

Voyage 1 Limited

Deja Vu

Inspection report

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Date of inspection visit:
11 December 2018
12 December 2018

Date of publication:
22 January 2019

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

The inspection took place on 11 December 2018 and was unannounced. The inspection continued on 12 December 2018 and was announced.

Deja Vu is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation for persons who require nursing or personal care. It is registered for up to seven people with learning disabilities and autistic spectrum disorder. At the time of our inspection there were six people living in the home.

The home was a two-storey detached property which had an open plan kitchen dining area, and three bedrooms on the ground floor. On the first floor there were four further bedrooms. There was also a communal lounge with access to an enclosed garden and a sensory room.

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

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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of seizures, or behaviours which may challenge the service, staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

Where possible people had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had

received an induction and on-going training that enabled them to carry out their role effectively. People's eating and drinking preferences were understood and their dietary needs were met. Opportunities to work in partnership with other organisations such as community learning disability teams took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to express their views about their care using their preferred method of communication and were actively supported to have control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff. A complaints process was in place. People and families felt listened to and actions were taken if they raised concerns.

The service had an open and positive culture. Leadership was visible and promoted good teamwork. Staff spoke highly about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Deja Vu

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 site visit took place on 11 December 2018 and was unannounced. The inspection continued on 12 December 2018 and was announced. Both days were carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

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 spoke with two people who used the service. We received feedback from two relatives and two health and social care professionals via telephone.

We spoke with the registered manager and team leader. We met with three support staff and a senior carer. We reviewed four people's care files, three Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practice and interactions between support staff and people.

Is the service safe?

Our findings

People, relatives, professionals and staff told us that Deja Vu was a safe place to live. We asked one person if they were happy living at Deja Vu. The person said, "Yes". A relative told us, "My loved one is happy and safe at the home". Another relative told us, "I am confident [name] is safe at Déjà vu". A professional commented, "I believe the home is safe". Staff were confident people were safe at the home and told us that systems were in place to ensure safety. For example, doors were secure, policies were in place, risk assessments had been completed and care plans were clear.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks people faced and the measures that were in place to mitigate them. A relative said, "Risks are managed well by the staff". Specific risk assessments were in place for each person. Where people had been assessed as being at risk of choking, assessments showed measures were taken to discreetly monitor the person and manage risk. For example, identify symptoms such as coughing or gasping and then follow actions including; back slaps and emergency assistance. A relative told us, "They [staff] manage [person's name] epilepsy well". In addition to risk assessments for people, the home had general risk assessments which covered areas such as using the kitchen, the home's vehicle and access in the community.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour charts were completed by staff; these detailed what happened before an event, during an event, what preventative actions were taken and then recorded debrief meetings with staff to reflect on and share learning. These were then monitored and analysed. We found that Deja Vu had good working relations with the local learning disability teams and came together with them, the person (where possible) and family in response to changes in people's needs and/or a scheduled review. The support people had received from staff had had a positive impact on their lives and had meant that they could access the community more frequently.

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the home. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection. Relatives and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staff understood their responsibilities to raise concerns, record safety incidents and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take appropriate action. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and

specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A relative said, "The registered manager notifies us regularly and always informs us if there has been an incident".

There were enough staff on duty to meet people's needs. A staff member said, "I think there are enough staff. We sometimes use agency but not often". A relative told us, "There always appears to be enough staff about". We found that the registered manager assessed people's required staffing levels during pre-admission assessments. The registered manager told us they regularly reviewed this and both increased and decreased staffing levels in response to changes in need and/or behaviour. The registered manager said, "We have recently increased one person's staffing levels whilst they are out in the community. This is under regular review".

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as evidence of conduct in previous employment and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

We found that the home had implemented safe systems and processes which meant people received their medicines in line with the provider's medicine policy. The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed. Medicine Administration Records (MAR) were completed and audited appropriately.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to personal protective equipment (PPE) such as disposable gloves. Staff were able to discuss their responsibilities in relation to infection control and hygiene.

All electrical equipment had been tested to ensure its effective operation. A fire risk assessment had been completed and was up to date. People had personal emergency evacuation plans (PEEPs) in place. These plans told staff how to support people in the event of an emergency such as a fire.

Is the service effective?

Our findings

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 at Deja Vu were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support.

Each person had 'decision making agreements' in place. These covered areas of significant decision making such as; annual flu jabs, health care issues and use of restraint. The agreements identified the decision which needed to be made, how the person must be involved, who makes the final decision and if MCA is required and whether a best interest meeting was held. Staff told us that these were useful for them to understand people's ability and how to promote decision making.

Mental capacity assessments and best interest paperwork was in place which covered a number of areas of care. For example, positive behaviour plans, delivery of personal care and access to the community. However, we found that the service had recently started to use a sound monitor for one person to alert staff to seizures. This decision had not been recorded. We discussed this with the registered manager who informed us that the person's parents and a local community nurse had been involved in the decision. By day two of the inspection the registered manager had completed the required paperwork.

