Voyage 1 Limited

Bramley Avenue

Inspection report

73 Bramley Avenue
Melbourn
Royston
Hertfordshire
SG8 6HG

Tel: 01763261682
Website: www.voyagecare.com

Date of inspection visit:
10 October 2017

Date of publication:
27 October 2017

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

Bramley Avenue provides accommodation and personal care for up to five people who have learning difficulties. Accommodation is provided on one level and all bedrooms are single rooms. There are two communal rooms for people to spend time with their families and visitors.

This unannounced inspection was carried out on 10 October 2017. This was the first inspection of the service since being re-registered on 1 November 2016.

There was no registered manager at the time of this inspection. However, provision had been made as there was a general manager in post to oversee the day-to-day running of the service. They had applied with the Care Quality Commission (CQC) to become the registered manager. 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

There were systems in place to manage risks appropriately and to protect people from avoidable harm. There were enough staff to meet people's needs and staff recruitment procedures ensured that only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed.

People received care from staff who were well trained and well supported. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People were assisted to have enough to eat and drink. People were supported to manage their health and wellbeing and to access a range of healthcare professionals.

Staff were kind, caring and respectful towards people. They respected people's privacy and dignity. People were involved making decisions about their day to day lives.

People's care plans were being reviewed to make them more personalised reflect people's goals that they wished to achieve.

Staff supported people to access a range of hobbies, interests and activities.

People were given opportunities to speak with staff and the manager if they were not happy with the service.

The manager was approachable. Arrangements were in place to ensure that the quality of the service provided for people was regularly monitored. People who lived in the service and their relatives were

encouraged to share their views and feedback about the quality of the care and support provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported with their prescribed medicines safely.

There were sufficient staff to ensure people's needs were met.

Is the service effective?

Good

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were in the process of being followed when decisions were made on people's behalf.

People's health and nutritional needs were effectively met and monitored.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People and their relatives had opportunities to comment on the service provided. People were involved in every day decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care records provided information to ensure that people's needs were consistently met.

People were supported to access the local and wider community and develop and maintain hobbies and interests.

A complaints policy and procedure was in place and people had the opportunity to raise any concerns about their care.

Is the service well-led?

Good

The service was well-led.

The provider had arrangements in place to monitor and improve, where necessary, the quality of the service people received.

Members of staff felt well supported and were able to discuss issues and concerns with the manager.

Bramley Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by one inspector on 27 September 2017.

Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that happen in the service that the provider is required to notify us about by law. The manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with the manager, senior care worker, an operational manager and three members of care staff.

All of the people who used the service had special communication needs. They expressed themselves using a combination of sounds, signs and gestures. We used staff, people's care plans and other information to help us with our communications. We also observed how people were cared for to help us understand their experience of the support they received.

We looked at two people's care and support plans, recruitment records, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as quality assurance audits, and staff training records.

Good

Is the service safe?

Our findings

Whilst people weren't able to tell us whether they felt safe or not we saw that they were happy and relaxed in the presence of the staff. When we spoke with them about living in the service they smiled.

Staff told us they had received training to safeguard people from harm or poor care. They showed us they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff said, "I would always report any concerns I have, to the manager, area manager or I would even go to the police if I was worried for someone's safety." Another staff member told us, "We have the safeguarding number in the office. Any concerns I had I would use the number and speak to the safeguarding team." Staff told us they felt confident that their managers would act on any concerns they raised. Records showed that the manager had reported concerns to the appropriate external agencies including the local authority and the Care Quality Commission (CQC).

Systems were in place to identify and reduce the risks to people who used the service. Regular safety checks are carried out as part of monthly quality assurance and fire testing is done along with fire drills. PAT [portable appliance testing] and electrical wire testing is carried out along with legionella testing. Records showed this to be the case and included fire drills involving the people who use the service.

