

Voyage 1 Limited

The Mews

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 24 May 2017 and was announced. A previous inspection, undertaken in December 2014, found there were no breaches of legal requirements and rated the service as Good overall. At this inspection we found the home was continuing to meet all legal requirements.

The Mews is purpose built bungalow situated on the outskirts of Blyth, Northumberland. It is registered to accommodate a maximum of four people and provides care to people who have a learning and physical disability. Nursing care is not provided. At the time of the inspection there were four people using the service.

The home had a registered manager who had been registered since August 2011. 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.

Safeguarding procedures were in place. There had been no recent safeguarding matters formally investigated. The premises were effectively maintained and safety checks undertaken on a regular basis, including checks with regard to fire safety. Risk assessments were in place related to the environment and the delivery of care.

Appropriate staffing levels were maintained to support the needs of people living at the home. Suitable recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. Medicines at the home were managed and administered safely and effectively. People were supported to access adequate food and drink and we observed staff followed health professional guidance when preparing meals.

Staff said they were able to access the training they required and records confirmed mandatory training was up to date. Staff told us, and records confirmed there were regular supervision sessions and that they had an annual appraisal.

The registered manager had a good understanding of the Mental Capacity Act 2005. Three people currently living at the home had restrictions in place linked to the Deprivation of Liberty Safeguards. Where people did not have capacity to make decisions then best interests decisions had been taken and documented.

People had access to health care professionals to help maintain their wellbeing and staff responded to any health concerns. There was a homely feel to the building, although some decoration was in need of updating and access and facilities in the garden could be further developed. We have made a recommendation about this.

Relatives and professionals we spoke with told us they felt the care was good, personal and responsive to people's needs. Questionnaire responses from relatives of people living at the home indicated the service as good. We observed positive relationships between people and staff. Staff demonstrated a genuine interest in people as individuals and were empathetic in their approach. People were treated with dignity and respect.

People had individualised care plans that addressed their identified needs. Reviews of care needs involved individuals and family members, as appropriate. Individuals were supported to engage in a range of events and activities linked to their interests, both with the home and in the community. No formal complaints had been received in the previous 12 months.

The registered manager showed us records confirming regular checks and audits were carried out at the home. Staff and professionals were positive about the leadership of the home and the registered manager, who they said had a good understanding of people's needs. The provider was meeting legal requirements in relation to notifying the CQC of events and displaying their current quality rating. Records were complete and up to date.

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 and remained Good.

Is the service effective?

Good ●

The service was effective and remained Good.

Is the service caring?

Good ●

The service was caring and remained Good.

Is the service responsive?

Good ●

The service was responsive and remained Good.

Is the service well-led?

Good ●

The service was well led and remained Good.

The Mews

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 24 May 2017 and was announced. The provider was given 24 hours' notice due to the needs of the people living at the home. The inspection was undertaken by one inspector.

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 information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

People who used the service were not able to speak with us directly but we observed them to look happy and relaxed in staff company and well cared for. We also spoke with the registered manager and two care workers who were on duty on the day of the inspection. Following the inspection we spoke with two relatives of people who used the service and one care manager.

We reviewed a range of documents and records including; two care records for people who used the service, four medicine administration records, three records of staff employed at the home, accidents and incident records, minutes of meetings, communication documents and a range of other quality audits and management records.

Is the service safe?

Our findings

At our inspection in December 2014 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The provider continued to deal appropriately with any safeguarding issues and information on how to report any matters of concern was on display. Staff had undertaken training with regard to safeguarding vulnerable adults. There had been one recent incident the registered manager had referred to the local safeguarding team, but this had not been taken up formally.

At the previous inspection we had found the provider was undertaking checks on services and equipment, such as fire safety equipment, hoists, electrical equipment and water systems. At this inspection we found these checks had been maintained and viewed a range of safety certificates and servicing documentation. Risk assessments had been undertaken both for the environment of the home and in relation to people's care and welfare. The home had an emergency plan in place in the event of an unexpected event and people had personal evacuation plans in place.

Accidents and incidents were recorded and monitored and action taken, when necessary. For example a speech and language therapist was asked to review a person's care after they had suffered a potential choking event. Staff also accompanied people on holidays.

Staff, professionals and relatives we spoke with told us they felt there were enough staff at the home. The registered manager told us the staffing levels varied depending on the activities or events people were participating in. She told us staff would work flexible shifts to accompany people to concerts or the cinema.

