

Voyage 1 Limited

Bracken Villa

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

About the service: Bracken Villa is a care home that provides accommodation with support for up to eight people with a learning disability or autistic spectrum disorder. On the day of our visit there were six people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service: People we spoke with told us they were happy living at Bracken Villa and we saw lots of encouraging interaction with the staff team in a fun and positive environment.

Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe. People's health needs were identified and external professionals involved if necessary.

People told us care staff were caring and kind. We observed staff members supporting people in a dignified and confidential manner. When one person began discussing their financial affairs, a staff member gently asked them if they should discuss this somewhere more private to which they happily agreed.

Support plans were detailed and showed people were involved in planning their own activities with staff support. We found that one plan required review to ensure that guidelines from a healthcare professional regarding their nutritional safety were clearly detailed and risk assessed.

Staff told us they felt well trained and supported and spoke of the relatively new management team in a positive light stating that people who lived at the service were now taking the lead of planning their own lives with support from the staff team.

The service was well run. The senior managers carried out lots of checks to make sure that the service was effective.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at the last inspection: The service was rated as good and the report was published in July 2016.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Bracken Villa

Detailed findings

Background to this inspection

The 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.

Inspection team: One inspector carried out this inspection.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the registered manager, the deputy manager and two staff members. We also spoke with three people and spent time observing the environment and the dining experience.

We looked at two people's care records including medication administration records (MARs). We looked at three staff members records. We looked at records relating to the management of the service. These

included accident and incident records, meeting minutes and quality assurance records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes, including recruitment

- The registered manager critically reviewed all aspects of the service and determined if improvements were needed.
- People we spoke with said they felt safe and comfortable with the staff. One person said, "They are all mint, they help me and listen to me."
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.
- The provider operated systems that ensured staff were recruited safely and people who used the service were actively involved in this process.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Support plans contained explanations of the control measures for staff to follow to keep people safe.
- We found one risk assessment and plan relating to the risks around one person's nutritional safety that needed review. We saw that advice from a healthcare professional was not always being adhered to due to the person choosing not to follow this, but this was not recorded. The management team acted upon this straight away to ensure the person's wishes not to follow the guidelines were recorded.
- The environment and equipment were safe and well maintained.
- Emergency plans were in place to ensure people were supported in certain events, such as a fire. On our arrival, we were met by a person who used the service, they asked us to sign the visitors book and viewed our identity card "to make sure you are safe."

Staffing levels

- There were always sufficient staff to meet people's needs. People were able to access the community and were supported to carry out activities of their choice.
- Staffing was provided by a consistent staff team.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed. For example, where people refused to take them or they were no longer required.
- The support staff said they had received training in the handling of medicines. This was confirmed by our checks of the staff training files.
- People we spoke with said they were happy with the support they received to take their medicines.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of personal protective equipment (PPE) available to them.
- The environment was clean and everyone we spoke with said they were supported to help maintain cleanliness in their own personal space.

Learning lessons when things go wrong

- The registered manager critically reviewed all incidents and ensured staff considered how lessons could be learnt. For example, a recent incident occurred where an inappropriate technique was used in supporting someone who became physically distressed. The service immediately reviewed the plans of the person and carried out a discussion with every staff member, explaining and visually showing the correct technique to be used.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. Staff's understanding and skills were checked through knowledge and practical tests.
- Staff completed a comprehensive induction and had access to a wide range of training. They had opportunity for regular supervision and appraisal. One member of staff said, "You are able to develop and progress here and that's exciting and rewarding."
- People told us, "The staff are all good, they know how to support me coz at times I can be a pain," and "The staff all know what to do, I ask them if I am worried about anything."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were thorough and expected outcomes were identified. Support plans were detailed. They had been kept up to date when people's needs had changed.

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it.
- People told us, "I love the food here and they make sure I eat healthy because I like pies too much!" and "I like cooking, I am good at it."
- Where people required their food to be prepared differently because of medical need or problems with swallowing, this was catered for. People also had equipment to support them to remain as independent as possible eating their meal and drinking.
- Staff were knowledgeable about people's special dietary needs and preferences. The staff had completed training in food safety.