Care plans contained a range of assessments that evaluated the risks of people accessing the community, mobility equipment, and using transport. These assessments gave staff clear direction as to what action to take to minimise risk. They focused on what support each person could do for themselves and what they needed assistance with. This was so that activities were carried out safely and sensibly. For example, when going out in the minibus and ensuring that the wheelchairs were securely fastened in their brackets.

All recruitment checks were carried out by the provider's personnel department in conjunction with the manager. These checks included obtaining references, ensuring that the applicant provided proof of their identity and that they undertook a criminal record check with the Disclosure and Barring Service (DBS).

There were enough knowledgeable, skilled and experienced staff available to safely meet people's needs and support them with a variety of activities. Staff confirmed there were sufficient staff to meet people's needs, with the exception of unplanned absence due to sickness. The manager told us they did not have a specific tool to assess staffing levels, but constantly reviewed people's needs and the staffing levels to meet these. The manager and staff explained that they worked flexibly to ensure people's needs were met. For example, staff made sure that they were available to ensure people undertook their planned activities either in the home or out in the community.

Systems were in place to ensure people received their medicines safely. Staff told us that their competency for administering medicines was checked regularly. We found that medicines were stored securely and at the correct temperatures. Medicines were administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines received and administered. Staff were aware of when to give medicines that were prescribed to be administered 'when required' in line with protocol

instructions.

The manager or the deputy regularly checked medicines and the associated records to help identify and resolve any discrepancies promptly. Errors or discrepancies had been investigated and action taken to reduce the risk of future occurrences.

Good

Is the service effective?

Our findings

Staff told us and records showed us that staff were sufficiently skilled, experienced and supported to enable them to meet people's needs effectively. New staff received an induction which included shadowing experienced staff and undertaking a number of training courses to ensure they felt confident to work with the people at Bramley Avenue. One member of staff told us, "I was shown everything like medicines, health and safety. I was introduced to each of the residents [people who use the service] and had mandatory training such as safeguarding and moving and handling."

Staff told us they received regular supervision and appraisals. All staff said they felt the manager and other members of the staff team were approachable. One staff member said "It's very good here we all support each other. Anybody is willing to answer your questions at any time."

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 MCA 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 provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us, and records confirmed that they had received training in the MCA and DoLS. Staff we spoke with showed an understanding of promoting people's rights, choices and independence. DoLS applications to the local authority had been made by the manager and the outcome of these was not yet known.

People's nutritional needs were assessed and people were supported to have enough to eat and drink. We saw that people enjoyed their lunch. People were given choices for their meals and cultural needs were respected and met. We saw staff encouraging people to eat and drink in ways that were suited to the individual. Other individuals were fed via a Percutaneous Endoscopic Gastrostomy (PEG) This is by means of tube which is passed into a person's stomach through the abdominal wall. The staff undertake this task in supporting these individuals to have nutrition. The records were completed in the person's notes. Records confirmed that people were referred to the dietician when there were concerns about their weight.

People were supported to maintain good health by the involvement of a range of external healthcare professionals, such as the GP, community nurses, chiropodist, dietician and optician. Staff were able to explain an instance where GP support was provided when one person became unwell very quickly.

Good

Is the service caring?

Our findings

During our inspection we saw caring and respectful interactions between staff and the people using the service. We saw staff involving people when preparing the person's lunch by explaining what they were doing. The staff member chatted with the person throughout the task to make them feel involved and to make it a joint and pleasant experience.

Staff told us they would be happy with a family member receiving care and support from this service. One staff member said this was because, "We [staff] all understand the needs of the residents [people who live at the service]. We are very supportive of their choices and it is their choice what they do. We [staff] just need to help and support them."

