

Voyage 1 Limited

Chard Manor

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 was unannounced and took place on 26 July 2016

Since the last inspection of this service the registered provider's name has changed and therefore this is the first inspection of Chard Manor since the change.

There is 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.

The registered manager and senior staff team worked alongside other care staff to constantly monitor the service offered to people and implement improvements to enhance people's quality of life. People and staff told us the registered manager was very open and approachable.

Staff felt well supported and staff morale was good. This created a very happy atmosphere for people to live in. There was a consistent staff team who knew people well. People were very relaxed and comfortable with the staff who supported them. One person said "It's my second family." A relative said "It's like a loving family."

Staff used a variety of communication methods to make sure people were able to have their say and make choices about all aspects of their day to day lives. There were ways for people and staff to raise concerns and make suggestions about individual care and the running of the home. People and relatives felt listened to and were confident any concerns raised would be addressed.

Everyone had a care plan which was personal to them and people or their representatives were involved in reviews of their care. Care plans gave information about people's needs, wishes and preferred routines. This meant staff had enough information to provide appropriate support to each individual.

People had access to healthcare professionals to meet their individual needs. Any recommendations from healthcare professionals were incorporated into care plans to make sure people received effective care and support.

People had opportunities to take part in a wide range of activities at the home and in the wider community. Risk assessments were completed with people to minimise the risks to people and others. Staff supported people to keep in touch with friends and family.

Risks of abuse to people were minimised because the provider had a robust recruitment process and staff all knew how to recognise and report any suspicions of abuse. The staff worked in accordance with up to date legislation to make sure people's legal rights were protected.

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 supported by adequate numbers of staff to keep them safe.

There were systems to make sure people received their medicines safely.

Risk assessments were carried out to make sure people could take part in activities with minimum risk to themselves or others.

Is the service effective?

Good ●

The service was effective.

People were cared for by a staff team who were well trained and had the skills and experience required to meet their needs.

People had access to healthcare professionals according to their individual needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and patient.

People, or their representatives, were involved in all decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that took account of their needs and wishes.

There was a complaints procedure and people said they would be able to talk with a member of staff if they were unhappy.

Is the service well-led?

The service was well led.

People benefitted from a registered manager and senior staff team who were open and approachable.

The registered manager was committed to involving people in all decisions about the home and to ensuring ongoing improvements to enhance people's quality of life.

Good 

Chard Manor

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 26 July 2016 and was unannounced. It was carried out by an adult social care 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection visit we met with seven people who lived at the home. Some people were unable to verbally express their views to us, we therefore spent time observing care practices and interactions in communal areas. We spoke with five members of staff. After the inspection we spoke with three relatives of people who lived at the home to seek their views on the service provided. The registered manager was available throughout the day.

We also looked at records which related to people's individual care and to the running of the home. These included two care and support plans, two staff personnel files, records of medication administration and records relating to quality assurance.

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. People were very relaxed and calm with staff. Throughout the day we saw people seeking out staff, making physical contact and laughing and smiling. One person said "I definitely feel safe here." Another person said "I am safe. I'm alright."

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. All staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. A member of staff said "I'm 100% sure if I reported anything it would be dealt with." There were posters around the home encouraging people and staff to report any concerns. The posters gave contact numbers for people to use if they felt unable to raise their concerns within the home.

Risks of abuse to people were further minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed the provider followed the procedure to ensure safe recruitment.

People were supported by sufficient numbers of staff to meet their needs and keep them safe. Staffing was flexible and based around the needs and wishes of people. Staff were allocated according to individual needs which enabled people to receive their care safely and to take part in activities outside of the home. The registered manager told us staffing was adjusted to make sure people were able to make choices about the activities they took part in. For example, additional staff were made available at least one evening a week to enable people to go out socially. One person told us they went out for an evening meal on a Thursday night. Another person said they had requested to go out for a drink the night before the inspection and staff had been available to support them.

