

Voyage 1 Limited

579 Maidstone Road

Inspection report

579 Maidstone Road
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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

The inspection was carried out on 17 April 2018, and was unannounced.

579 Maidstone Road provides care and support to adults with learning disabilities, limited verbal communication abilities and challenging behaviour. The service provides care in an all-female environment for up to six people with complex needs. 579 Maidstone Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time we visited, there were six people living at the service.

At the last Care Quality Commission (CQC) inspection on 18 March 2016, the service was rated Good in Safe, Effective, Caring, Responsive and Well Led domains with overall Good rating.

At this inspection we found the service remained 'Good'.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them. However, sometimes, people had not been able to pursue their desired activity of the day. We have made a recommendation about this.

People continued to be safe at 579 Maidstone Road. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

The provider continued to follow safe recruitment practice.

Medicines were managed safely and people received them as prescribed.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

People received the support they needed to stay healthy and to access healthcare services.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

There were enough staff to keep people safe. The registered manager continued to have appropriate arrangements in place to ensure there were always enough staff on shift.

Each person had an up to date, person centred support plan, which set out how their care and support needs should be met by staff.

Staff received regular training and supervision to help them meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff showed they were caring and they treated people with dignity and respect and ensured people's privacy was maintained, particularly when being supported with their personal care needs.

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.

The provider ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

The registered manager continued to provide good leadership. They checked staff were focussed on people experiencing good quality care and support.

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.

579 Maidstone Road

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 was a comprehensive inspection, which took place on 17 April 2018 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete 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 previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

People's ability to communicate was limited, so we were unable to talk with everyone. We observed staff interactions with people and observed care and support in communal areas. We spoke on the phone with four relatives.

We spoke with three support workers, one senior support worker and the registered manager. We also requested feedback from a range of healthcare professionals involved in the service. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP. We did not receive any feedback.

We looked at the provider's records. These included two people's care records, which included support plans, health records, risk assessments and daily care records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training

records, support plan information and other relevant information relating to the inspection. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People were unable to verbally express their views to us. We observed that people were at ease with staff throughout the inspection which indicated that they felt safe. Relatives spoken with told us that they felt their relatives were safe at 579 Maidstone Road.

The risk of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. All staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with told us that they would refer to this guidance whenever required. All staff said they would report any suspicion of abuse immediately. A member of staff said, "The registered manager loves the people here and would do something if she was concerned". Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "I have recently completed this training. I feel I can report any bad practice if I am concerned to my manager". The provider also had information about whistleblowing on a notice board for people who used the service, and staff. This was named, 'See Something, Say Something' to encourage them to speak out if they had any concerns about the service provided.

People continued to be supported in accordance with their risk management plans. We observed support being delivered as planned in people's support plans. Risk assessments were specific to each person and had been reviewed recently. The risk assessments promoted and protected people's safety in a positive way. These included accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us these were followed to support people with identified needs that could put them at risk.

We saw that people's care files included guidance to support people with their behaviour. Each person had an assessment that considered any notable behaviour, triggers, signs, people's cognitive ability and risks around physical aggression. The plans we looked at recommended the least restrictive measures possible to support people. Records showed that incidents and accidents were monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. All incidents were documented using the ABC (Antecedent, Behaviour and Consequences) form. The ABC form is a tracking sheet which provides for behaviour monitoring, recording and tracking. This record showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly.

Staff continued to maintain an up to date record of each person's incidents and health care referrals, so any trends in health and incidents could be recognised and addressed. One member of staff we spoke with told us that they monitored people and checked their support plans regularly, to ensure that the support

provided was relevant to the person's needs. The staff member was able to describe the needs of people at the service in detail, and we found evidence in people's support plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. The registered manager carried out direct support of people whenever necessary to support frontline staff. Staff were visibly present and providing appropriate support and assistance when this was needed.

The provider continued to maintain safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. There had been continuity of staff within the service. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with people who use the service. References were obtained from previous employers.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely in medicine cabinets in people's rooms. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Staff explained how they give medicine to people and observed them while taking their medicines. When PRN (as required) medicines were administered, the reason for administering them was recorded within the MAR chart. This indicated that the provider continued to have a safe and effective system in place for the administration of medicines.