Staff told us that it was important to them that they treated people with respect, dignity and promoted their independence. One staff member told us, "Whilst we try to promote peoples independence by involving them as much as possible in their choices. Some choices are made on what we know about people. We would always ask them and wait for some response from the person before going ahead with the activity." Staff respected people's privacy and dignity. We saw that staff took people to their rooms to undertake personal care and we heard staff knock on people's bedroom doors before entering. People's privacy and dignity was respected and staff engaged with people in their preferred way. Staff would ask people for their consent and input even if communication was limited

People's rooms were decorated in a way personal to them with various personal objects and pictures. Staff took pride in how the service looked and wanted to make it a pleasant environment for people to live in.

The manager told us that staff were in the process of reviewing people's care plans and continue to explore ways to involve them in the process. The staff had produced lots of pictures and photographs that they were able to show to people about what food and activities to support them in making their choices.

The manager told us and showed us the information available if people for advocacy required an advocate. Advocates are people who are independent of the service and who help support people to decide what they want and communicate their wishes.

Good

Is the service responsive?

Our findings

People's health and welfare were met by staff who were responsive to people's needs. A number of the people had lived at the service for many years. The manager and operations manager had identified that people's care plans needed to be updated to ensure they were person centred and only include information that was relevant on a day to day basis. They had identified that there was a lot of information contained in the files that was not needed daily and could therefore be archived. They were in the process of engaging each person in this process as much as they were able. They told us they anticipated that this work would be completed within the next six months.

Staff knew people well and spoke knowledgably about people's preferences and their needs. The staff told us that a handover took place three times a day and always included the previous 24 hours. This included any changes to the support people required or anything they needed to be aware of. They told us that this meant they were kept up to date with people's current care and support needs.

Staff responded to people's changing needs. For example, one person had recently undertaken some health checks. Staff had identified that the person was still a little uncomfortable and therefore needed to chase up a follow up appointment again on their behalf.

People were supported to access the local and wider community. For example, some people regularly visited the local pub. Staff also drove the service's vehicles to access facilities that were further away. For example, on the afternoon of the inspection one person was supported to go to the cinema in the local town.

.

People were supported to maintain relationships that were important to them. Records showed contact with family had been maintained even if it was only a regular email to update them on their relative's health and wellbeing where appropriate.

Staff told us they would be confident to raise anything that concerned them with and told us that the manager operated an open door policy. The complaint information had been developed in an 'easy read' format to support people to raise any issues of concern. There had been no complaints or concerns raised in the last year.

Good

Is the service well-led?

Our findings

There was not a registered manager in post at the time of the inspection. A manager had been appointed and they were available throughout the inspection. They had submitted an application to CQC to become the registered manager. The manager was supported by a team of care staff. Staff demonstrated to us that they understood their roles and responsibilities in ensuring that people's needs were met appropriately.

Staff told us that the manager could be contacted at any time if they were not on duty at the service. From discussions and observations we found the manager and staff had a good knowledge and understanding of the support needs and preferences of the people supported by this service. From the interactions we observed, people clearly had a good relationship with the manager and other staff.

Quality monitoring visits were being undertaken by members of the provider's senior management team. They regularly worked alongside staff in the service so they are well aware of what was happening and were able to work on improving the quality. A wide range of checks and observations had been undertaken by the staff and management. These checks were designed to assess the performance of all aspects of the service delivery. These included areas such as medication, health and safety, and fire checks. Information about the outcomes of these checks, together with any areas for improvement identified and details of actions taken and progress made were recorded.

Staff felt valued and well supported. The manager held regular staff meetings, supervision sessions and an annual appraisal where staff could voice their opinion about the service. One staff member said, "I feel well supported by the manager and I live my job I wouldn't want to work anywhere else. There is nothing that worries me. People are safe and well looked after, living a fulfilled life."

Staff were aware of the whistleblowing policy and procedure and their responsibility to raise any concerns that they may have. They told us they would have no hesitation in whistle-blowing if the need arose.

People were supported to have links with the local community and accessed local services regularly. For example, they visit a local swimming pool and local pubs. People were also supported to access facilities in the nearby town such as the cinema and restaurants.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed CQC of significant events in a timely way which meant we could check that appropriate action had been taken.