At the inspection in December 2014 we had found the provider had appropriate recruitment processes in place. At this inspection we found these continued to be applied and that new staff were subject to suitable checks; including Disclosure and Barring Service (DBS) checks and the taking up of two references. Staff confirmed they had been supported through an appropriate induction process, including opportunity to shadow more experienced staff.

At the previous inspection we found the service was managing medicines in an appropriate and safe manner. At this inspection we found this continued to be the case. We saw medicines were safely stored in a locked cupboard, medicine administration records were well maintained and up to date and we observed staff supported people with their medicines carefully. Some people were prescribed 'as required' medicines. 'As required' medicines are those given only when needed, such as for pain relief. Where these were prescribed then specific care plans were in place for staff to follow. Staff had received training with regard to the safe handling of medicines. Checks on the temperature in the area where medicines were stored were maintained.

We found the home was maintained in a clean and tidy fashion. Toilet areas and shower rooms were well

maintained and effectively cleaned. Checks on the cleanliness of the home were undertaken by the registered manager and an infection control audit had been undertaken.

Is the service effective?

Our findings

At our inspection in December 2014 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Staff told us they had access to a range of training and updating. They said the majority of this was undertaken through the provider's on line training system, although practical aspects, such as moving and handling were done on a face to face basis. The service's computerised training records showed the majority of staff had fully completed all mandatory training. Mandatory training is training the provider considers essential for staff to undertake their roles. Staff said the registered manager would support additional training, if at all possible.

Staff also confirmed they were subject to regular supervisions and annual appraisals. Records showed these were up to date and contained good detail. Supervision and appraisal documents covered staff performance issues, training and future development plans. The registered manager also undertook observed supervisions sessions, where she directly observed staff delivering care, to ensure they followed required procedures and practices.

Staff spoke with us about how they communicated with people who could not always respond verbally. They told us that they learnt over time to recognise people's reaction, specific signals or facial expressions. People's care plans contained information to assist staff, with pointers as to what certain reactions or behaviours indicated for individuals – whether they were happy, upset, enjoyed or disliked something. Staff also told us about a range of pictorial prompts they use to help people make choices. They said they offered people alternatives and allowed them to point or indicate what they wanted to do or where they wanted to go, but would also further check this was the choice they really wanted. Professionals we spoke with also confirmed the service communicated well with them. One professional told us, "Any issues at all and I would always be informed either by telephone or by email."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us three people living at the home were subject to DoLS. We saw appropriate assessments and procedures had been followed in relation to these applications and further applications made when the anniversary of the DoLS was approaching. The applications of DoLS did not overly restrict

people's freedom and they were able to readily access the community with the support of staff.

One person living at the home was deemed to have capacity to make decisions about their own life and actions. We saw, where appropriate, there were full discussions with the person about their preferences and choices. The home had undertaken assessments to ensure they fully understood the decisions they were making. Where people did not have capacity to make choices then we saw best interests meeting had been instigated, involving professionals and family members. Best interests decisions had been made regarding people going on holiday, purchasing specialist equipment and receiving an annual flu vaccination.

There was evidence in people's care records that they were supported to attend a range of health appointments or that professionals visited the home on a regular basis. Files contained reports from occupational therapists, physiotherapist and speech and language therapists. On the day of the inspection one person, who had previously been seen by their GP, remained unwell so the registered manager asked the GP to further review them and they attended the home that afternoon to examine the person. Professionals we spoke with also confirmed the service was very proactive in ensuring people had access to a range of health services in a timely and effective manner. They also confirmed that the service implemented all health advice and guidance.

At the previous inspection we had found people were supported to access appropriate levels of food and fluids. At this inspection we saw this continued to be the case. People's nutritional requirements had been assessed and regularly reviewed. People's weights were frequently checked and, if necessary, additional advice sought. One person had recently had a choking episode and the registered manager had engaged a speech and language therapist to conduct a review. The recommendations from this review were available in the person's nutritional care plan. Another person was supported with a pureed diet. There were detailed instructions in the care plan about the preparation and consistency of their meals. We observed staff followed these instructions when preparing a meal for this person.

The home was a purpose built bungalow with good access for wheelchairs throughout the building. People's rooms had been decorated to suit their personal preferences. We noted the decoration in some areas of the home was in need of refreshing or updating. In particular some parts of the kitchen area were worn or broken and some carpets were stained. The garden area was generally level but had limited formal access paths and there were no shaded areas for people to enjoy the outdoors on sunny days.