There continued to be effective systems in place to reduce the risk and spread of infection. Staff showed us a cleaning schedule for the service, which revealed that a routine was in place to ensure that the service was cleaned regularly. We saw that bathroom, toilet, laundry room, corridors, lounges, communal areas and the kitchen were clean. We observed the use of personal protective equipment such as gloves and aprons during our visit. Liquid soap and hand gels were provided in all toilets, showers and bathrooms. The service had an infection control policy that covered areas such as hand washing, use of protective clothing, cleaning of blood and other body fluid spillage, safe use of sharps, clinical waste and appropriate disposal of waste. There were other policies such as Legionella management policy. We saw current certificates on Legionella water test and waste disposal. Staff were trained on infection control and food hygiene. This meant that the provider had processes that enhanced infection control and staff were kept up to date with their training requirements. People were cared for in a clean, hygienic environment.

The provider continued to ensure that the environment was safe for people. Environmental risks were monitored through the environmental risk assessment to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. Staff logged any repairs in a maintenance logbook and the provider monitored these until completion. Staff carried out routine health and safety checks of the service. Staff had received health and safety training. Comprehensive records confirmed both portable and fixed equipment were serviced and maintained.

Each support plan folder contained an individual Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in

the event of any emergency. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was in place and there were regular checks of fire safety equipment and fire drills were carried out. Staff had received fire training and had participated in fire drills. Fire equipment was checked weekly and emergency lighting monthly.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk, for example, in the event of a fire. The service also had an out of hour's policy and arrangements for people which was clearly displayed on notice boards and in the medicine room. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

A business continuity plan continued to be in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the service.

Is the service effective?

Our findings

People were unable to verbally express their views to us. Our observation showed that people were happy with the staff that provided their care and support. There were positive interaction between people and staff.

Relatives spoken with told us that they felt the service met their relative's needs. The relatives said they did see their family member on a regular basis and attended any meetings that were held for them at the service.

Staff continued to undertake mandatory training and refresher trainings in topics and subjects relevant to their roles. New staff had undertaken the provider's induction which included the incorporation of the Care Certificate and relevant topics considered mandatory. The in-house induction included shadowing of experienced staff. The induction included assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. Provider's mandatory training included; first aid, epilepsy, infection control, medicines administration, food hygiene, health and safety, fire awareness, moving and handling, autism, nutrition, equality and diversity and end of life care. Staff were supported and encouraged to complete work based qualifications. All staff received regular supervision (one to one meeting) and an annual appraisal of their work performance. Staff told us they felt well supported by the registered manager. One staff member said, "I see the manager all the time, she is more of a manager than someone who is on the floor. She is here a lot though".

People continued to be supported to have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. We saw there were appropriate risk assessments and care plans in place to assist people to eat and drink safely.

The registered manager continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP, the local speech and language therapist (SALT) team demonstrating that the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their support plans. There were records of contacts such as visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

We observed that people were supported to have as much choice and control over their lives as they wished. People's decisions and choices were respected by staff. For example, we observed one person who decided that a particular member of staff should support them with their lunch. The member of staff respected the person's choice and supported them.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were in place.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation. The registered manager told us that people's DoLS were regularly reviewed with the local authority. We saw evidence of these in people's support plans. Most people who lived in the home had authorised DoLS in place to keep them safe. These were appropriately notified to CQC.

Is the service caring?

Our findings

People benefitted from caring relationships with staff. Relatives told us that staff were kind and caring to their family members. All members of staff spoken with spoke very fondly about the people who lived at the service. Relatives said they felt they could approach the manager either by phone or email and were updated if there were any changes.

We observed positive interactions between people and staff. Four out of six people living in the service had limited ability to verbally communicate. However, we observed that members of staff understood what they were trying to communicate and engaged with them accordingly. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as facial expressions or verbal. They gave people the time they needed to communicate their needs and wishes and then acted on this.

Staff understood that although people's cognitive skills were impaired many could still make everyday choices if staff gave them options and explained information in a way they could understand. At lunchtime staff showed people the two choices of meal so they could see and smell them, which would evoke memories of whether they liked each meal.

The staff on shift knew and understood each person's needs very well. Staff knew residents names and they spoke to them in a caring and affectionate way. They had knowledge of their past profession and who was important in their life. They understood the importance of respecting people's individual rights and choices.