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Risk assessments showed what actions would be taken to minimise risks whilst enabling people to have choice and control of their lives. One person liked to go out without staff support and they said a risk assessment had been discussed with them. They told us "They do risk assessments with me. I have freedom but security here." One person liked bike riding and there was a risk assessment which said to minimise risk they should be accompanied by staff and wear a helmet and a high visibility jacket. We saw this person go out on their bike with a member of staff. They were wearing the specified clothing showing staff followed the risk assessments.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. There were clear guidelines in place to make sure staff knew how each person liked to

take their medicines. During the inspection we saw staff asking people if they were happy to take their medicines and only gave them once consent was obtained.

Some people were prescribed medicines on an 'as required' basis. There were protocols to ensure staff were clear about when these medicines should be given, which made sure people received these in a consistent manner. Staff knew people well and were able to describe to us how they would be able to tell if someone, who was unable to express their needs verbally, was in pain or discomfort and needed pain relief.

There were adequate storage facilities for medicines and records were kept of all medicines received into the home. We saw the medication administration records and noted they were correctly signed when administered or refused by a person. This ensured there was always a record of the amount of medication on the premises.

Is the service effective?

Our findings

People were supported to maintain good health and well-being. People had access to healthcare professionals according to their individual needs which ensured they received effective treatment for specific physical and mental health needs. Records showed people accessed healthcare professionals including GP's, dentists, speech and language therapists and chiropodists. Staff supported people to attend appointments outside the home. Some people required specialist equipment such as pressure relieving cushions and shower seats to maximise their comfort and independence and these were in place.

Each person had a hospital passport. These were documents that gave information about the person and their needs including how to communicate with them. These helped to ensure that other healthcare professionals had sufficient information about the person to provide care and treatment if they needed to be cared for in hospital.

Staff encouraged people to eat a healthy diet and people made choices about all meals served in the home. People were asked each week what meals they would like and people were supported to make choices using pictures if appropriate. The staff shopped for food on line which also enabled people to make choices using pictures. A weekly menu was drawn up from people's suggestions which offered choices at every meal. One person had been assessed by a speech and language therapist and required a specialised diet. A separate menu was made available in accordance with their wishes and served at the consistency recommended.

The main meal of the day was in the evening which enabled people to take part in a range of activities throughout the day. At lunch time people were offered a variety of snack meals to choose from. Staff ate with people who were at home which created a relaxed and happy atmosphere. It also enabled people to receive the assistance they required and staff were able to monitor people's food intake and to offer condiments and drinks as required. People who had been out in the morning were offered lunch when they returned to the house. People were complimentary about the food. One person said "Food here is exceptional." Another person said "Food is yummy."

Staff who supported people had the skills and knowledge to meet their needs. New staff underwent a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One member of staff said "The training and support I got when I started was great."

To make sure people received care and support from staff who were competent and skilled there was an ongoing training programme in place. Minutes of staff meetings showed these were also used to keep staff up to date with current best practice and safe working guidelines. The provider kept records of the training staff had undertaken to make sure they were all up to date with current best practice and legislation. One member of staff said "Training here is brilliant." One relative told us "[person's name] is a very complex character and staff are very skilled at caring for them."

Staff used a variety of communication methods to make sure people were able to make choices and give consent to their care. The registered manager told us one of the main changes they had made, since taking over the management of the home just over a year ago, was to improve communication for people. In addition to speech, staff used objects of reference and pictures to help people to make decisions. Staff told us no one was ever made to do anything they did not want to do. One person said "I'm happy here. I do what I want."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had received training about the mental capacity act and were clear about how to assist each individual to make a decision for themselves. Where people were assessed as not having the mental capacity to make certain decisions the staff consulted with family and professionals to make a best interest decision on their behalf. Care plans showed where decisions had been made in the person's best interests. One care plan showed decisions about finances and medicines had been made in their best interests.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Staff had a good knowledge of the MCA and DoLS and appropriate applications had been made by the provider to ensure people's legal rights were protected.

Is the service caring?

Our findings

People were supported by kind and caring staff. One person told us "Staff are kind and I can talk to them." Another person said "Staff are really supportive. I can't fault the whole staff team." A relative told us "They [staff] are really caring and do a wonderful job."