We recommend the provider carries out a review of current kitchen facilities and decoration at the service with a view to a planned refresh. We also recommend a review of access and sheltered facilities in the garden area is also undertaken.

Is the service caring?

Our findings

At our inspection in December 2014 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

A relative told us, "The care is very good indeed. It is well run with a good standard of care. They do all the basics right" and "We could tell if (name) wasn't happy there; but we never get that impression from (name)."

We observed there to be good relationships between people living at the service and staff. Staff had a good understanding of people's care needs, personalities, likes and dislikes. Whilst people communicated in a variety of ways we witnessed they reacted positively to staff approaches, questions and engaged, in their own way, in jokes and conversations. Staff we spoke with told us they enjoyed caring for people and especially enjoyed being able to spend one-to-one time with people out in the community. Staff said people living at the home were close to their own ages, so they were able to engage with them about things they enjoyed, such as music, films and other events. One professional we spoke with told us whenever they had visited they had witnessed, "Unfaultable care."

People using the service had a recognised disability under the Equality Act 2010 and the registered manager and staff were aware of the implications of this for the service. Staff supported people to integrate into the wider community and said they felt they were well accepted when they went out. The registered manager told us she was hopeful one person may be able to undertake some part time work at a local shop.

People were involved in their care decisions as far as possible. We saw there were monthly key worker meetings which always involved the person. People were encouraged to input into the meeting. One record indicated the person had suggested they may like to visit Cardiff for a future holiday and staff had said they would investigate the possibility of this. Annual care reviews were also undertaken which involved the person and their family. One professional told us the home made every effort to involve people and their families in their care, for both wider multi-disciplinary meetings and their own internal meetings. Relatives we spoke with told us they were involved in care and kept up to date with any issues or concerns, if they arose.

People had also been supported by staff to complete questionnaires about their views of the home and care delivery. Whilst the entries were written by staff the responses were overall very positive about the care. Relatives and friends had also been offered an opportunity to complete questionnaires about the care delivered at the home. These too were overwhelmingly positive with regard to the staff and the care provided.

No one was being supported by an advocate at the time of the inspection. An advocate is an individual independent of local organisations who represents people when they are unable to, or have difficulty in expressing their views. They ensure people's rights and views are protected in any decisions made.

Information on how to access advocacy services was available.

At the previous inspection we had confirmed people's privacy and dignity were respected. At this inspection we saw this continued to be the case, with staff delivering personal care in a discreet manner. Staff were reminded about the need to maintain privacy and dignity in staff meetings.

People were supported to be as independent as possible. Staff told us there were no set activities, with the exception of visits to regular clubs or events, and that people could choose what they wanted to do on the day.

Is the service responsive?

Our findings

At our inspection in December 2014 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the previous inspection we had found people's needs had been comprehensively assessed. At this inspection we found assessments continued to be undertaken, although the documentation was tick box in form at times. Comprehensive care plans had been developed in the light of people's assessed needs. The registered manager told us the provider had recently revised documentation and all care plans were being reviewed in light of this change. Care plans contained good detail for staff to follow. For example, one person living at the home was prone to epileptic seizures. The care plan related to this area gave instructions regarding how staff should react if the person was sitting in their wheelchair or lying in their bed. Another care plan detailed how staff should support a person to use public transport and be as independent and safe as possible when doing this.

Care was reviewed in a variety of ways. Care plans were subject to a formal review as to whether they remained appropriate. These were often limited to short statements, although did reference if the plan had changed in any way or had recently been updated. There were monthly key worker meetings, where staff met with the person and reviewed a range of topics including the upkeep of their room, any health issues, planned or future activities, contact with their family and any special events such as birthdays or anniversaries. There were also annual person centred review meetings which involved people's family in full reviews of their care. The meetings involved identifying people's strong points, looking at what they had or wanted to achieve and identifying areas that had gone well in the past year and areas or issue that required to be reviewed in the next 12 months. These reviews were formally recorded, but also included photographs of the person, their family and other supportive pictorial references.

At the inspection in December 2014 we had found people were supported to participate in a range of activities. At this inspection records showed, and staff confirmed, people continued to be supported to enjoy activities personal to their interests. At the time of this inspection one person was on holiday in Spain, supported by staff members. On the day other people had gone out to planned activities or taken taxis to local shopping centres and the cinema. There was evidence in people's care records they had previously been on holidays, both in the UK and abroad, and attended a range of other social events and trips. The registered manager and relatives told us that one person was attending a reunion event at a college they had previously attended elsewhere in the country. Relatives told us the registered manager had specifically arranged a hire car for the trip and was driving the person to the event themselves.