The service worked in partnership with local GPs and psychiatrists to regularly review medicines in line with Stopping Over Medication of People with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved.

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). The registered manager confirmed that three people had authorised DoLS in place and three people were pending assessment from the Local Authority. We found that no authorisations had any conditions attached to them.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; a

community learning disability nurse, GP and dentist. A health professional said, "The home is welcoming and pleasant. Staff know why I am visiting and I have no concerns at all". The registered manager told us that they had recently introduced personal health checks in the home which covered areas such as; dental hygiene and breast screening. As a result, the home are now supporting a person to attend outpatient clinics.

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plan details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I get enough training, both e-learning and class room based. The management make us aware of the training we need to complete. Training gives me the skills I need to do my job". Records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; communication, challenging behaviour, epilepsy and learning disability and autism awareness. A professional said, "Staff come across trained and knowledgeable".

The registered manager told us staff received annual appraisals and regular supervisions. Staff told us that they felt supported and could request supervision or just approach the management team should they need to. The team leader told us that staff supervisions were divided between the senior support workers, team leader and registered manager. A staff member said, "I receive enough supervisions. I find these useful, there is an open atmosphere and we set new outcomes, learning and development and discuss people".

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

People were supported with shopping, cooking and preparation of meals in their home. Staff understood people's dietary needs and ensured that these were met. The registered manager showed us the menu plans. People were actively involved in choosing meals and preparing these should they choose to. Menus reflected a good choice of healthy home cooked meals. We were told that people could choose whether to have their meals in their own rooms, the communal dining or living area or outside in the garden. We asked one person; "[Person's name] like food at Déjà vu?" The person replied, "Yes". We went on to ask; "[Person's name] like cooking?" The person commented; "Like cooking, yes". A relative told us, "Food is very good. There is a good balance".

The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. We observed people's art work displayed on the walls and furnishings were in a good state of repair. There was an open plan kitchen dining area, communal lounge and large enclosed garden with a swing which the registered manager told us people enjoyed. The home also had a sensory room for people, with bubble lighting, diffusers, a projector and sound system. During the inspection we observed people using this room. The registered manager told us that movie night is hosted in this room and projected onto the big screen which people enjoyed.

Is the service caring?

Our findings

People, professionals and relatives told us staff were kind and caring. We asked one person, "[Person's name] like staff?". The person replied, "Yes". A relative told us, "Staff come across kind and caring. My loved one reacts positively with staff which is nice to see". Another relative said, "Staff are extremely kind and caring to our loved one". A professional said, "Staff definitely come across kind and caring. They all know people very well indeed".

During the inspection there was a calm and welcoming atmosphere in the home. We observed staff interacting with people in a caring and compassionate manner. A relative said, "Our loved one receives very good care. [Person's name] is very settled and happy. The environment is warm and there is always a jolly, happy atmosphere".

People were treated with respect. A relative said, "They [staff] are all respectful and also respect people's dignity". A professional commented, "I have witnessed privacy and dignity being respected by staff". We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. We asked one person, "[Person's name] like bedroom?". The person replied with a big smile saying, "Yes".

Promoting independence was important to staff and supported people to live fulfilled lives. A staff member told us, "We support people to do things for themselves for example; let people carry their own laundry basket, do own washing. We try to supervise and not take the lead. Independence is very important for the people here, it gives them confidence and empowers them. We always acknowledge and praise people, we can see that people feel proud of their achievements". The registered manager told us that the organisation had recently introduced Active Support and that training had been delivered to staff. Active Support changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives. The support given to the person is also active. Active Support enables people with learning disabilities to live ordinary lives.

People living at Déjà Vu used various methods of communication and these were understood, respected and used by staff. Methods of communication included, sign language, key word speech, written text, photos and pointing. People had personalised communication support plans in place which clearly demonstrated people's preferred methods of communication. We observed staff using these communication preferences throughout the inspection with people to aid and enable them to be as independent as possible and make choices and decisions for themselves. A staff member said, "People have different communication needs and we work with these".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. A relative told us, "We visit [name] regularly and are always made to feel welcome. Staff are friendly, we are offered drinks and can use a private room or our loved one's bedroom if we choose".

Another relative commented, "I visit every week and feel welcome each time I arrive". Staff were aware of who was important to the people living there including family, friends and other people at the service.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice. We were told that no one at the home had a practicing faith but the registered manager said they would always respect individual beliefs and meet these needs.

Is the service responsive?

Our findings

Déjà Vu were responsive to people and their changing needs. A relative told us, "Staff are responsive to my loved one's needs and I am informed if changes occur". Throughout the inspection we observed a positive and inclusive culture at the home. Promoting independence, involving people and using creative approaches were embedded and normal practice for staff. We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included information about people's personal history, goals, their individual interests and their ability to make decisions about their day to day lives.

