

Voyage 1 Limited

Voyage 1 Limited - 16 Balnacraig Avenue (The Leaves)

Inspection report

16 Balnacraig Avenue
Neasden
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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 

Overall summary

We conducted an unannounced inspection of 16 Balnacraig Avenue (The Leaves) on 23 April 2015.

At our last inspection on 5 August 2014, the service met the regulations inspected.

16 Balnacraig Avenue (The Leaves) is a home for seven people with a learning disability and physical disability. There were six people using the service on the day of the inspection. The home is part of a larger national provider Voyage 1 Limited and a manager is registered with the

Summary of findings

Care Quality Commission. The service had a registered manager 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 told us people were safe. There were systems and processes in place to help protect people from the risk of harm. These included thorough staff recruitment, staff training and systems for protecting people against risks of abuse.

Relatives told us staff were respectful towards them and staff were caring and supportive to people throughout our visit.

There were enough suitably trained staff to meet people's individual care needs. We saw staff spent time with people and provided assistance to people who needed it.

Medicines were managed and administered safely and staff received appropriate training and their competency was assessed annually.

Staff were available to support people to go on trips or holidays and a wide range of in-house activities were provided.

Staff understood they needed to respect people's choice and decisions. Assessments had been carried out and

reviewed about people's individual capacity to make certain care decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family members where appropriate and relevant health care professionals. This meant the provider was adhering to the Mental Capacity Act (MCA) 2005 Code of Practice.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The provider was meeting the DoLS requirements. At the time of this inspection, all people had a standard DoLS authorisation in place. The registered manager was aware of the impact of a supreme court judgement on the implementation of DoLS.

People's health and social care needs had been appropriately assessed. Care plans provided detailed information for staff to help them provide the individual care people required. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

There were effective systems in place to monitor and improve the quality of service through feedback from people who used the service, staff meetings and a programme of audits and checks.

Summary of findings

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. There were systems and processes in place to identify and minimise risks related to the care people received.

There were procedures to ensure there were suitable and sufficient staff through strict staff recruitment. Systems helped protect people from risk of abuse and procedures and to ensure people received their medicines as prescribed.

Good



Is the service effective?

The service was effective. There were systems in place to make sure people, family members and other professionals were involved in supporting people's care decisions.

Where people did not have capacity to make certain decisions, the provider operated in line with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of meals and drinks that met their dietary needs.

People were referred to appropriate health care professionals to ensure their health needs were maintained.

Good



Is the service caring?

The service was caring. People were treated as individuals. Staff understood people's preferences and knew how people wanted to spend their time.

People were supported with kindness, respect and dignity. Staff were patient and attentive to people's needs.

Good



Is the service responsive?

The service was responsive. Relatives told us they were happy with the care provided and had no complaints about the service people received.

There were systems in place to make sure changes in people's care needs were managed and responded to, including regular care plan reviews with people's involvement. Staff were aware of people's individual health needs and supported people appropriately.

Good



Is the service well-led?

The service was well led. Systems were in place that supported and encouraged people to share their views of the service they received.

The registered manager used this feedback to support continuous improvements.

Staff told us they felt supported by the registered manager and were able to raise any concerns they had.

Good



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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.

We undertook an unannounced inspection of 16 Balnacraig Avenue (The Leaves) on 23 April 2015. The inspection was carried out by a single inspector.

Prior to the inspection we reviewed the information we had about the service. 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 our records including previous inspection reports.

People using the service at 16 Balnacraig Avenue (The Leaves) had limited verbal communication skills; we spoke with three relatives, two care workers, the registered manager and the operations manager during this inspection. We spent time observing care and support in communal areas. We also looked at a sample of three care records of people who used the service, five staff employment records and records related to the management of the service.

Is the service safe?

Our findings

We asked relatives if they felt that their loved ones were safe. One relative told us, “Yes, he is very safe here; the staff are excellent and look after him very well.” Another relative we spoke with said, “The staff do their best to make sure people are safe. I observed them during my visits and saw that they put the brakes on when the wheelchair is not in use. These are the little things which matter.” One staff member told us, “I would look for signs of abuse.” This staff member also told us they would, “Ask people how they [people who used the service] were feeling.”

Staff we spoke with said they would recognise changes in people’s emotional behaviour if things were not right. Staff understood the different kinds of abuse and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had happened within the home. Staff were aware of, and had access to, the provider’s safeguarding policies and they had received safeguarding training. The registered manager was aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received.

The provider had plans in place for an unexpected emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire or damage to the building. Staff told us they knew what action to take in such an emergency situation that made sure people’s safety was maintained.

Staff knew how to manage risks associated with people’s care. Records and staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks. For example, one person had returned from hospital and required additional staff support. All of the staff spoken with knew about these changes and what they needed to do, to keep this person safe. We saw care records had been reviewed and provided up to date information for staff as to how to ensure this person was kept safe.

Records showed incidents and accidents had been recorded and where appropriate, people had received the

support they needed. The system in place ensured that all incidents had to be reported to the head office who assessed any trends or patterns that emerged which ensured that these could be responded to appropriately.