During the inspection visit we observed staff showing patience and understanding with people. Some people showed staff pictures when they wanted to do something and others took staff by the hand to show them what they wanted. Staff responded appropriately to all methods of communication.

There was a very happy atmosphere in the home with lots of laughter and friendly banter. Some people described it as being like a big family. One person said "It's my second family." A relative said "It's like a loving family."

There was a consistent staff team which enabled people to build trusting relationships with them. People were very calm and relaxed with staff and on more than one occasion we saw people give staff an affectionate hug. Staff knew people extremely well and were able to provide support to people in a very individualised way. One member of staff said "No two people are the same and we adapt to each person."

Each person had a bedroom with an en-suite bathroom meaning staff were able to support people with personal care in private. One person said "I have my own bath. Staff help me and they're kind. Sometimes I have a shower. I choose each day." People had been able to personalise their rooms to suit their tastes and needs. The registered manager told us people had chosen colours for their rooms using colour swatches. One person had wanted their furniture painted their favourite colour and a member of staff had done this for them.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. One person liked to spend time in their room listening to music but we saw staff made sure they were given opportunities to take part in activities outside the home as well. One person told us "I go to lie on my bed when I want to. I have my toys up there."

People were supported to keep in touch with friends and family. One person told us they went out on their own to meet friends and others said staff assisted them to visit family who lived further away. Staff assisted one person to keep in touch with their family using email. Relatives told us they were always very welcome in the home. In some cases staff provided support and transport to enable people to visit their family.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and affectionate way.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Records showed that people took part in their reviews as far as they were able. This was

adapted to each person's abilities and wants. One person said "They run everything by me. Nothing happens that I didn't agree to." Another person said "They write things down. Things I like." Relatives told us they were kept well informed and felt involved in all decisions made about their relatives care and support.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Staff used different communication methods to make sure people were able to make choices about all aspects of their day to day lives. Relatives we spoke with all praised the staff for the very personalised service they provided. Comments from relatives included; "Everything is individualised" and "They just seem to know everyone so well and everything is about what they want."

The registered manager told us that, since the introduction of better communication, people received a much more person centred service which had resulted in them being calmer and happier. They said the number of incidents of aggression or agitation had reduced. One relative told us "They are very happy there and their behaviour has improved."

Each person had their needs fully assessed and care and support plans showed how people liked to be supported and how any risks would be managed. Care and support plans also showed how people liked to communicate and how to support people to make choices. For example one care plan stated that to assist someone to make a choice about activities they liked to be given a leaflet rather than a picture. Another care plan stated how the person expressed happiness. It said if they were happy or excited they would put their thumbs up and may hug staff. During the inspection we saw them use both these communication methods to demonstrate they were happy. Although care plans were very personalised to the individual they were not in a format that was easy for everyone to understand. The staff used pictures to help people make choices and understand information but these had not been used to make care plans more meaningful to each person.

Care plans contained information about people's preferred daily routines to ensure staff knew about people's preferences. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express an opinion, the staff consulted with their close relatives to gain further information on people's likes and dislikes.

The staff responded to changes in people's needs to make sure they received the right level of support. For example when someone required a wheelchair to enable them to access various activities this had been obtained. Staff said the person was now able to take part and enjoy activities which they had previously been unable to.

People were able to take part in a wide range of activities according to their interests. During the inspection some people went out to the cinema, one person went shopping, one went horse riding and some went cycling. One person said "I like it here because there's lots to do." People told us about other activities they had taken part in or were planning. These included holidays away, sailing, attending a music festival and swimming. Relatives told us people had opportunities to try new activities and they were often surprised by what people enjoyed. One relative said "Staff have a can do attitude and they've done things I would not have dreamed they could do."

People also helped with tasks around the home such as simple cooking and cleaning and tidying their rooms. Some people were helping to clear a neglected part of the garden and had made garden furniture with a member of staff. This had meant people had been fully involved in creating a whole new garden area for people to enjoy. One person said "I like gardening and we take stuff to the tip. It's fun."