Supporting people to live healthier lives, access healthcare services and support, working with other agencies to ensure consistent care for people

- We saw people were supported to have access to a range of healthcare professionals to ensure they remained healthy. On the day of our visit, one person told us they were going to the doctor's and a staff member was supporting them. The service appropriately referred people to other healthcare professionals such as psychiatrists, speech and language therapists and dieticians.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations. They were working with staff to make sure all staff completed capacity assessments appropriately.
- The deputy manager had devised an 'easy read' poster to help increase staff knowledge and understanding about the MCA.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings.
- The service was designed to meet the needs of all the people who used it.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People we spoke with were happy with the support provided. Comments included: "I love it here, it's my home," and "I get on great with the staff, they listen and respect me and we have a laugh."
- The registered manager told us how they supported people's human rights and promoted equality and diversity. They actively promoted people's rights and made sure staff treated people in a person-centred manner.
- We saw for one person with specific cultural and religious needs that staff had been supported with information and training materials to enable them to understand and support the person in the way that respected their beliefs.
- Staff showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history, preferences, likes and dislikes.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. They understood people's communication needs and this was documented in support plans. Staff supported people to make decisions about their care and knew how to recognise when people wanted help.
- We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

Respecting and promoting people's privacy, dignity and independence

- The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role. We observed staff supported one person to discuss confidential information in a private place.
- People we spoke with said their independence was promoted. People said, "As long as the staff know where I am and I'm safe they are happy for me to go out."
- We observed the staff team worked well together and with the people who used the service. Staff consistently engaged people in conversations and we heard lots of laughter throughout our visit. We found there was a calm relaxed atmosphere within the home.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- Staff knew people's likes, dislikes and preferences. They used this detail to support people in the way they wanted.
- People were empowered to make choices and have as much control and independence as possible, including in developing support plans.
- Support plans were detailed but would benefit from escalation responses for staff when people became distressed being more clearly recorded. The service also needed to further develop clear goals and objectives for everyone. For example, one person's activity plan we viewed was based on activities he enjoyed for leisure rather than promoting life and independence skills which we saw they did undertake.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made, where appropriate, and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- We observed that people were consistently asked to express their opinions about what was on offer and given choices about all aspects of their support.
- People told us they were listened to and engaged in day-to-day activities.
- We found people were engaged in meaningful occupation and planned activities, outings and events were displayed in communal areas throughout the home.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences and the service provided a range of accessible ways to do this.
- All concerns, as well as any complaints had been acknowledged, investigated and responded to by the registered manager. People we spoke with told us any concerns were quickly addressed by the registered manager and resolved to their satisfaction.

End of life care and support

- Currently no-one at the service needed end of life care but we spoke with the deputy manager who had supported people to record their wishes. They said, "One person declined to do it at the present moment. I plan to seek support from our operations director about how we take forward funeral plans for people and we have talked with two people about what they would like to happen."
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership by the provider of person centred, high quality care; Engaging and involving people using the service, the public and staff

- The service involved people and their families in day to day discussions about their care and support.
- People, relatives and staff had completed a survey of their views and the feedback had been used to continuously improve the service.
- Staff told us they felt listened to and that the management team were approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.
- Staff told us, "We work well together as a team, we all have different skills and personalities but we support each other really well," and "I really enjoy coming to work, it's more like a family here and it doesn't feel like coming to work!"

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a welcoming and friendly atmosphere. Staff morale was high and the atmosphere was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.
- Regular checks were carried out by staff and the registered manager to ensure people were safe and happy with the service they received.
- The quality assurance system included lots of checks carried out by the registered manager and the regional manager. The registered manager critically reviewed the findings from the various audits and used these tools to identify where improvements could be made. Following any change to practice, the registered manager then reviewed these to determine if the alterations were having a positive impact for people who used the service. For example, we saw the service forward thinking in terms of supporting staff to develop skills and gain promotions. The deputy manager told us they had risen from a young single parent with little qualifications to carrying out their level 5 and becoming part of the management team with support from managers and the provider. "Look at me, I tell every new staff, I am a success story and anyone can achieve it."
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to

improve people's opportunities and wellbeing.