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the home. Recruitment records we viewed confirmed this. Staff spoken with told us they had to wait until their criminal record check and reference checks were completed before they could start work.

Relatives told us there were enough staff to meet their needs. All of the relatives we spoke with told us that people received the help they needed, when they needed it. One person we spoke with said, “Staff are available where they need them, sometimes I see they are very busy, but they are always patient and take sufficient time to talk to people.” Staff told us they could meet people’s individual needs. One staff member said, “There is enough staff, no one goes without. We have enough staff to cope.” One staff member said, “There are always four of us, so we can do jobs like cleaning, laundry and food without affecting the care people receive.”

The registered manager told us they had flexibility in staffing levels to deploy staff where they are needed. For example, if people needed to be supported on day trips or when people had to attend appointments. The registered manager and staff told us they also operated an on call duty rota if staff required assistance or had issues that may impact on people who used the service. The registered manager told us, “I was called out to the hospital over the weekend and supported staff.”

Systems were in place to make sure people received their medicines safely. Relatives told us care staff supported people to take their prescribed medicines when required. One relative said, “My relative as far as I know always get my medicines, every day.” Medicines were stored at the correct temperatures and were disposed of safely and appropriately at the end of each medicines cycle. Medicine administration records (MAR) sheets confirmed each medicine had been administered and signed for at the appropriate time. We checked three people’s medicines and found quantities of boxed medicines did always match the stocks of available medicines.

Is the service safe?

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

Is the service effective?

Our findings

Relatives told us that the service people received was good and people received care and support from staff when needed. One person told us the staff were, "Very helpful and friendly and I would give them 10 out of 10."

Staffing levels and consistency of staff meant staff knew what people wanted to do on a day-to-day basis and what support people required. The registered manager said, "We have a low staff turnover which helped provide people with stability and routine which is essential to supporting people with learning disabilities." The registered manager said people's health and well-being had improved because people had continuity of care. The registered manager gave us one example where a person who used the service had not talked since they moved to the home. The registered manager said, "During the last holiday the person was so happy she even talked a little."

We saw staff had a good understanding of the needs of each person and had the skills and knowledge to support people effectively. For example, we observed staff supporting a person who had recently returned from hospital. Staff provided 24 hours support since they returned to the home. Staff provided constant reassurance and supported this person to reduce any anxieties they had because of their medical condition. Staff engaged people in conversations that made people feel relaxed and involved. The atmosphere within the home was calm and relaxed and we saw people laughed and chatted with staff and each other.

Staff told us they felt confident and suitably trained to support people effectively. Staff told us they completed an induction when they started at the home and they completed all their training during their induction period. One staff member said, "Before I started I met the residents [people] a few times. This was so they could get to know me." Staff told us they had regular supervision and appraisal meetings about their individual performance, and they felt supported by their colleagues and managers. We saw in training records that staff received a variety of training, which included manual handling, medicines administration, first aid, food hygiene, safeguarding vulnerable adults and mental capacity act training.

Staff said they gained consent from people they provided care to. For example, one staff member said: "It's about people giving you the right to do something. If you don't get consent, you can't do it." Other staff spoken with explained how they sought consent and people's agreement, if they could not understand. The responses staff provided showed us staff recognised the importance of ensuring people agreed to care before they carried it out.

We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff put this knowledge into practice on a regular basis and ensured people's human and legal rights were respected.

The registered manager understood the requirements of the Mental Capacity Act and made sure people who lacked mental capacity to make certain decisions, were protected. Applications had been made and authorisations received from the 'Supervisory Body' to deprive anyone of their liberty. The provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had systems in place to follow the requirements when DoLS were required. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act.

We observed that people enjoyed the food and drinks and were offered a choice of what they wanted on a daily basis. We saw people were provided with their choices and they ate their meals where they wanted. Staff told us if people did not want the choices on the menu, alternatives would be provided. We observed this during breakfast where people were able to choose from a variety of cereals or during lunch time where people were able to choose different drinks.

Records showed people had received care and treatment from health care professionals such as psychiatrists, physiotherapists, GP and occupational therapists. Appropriate referrals had been made and these were made in a timely way to make sure people received the necessary support to manage their health and well-being.

Is the service caring?

Our findings

Relatives told us they thought staff were caring and kind. One person said, “They [staff] genuinely care and see it not just as a job. I observed them to say hello when they arrive and say good bye to people when they leave, these are the little things which matter.”

We saw people were able to spend time how they wanted. Some people chose to listen to music on their own in the communal lounge. Other people were supported to go to the day centre. A massage therapist visited the home regularly to provide massage. On the day of our inspection, we saw the art therapist visiting and engaged three people in weekly art therapy sessions. Staff spent time with people, discussing day to day things such as the weather, what people wanted to do and what they wanted to eat. Staff also spoke openly with people about the activities they had enjoyed that day and what their plans were later in the week.