People were consulted on and involved in decisions about the house. There were regular meetings for people who lived at the home and individual meetings with people's key workers. We saw people discussed subjects including house safety, outings and holidays. Some areas of the home had been redecorated and people had been involved in choosing colours and furnishings. One person proudly showed us cushions they said they had helped to choose.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. People who were able said they would be able to speak with a member of staff if they were unhappy. Staff said they would be able to tell if someone who was unable to verbalise their dissatisfaction was unhappy with their care. One person said "You can say if you're not happy. I apologise if I upset people but they apologise to me if they get things wrong too."

No relatives had any complaints but all said they would be comfortable to speak with the manager and were confident action would be taken to address any issues. One relative said they had complained in the past and "It was seen to." Another relative told us "They are always keen to listen, take on board what you say and sort things out."

Is the service well-led?

Our findings

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Staff felt able to discuss any concerns and said the registered manager was always happy to listen to suggestions. As far as we could ascertain the home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

The manager had been registered with the Care Quality Commission for over a year. People and staff were very complimentary about them and said they were open and approachable. The office was located by the main entrance and throughout the day people went in and out to talk with the registered manager and ask questions.

The registered manager was passionate about the people who lived at the home and ensuring constant improvements were made to enhance their well-being and lifestyles. They told us they were not afraid to try new things to see if they worked for people. For example they had introduced individual communication aids for some people. These included a personalised calendar for one person who often became anxious about changes and a praise book for another person who responded well to positive feedback. The registered manager worked alongside other staff to monitor practice and explore where improvements could be made. This had also enabled people to get to know them. One person said "The manager here is really good. We have disagreements but I love [registered manager's name] to bits." Another person said "I like her. She listens."

Staff and relatives felt the home was well led by a registered manager who had a clear vision for the service. This vision was to create a homely atmosphere where people had choices about all aspects of their lives. They had been pro-active in making sure people were offered choices in ways that were meaningful to them. This involved enabling people to choose through pictures and objects and encouraging them to experience new things. Their vision and values were communicated to staff through informal discussions, staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff felt there had been changes at the home that had improved people's well-being and ensured they had opportunities to make choices about how they lived. One member of staff said "Everything is about the people who live here."

Staff told us there was excellent team work which created a happy atmosphere for people to live in. One member of staff said "Team work here is brilliant. It comes from the top. We have an excellent manager and senior team. They are not afraid to get their hands dirty and are really well respected for that. This is Chard Manors' best era." A relative told us "It's always been a good home but it just gets better and better. We can't fault it."

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager and a team of senior carers. Staff said there was always a senior member of staff to arrange the shift and offer advice and support to people and less experienced staff.

There were effective assurance systems in place to monitor care and ensure the safety of the building. The registered manager carried out monthly audits of the service and fed back the results to staff to enable any shortfalls to be addressed. There were also annual satisfaction surveys for people and their representatives. Last years' satisfaction survey showed a high level of satisfaction and an action plan was created to make sure standards were maintained. These included continuing to hold regular meetings for people and staff. Some comments had been made which had also been addressed. The communal lounges had been redecorated and made more homely and a new phone had been purchased in response to feedback.

All accidents and incidents which occurred in the home were recorded and these records were seen by the registered manager to make sure they were aware of all significant incidents. These were also recorded on the provider's computer system to allow them to be analysed for any patterns or trends which may indicate the need to adjust care or equipment.

In addition to audits carried out by the registered manager and staff at the home the operations manager visited regularly to oversee progress being made towards meeting action plans. This made sure that actions needed were carried out to continually improve the service offered to people. The provider carried out an internal quality and compliance audit in April 2016. This looked at all areas in line with the Care Quality Commission's key lines of enquiry to answer the questions, is it safe, effective, caring, responsive and well led. The service was then given a percentage score by the quality team and an action plan was created to address any shortfalls. Chard Manor scored 99% in the audit which the registered manager told us was the highest in the company.