The registered manager alerted staff to changes and promoted open communication. Staff actively supported people as their needs and circumstances changed. We found that reflective team meetings took place. These covered areas such as changes to people's needs, behaviours and captured positive moments with people. A staff member said, "We respond to people's changing needs and discuss them as a team".

Staff were able to tell us how they put people at the centre of their care and involved them and or their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. A relative told us, "We had a recent review which I attended and discussed [name's] care". Another relative commented, "We are involved in regular reviews". The team leader told us, "At annual reviews we discuss care plans, support hours, activities and health needs. People, parents and professionals are involved. From these meetings actions are set and all parties agree. We then set timeframes and regularly monitor progress".

People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. During the inspection we noted that people were supported to go shopping, eat away from the home and out for walks. A staff member told us, "Two people have gone out for lunch today. One person is attending a cookery session and another is swimming". A relative said, "My loved one can access the community and do activities". A health professional said, "People appear engaged during my visits". The registered manager told us that one person was supported to maintain a paper round in the local community which they received payment for. We were told that the person enjoyed this.

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which requires providers to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in people's support plans where a need had been identified, communication, health and hospital passports were in place. These passports were used to share communication needs with others for example new staff and professionals.

The service promoted Equality Diversity and Human Rights (EDHR). Staff had received equality and diversity training. The registered manager told us, "EDHR is important to us all. We have a diverse mix of staff and try to share different cultural experiences with people whilst respecting them for who they are".

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. A relative told us, "If I am not happy I would raise it with the registered manager. This has worked in the past. They are very responsive". Another relative commented, "I have never had to raise a complaint. We recently received a copy of the organisations complaints procedure. It is a good process and I would act if necessary". The registered manager told us that the organisation was reviewing their accessible easy read version of the complaints policy.

People's end of life wishes had been explored by the service. The registered manager told us that they had sent some booklets to parents recently. These booklets were called 'When I die'. The booklets highlighted preferences and wishes for people. They included what to do in the event of an imminent death, choice of burial or cremation and funeral arrangements. The registered manager said, "We are starting to look at funeral arrangements for people". We noted that some people had chosen preferred music and readings. For example, favourite film music and readings by the family. A relative said, "We have recently completed our loved one's end of life wishes on their behalf".

Is the service well-led?

Our findings

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.

The registered manager had involved staff in reviewing and developing mission statements for the home in line with the organisational values which were; Empowering, Together, Honesty, Outstanding and Supportive. We read in a staff meeting they had asked staff to think about why they worked at Déjà vu and what they felt the aims of the home should be. We read some of the responses which demonstrated a real person-centred focus. For example, one staff member had written; 'My aim to achieve the highest level of independence for the people we support'. Another staff member wrote, 'Déjà Vu ensures that person centred planning and active support is meticulously set in place and rigorously put into action'.

Staff and relatives feedback on the management at the home was positive. Staff comments included; "The registered manager is a good manager. They have a lot of experience. Always helps people and staff", "[Registered manager's name] works hard and runs Déjà vu really well. Always has people's best interests at heart. The team leader is very good too. They are flexible, approachable and helpful" and, "The registered manager is very supportive and runs the home well. Approachable, professional and great!". A relative said, "I feel Déjà vu has improved a lot since [registered manager's name] started. You can tell by staff moral and improvements". Another relative commented, "The registered manager is really very good you know". The registered manager told us that the provider was open and supportive.

The registered manager was in the process of achieving their level five management diploma in health and social care. They told us that they were finding this interesting. The registered manager said, "Being professional helps leadership. Leading by example and working shifts helps me coach and mentor staff. I have an open-door policy and show staff and people that I am here for them all". The team leader felt supported by the registered manager and told us, "I think I am a good leader. I see everyone as equal, there is no hierarchy here. I identify staff's strengths and weaknesses and work with these. I lead by example with knowledge and experience". We observed the management putting their leadership skills into practice throughout the inspection. People and staff regularly approached them and appeared relaxed and comfortable in their presence.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, medicines and health and safety. The registered manager and team leader told us that they worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary. The registered manager said, "I think it is important staff see that I would not ask them to do anything I am not prepared to do myself".

The service worked in partnership with other agencies to provide good care and treatment to people. We were told that the service was currently working closely with the local learning disability teams and GP's to review people's needs in relation to medicines. One professional told us that they found information readily available. Another professional said, "I find the service open and transparent. Partnership work is good. They seek support and keep us up dated".

Relatives and staff told us that they felt engaged and involved in the service. The registered manager explained that staff were given opportunities to feedback on how the service could improve. A staff member said, "I feel listened to and issues can always be discussed and sorted. We are introducing new things like evening activities for people". Another staff member told us, "I feel valued and my opinions are always welcomed". A relative commented, "I feel listened to and believe my ideas would be acted on". Feedback was also sought from families through questionnaires.

The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They would fulfil these obligations where necessary through contact with families and people. A relative told us, "Deja Vu is an open and honest service. We would recommend it to other relatives and people".