. It was evident that this change had a significant positive impact on the person. We were asked by the person to come and have a look at their room, and how they were able to independently get up in the morning and use the bathroom with minimal support. The person was smiling whilst pointing at all the new changes made by the service.

Is the service responsive?

Our findings

All people had their needs assessed prior to them moving into the service. The home had three vacancies at the time of the inspection. The registered manager stated that any planned admission would need to be assessed specifically in relation to compatibility with existing people. She said it was essential that any new person's needs would not disrupt the lives of the people already residing there.

We observed that staff were responsive to people's needs. They were able to recognise when people were becoming distressed or needed assistance. For example, one person became anxious with our presence. Staff redirected the person away from the activity they were partaking in, and offered them a drink. They allowed the person to calm and reduce their anxiety, before re-engaging in the activity.

Activities were aimed at meeting the individual's needs. They were designed and discussed with each person or their families prior to being written up into a timetable. For example one person found sensory items stimulating, however wished to complete the activity individually rather than within a group. The home created bespoke activity boards that the person enjoyed. The conservatory was being redesigned to allow the person to use this space for their activities, with additional sensory items being purchased.

People had their bedrooms designed and created to meet their individual choices and preferences. One person had a feature wall painted with the emblem of their favourite football club.

Care plans focussed on the individual person's needs. Past life history, how they liked things done and how they communicated their everyday care needs were included in the document. Care plans were amended and reviewed as required.

People had a document within their care plan that detailed how they liked to be supported. This gave examples of a person's personal preferences including such things as favourite T.V. programmes, dvds and cds. It also identified the times they liked to eat, foods they particularly liked or disliked and how they would like to be addressed. A one page pen portrait had been completed as quick reference that contained all pertinent information related to the person. This was located at the front of the care file, and offered concise details of importance.

Relatives advised us that reviews were held within the home either six monthly or annually. Where relatives were unable to attend, they would be sent a copy of the draft care plan for their comments. Both staff and family members stated they felt that the home aimed to provide a high level of care that catered to the needs of the people. One relative told us that the service did an exceptional job in caring for their relative, although they had communication difficulties.

There was a complaints procedure and information on how to make a complaint was displayed. Relatives told us they were aware of how to make a complaint. We reviewed the complaints log and saw that complaints were investigated and responded to appropriately and in line with the service's policy and procedure. We were advised that management would be further notified of the concern. People's relatives

were confident that the service would correctly deal with a complaint. One relative stated, "I suppose I'd tell the manager. But I don't need to complain."

Is the service well-led?

Our findings

The registered manager had been in post since October 2013. One relative reported that the service had vastly improved since she had commenced employment. The service reflected an open door policy. People who use the service, their relatives, and visiting professionals were able to raise concerns with the registered manager at any time. We observed staff and visiting professionals entering the office to converse with the manager, and people approaching her as she walked within the service. One relative told us, "I trust her completely." Relatives felt the home had good management, and this was reflective of what we saw.

Complaints were dealt with appropriately. A system had been set up by the manager that showed transparency in investigating complaints. The complainant would receive a response following an investigation with a discussion on how and why the outcome was reached. This reflected the Duty of Candour (Regulation 20 of the Health and Social Care Act Regulations 2015), which stipulates the importance of transparency when dealing with complaints. The communication between professionals and staff was good; however one relative stated that this was not always clear with family.

The service used handover and shift planners that were verbally discussed at shift change, and used as reference during the course of the day. Information between staff was further exchanged through the use of a communication book and a diary, for scheduling of appointments or training. The provider had created a confidential telephone line for staff to use should they wish to discuss something confidentially or whistle-blow externally of the service. Staff reported they would use this service if the need arose, but felt comfortable to raise concerns directly with the registered manager.

The home had an honest and open culture. Staff were able to both verbalise and show through their delivery of care, the values of the service. One member of staff stated, "We're here to care for them, but let them be individuals too". We saw evidence of this when a person was due to change and was insistent of dressing in a particular top. Staff used humour in advising the person to wear something "less bright", however the person insisted, and was able to choose his own clothes.

There was strong evidence of working in partnership with external professionals. Details of visiting professionals were contained in the diary, as well as evidence of their feedback being incorporated into people's care plans. For example, we saw that one person had input from the psychiatrist and a psychologist. The care plan referred to this advice and was reviewed frequently within a multidisciplinary team. Risk assessments were further reflective of the advice.

The home completed audits of paperwork weekly and monthly. These were cross referenced by management to ensure errors in recording been identified. Where concerns were identified, the appropriate staff were spoken to and relevant action was taken to minimise the potential of similar incidents recurring.

Quality Assurance Audits were completed quarterly by the Operations Manager. An action plan of any outstanding items or new concerns was created following the audit. The registered manager would then develop a plan to rectify these issues with supporting evidence. For example audits were now signed off by

the registered manager, to illustrate that she was aware of the outcome of all audits. CQC guidance was reflected in the format used by the Operations Manager to ensure the service was safe, effective, caring, responsive and well-led.