Staff told us they set people individual goals, with their permission and agreement, to maintain people’s levels of independence. One staff member said, “We have regular meetings and discuss what people want to do.”

Staff were polite and respectful when they talked with people. Relatives said staff treated people with respect.

Staff understood and gave us examples that showed how they protected people’s privacy and dignity. One staff member said, “We always let each other [staff] know where we are because if you are helping people, it’s always behind closed doors.”

Staff told us they cared for people in a way they preferred. One staff member said, “They [people] almost receive one to one support, we tend to their needs and we understand them. We make sure they are involved and we look after them.”

All of the care plans we looked at showed people and their relatives had been involved and had agreed to the levels of care and support they required. Each care plan contained details of the individual’s background, needs, likes, dislikes and preferences. These records also contained people’s personal goals and objectives and how they wanted to spend their time.

Staff were able to demonstrate a good knowledge of people’s individual choices. People were encouraged to maintain their independence and get involved with household tasks. Staff told us, “Due to their disability what people can do is limited, but we encourage them to do as much as possible on their own.”

Is the service responsive?

Our findings

Relatives told us that people received care, support and treatment when they required it. Relatives said staff listened to them and responded to their needs. For example, we saw one person wanted to listen to music in the communal lounge. We heard staff chatting with this person about what music they liked. This person chose the music and we observed the person enjoying the music in the lounge.

People were encouraged and supported with their hobbies, interests, personal goals and ambitions. Records showed that people accessed the local library, went on annual holidays and went shopping to a local shopping mall. Other people visited or were regularly visited by their family members. People's aspirations were recorded in people's care plans which documented what support people needed to achieve those goals.

We looked at three care plans and found they contained detailed information that enabled staff to meet people's needs. Care plans contained life histories, personal preferences and focussed on individual needs, with appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. For example, we looked at a care plan for a person who had a chronic illness. The care records contained appropriate information for staff, such as how to provide specific care for day and night time routines. Records also contained charts for staff to complete that identified potential triggers

when certain behaviours were presented and what support could be offered to keep people safe. Staff spoken with told us they recognised certain signs when this person became agitated. Staff were confident they could manage this person by observing them closely until their anxieties reduced.

Staff responded quickly when people's needs had changed. For example, one person had recently returned from hospital and was currently bed bound. The registered manager ensured that this person was visited in the bedroom regularly and asked if the person required any support. Staff told us that they were made aware of this change at handover meetings so they were given the information they needed to know to provide appropriate support. Staff showed concern, reassured this person and others living in the home that these changes were important to monitor the person's health and well-being. When changes occurred, care plans were reviewed and changed.

Records showed the provider had not received any formal complaints in the last 12 months. People we spoke with told us the managers were approachable and if they had any concerns, they would speak with the managers or their key worker. The registered manager told us they held regular group meetings, one to one meetings and had an open door policy so people were given opportunities to raise any issues. The registered manager said, "People will let you know if they are not happy. If there is anything, it's resolved before it becomes an issue."

Is the service well-led?

Our findings

Relatives and staff told us they found the registered manager and deputy manager approachable and understanding when issues had been raised. For example, one relative told us, “The new manager is very good; he is easy to talk to. Calls us regularly and inform us of any changes and sometimes he just call to have a chat.”

The registered manager told us their goals and objectives were to make 16 Balnacraig Avenue (The Leaves) a, “Friendly, relaxed home for people to live in.” Relatives told us they were very happy with care provided.

The registered manager told us they supported staff by investing in training that enabled staff to support the people they looked after. Staff spoken with said there were regular meetings where they were able to discuss their personal development objectives and goals. Staff said they found meetings useful because it helped them to discuss people’s needs, but also any learning opportunities or training needs for them. One staff member said, “The last meeting we discussed safeguarding which was really useful.”

The registered manager said, “We know people and we know what works best for them.” They told us they accepted advice and guidance, but were prepared to challenge this if it was in people’s best interests.

The provider sought the views of people about the quality of service provided. People who used the service had regular meetings with the staff and management to discuss any issues they had and regular one to one meetings about the care and support they received. One staff member told

us these meetings were useful to see how people were feeling and what they wanted now, and in the future. They said, “We have them every month and they allow us to discuss any issues.”

We asked staff about the support and leadership within the home. Staff said they were confident to raise concerns they had and praised management for their openness. Staff told us they had regular work supervision meetings to discuss their performance and training needs, an annual appraisal and team meetings. Staff told us the service supported whistleblowing and they felt confident to voice any concerns they had about the service. One staff member told us, “The management are very supportive, friendly.” Another staff member said, “It’s great to see managers getting involved with people, they will do any job.” None of the staff spoken with had raised any concerns to the managers.

There were effective systems in place to monitor the quality of the service. We looked at the quality assurance checks that had been completed over a period of time. Some of these audits identified areas for improvements, for example, care plan reviews and an analysis of when people had an accident. Action plans were followed to make sure any improvements were taken so people received their care and support in a way that continued to protect them from potential risk and improve the quality of service people received.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.