The registered manager told us one person was particularly interested in music and had been to a heavy rock concert in Newcastle a few days previously. She also showed us the person's bedroom, which was highly personalised and included one wall painted by a street artist in the manner of an album cover from another rock band. The registered manager and staff confirmed people were encouraged to gain as much from these experiences as possible. The registered manager told us how one person, whilst on holiday in

Spain, had wished to try parascending. She told us she had flown out to Spain specifically to accompany the person in the activity, as staff supporting the individual were nervous of water. Within the home people had access to their own televisions and music centres in their rooms. Some people had light systems and projector systems installed in their rooms. One room in the home had been fitted as a sensory activity room with specialist light and sound systems and a small ball pool area.

At the previous inspection we found the service was dealing with concerns and complaints in an appropriate manner. At the registered manager told us there had been no recent formal complaints. Information on how to raise a concern was available in the home's main foyer. We saw people and relatives had opportunity to raise any concerns at care review meetings or when completing annual questionnaires. The manager told us relatives would also approach her directly if they had any queries. Relatives we spoke with confirmed they had not made any recent complaints. One relative told us, "If we did have a complaint we would go to (registered manager) first. She would be very upset if we had a problem and didn't bring it to her attention and let her sought it out."

People's health files contained copies of hospitals passports, with details of their medical conditions and information about their preferences and communications styles. Hospital passports are documents that allow health staff to have important information to hand, should a person need urgent treatment. Health files contained additional information such as the most recent assessments from speech and language professionals on how to support the individual with eating and drinking.

Is the service well-led?

Our findings

At our inspection in December 2014 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since August 2012. The registered manager was complying with the service registration requirements. The home was displaying its current quality rating and the CQC had received appropriate notifications of events, DoLS applications and safeguarding issues, in line with legal requirements.

Staff were positive about the approach and support they received from the registered manager. Comments from staff included, "She is good. She is approachable about any concerns, no matter how silly they may seem. You can go to her for advice and she is always on the other end of the 'phone if you need her" and "I really get on well with her, she is very approachable." Staff also told us the registered manager had a good understanding of all the individuals who lived at the home. They said, "She really understands the residents and has a great bond with them. She is always involved with residents on the floor" and "She gets on the floor with the residents; she is very hands on and not office bound. She has lots of knowledge." Professionals we spoke with were also positive about the registered manager. One professional told us, "I can't fault (registered manager). She is just fantastic with everything. She knows the clients very well and would always come in on her day off for a review meeting or anything."

Relative we spoke with also praised the approach of the registered manager highly. Comments from relatives included, "(Registered manager) is brilliant. If she goes I don't know what we would do" and "There have been several managers at The Mews and (registered manager) is by far the best. She keeps abreast of everything and keeps everyone happy. She is very hard working and dedicated."

At the previous inspection we had found the provider had a range of systems in place to monitor quality at the home and check on the delivery of care. At this inspection we found this remained the case, with quarterly self-audits being completed by the registered manager and a range of other systems in place, such as medicines audits and infection control checks. Where appropriate the self-audit identified where action needed to be taken. For example, we saw in one audit that staff were still to complete a staff stress questionnaire. We saw this had been raised in a subsequent staff meeting and completion was ongoing. In another audit we saw staff were not always signing entries in a communications book. We again saw this had been raised at a staff meeting.

There continued to be regular staff meetings where a range of issues were discussed and addressed including reviews and updates of people's care needs, changes in procedures and any issues identified through audits and checking systems. Staff we spoke with told us these were good meetings and all staff were able to raise any issues. We noted there was a current topic around the possible reduction of waking night staff. We saw this matter had been further raised by the registered manager with senior managers in

the organisation.

Along with questionnaires sent to relatives and professionals staff had also been encouraged to complete an annual return. Ten staff had returned the most recent questionnaire. All ten noted the positive team work at the home and four specifically identified the support given to staff by the registered manager. Staff we spoke with told us there was a good staff team at the home who were able to raise any issues openly and supported one another, covering shifts or being flexible to support holidays and outings. One staff member told us, "There is no miscommunication; you can go to any staff member, they all tend to support each other. This is the best place that I've worked."

Records at the home were well maintained, up to date and had few gaps or errors.