We observed that people continued to be supported by caring staff that were sensitive in manner and approach to their needs. We saw that people looked relaxed, comfortable and at ease in the company of staff. We saw staff always treated people with kindness, respect and a sense of humour.

We observed that the structure of the day was determined by people receiving support. People were supported to get up when they were ready or attended their usual day service. Staff showed us that although people had a suggested schedule of activities, these were flexible, and staff altered the programme for the day in response to how people were feeling.

People's bedrooms and the corridors were filled with their items, which included; pictures, furniture and ornaments. This combined with information in their support plans, provided staff with a wealth of information about people, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them. This demonstrated personalised care and support that people received.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their support plans. Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams

and aspirations.

People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. We observed staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medicine administration to maintain their privacy and dignity.

People continued to be involved in their care where possible. Where they were unable to participate in the planning of their care, their relatives and health and social care professionals were involved in making best interest decisions appropriately on their behalf. People's preferences for their leisure and support needs were clearly recorded and staff spoke about how they enabled people take the lead in their care and support. A member of staff said, "I ask people to do as much as possible themselves when supporting them with their personal care. I do not just do it for them".

The registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected.

People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome.

Is the service responsive?

Our findings

People were supported by staff in a person centred manner which meant that each person received support that was individual to them. Staff recognised when people had carried out their routines, identifying they were ready to move on to the next part of their day. Staff enabled people to take their day at their own pace. People were not rushed.

The registered manager continued to undertake an initial holistic assessment with people before they moved into the home. The assessment checked the care and support needs of each person so that the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

The initial assessment led to the development of the support plan. Individual support plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the support plan to support people well. One member of staff said, "We have all the information we need to meet people's needs in the support plan". Support plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotional feelings, cultural needs, dignity and independence. The cultural needs plans identified the support required by each person for example, if they needed support to attend the Church. For example, in one person's plan it stated that they like to attend Church on Sundays. Information such as whether people were able to communicate if they were experiencing pain was detailed. Sometimes people were reluctant to wash or shower and this was addressed in the support plan for personal care, giving guidance to staff. Most people changed their minds if staff returned a short time later and asked again, or if a different member of staff asked. If people still chose not to wash then this was respected as their decision at that time. Support plans were regularly reviewed. All the support plans we looked at had been reviewed in December 2017. Support plans reviews were thorough, capturing any changes through the previous month or if there had been interventions such as with health care professionals.

Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made throughout the day and night; ensuring communication between staff was good which benefitted the care of each person.

People remained active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays and visited relatives. There was a weekly activities timetable displayed on the notice board and in people's care files. One person attended college for life skills training. We observed one person did colouring during our inspection. However, we observed that people had not always been able to fulfil their desired activity of the day. For example, one person indicated they wanted to go to the shop but staff did not take her out. In another person's activities of the day, it stated, 'Walk around Riverside'. We did not see that staff took the person out for a walk. Staff spoken with said, "There is room for improvement, we don't have enough drivers and people could go out more" and "People

could go out more but there is no driver. We need more drivers and people need to get out more". People were also supported to pursue personal interests such as shopping.

We recommend that the provider seek advice and guidance from a reputable source, about improving the provision of meaningful activities responsive to the needs of people living in the service.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. The complaints procedure was on display on the notice board in the home and this was also available in an easy read format to support the communication needs of people. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. We reviewed how the provider handled complaints received within the home and found that there had been no complaint since our last inspection.

People received a responsive service. People and their family members were asked about any future decisions and choices with regards to their care. Care and support was person led. Information about people's end of life care were based on their wishes and stated in their support plan. No one at the service had been identified as being on end of life care.

Is the service well-led?

Our findings

We observed people engaging with the staff in a relaxed and comfortable manner.

All the relatives spoken with felt that the service was well led. Comments included, "The manager is very proactive", "The manager is committed, enthusiastic and seniors create a stable environment" and "Improvements have been made in the last year".

There continued to be a management team at 579 Maidstone Road. This included the deputy manager and the registered manager. The registered manager was an experienced manager who had been with the service for over four years and had a very proactive and enthusiastic approach to service development and improvement. Support was provided to the registered manager by the operations manager in order to support the service and the staff. The registered manager and staff also received consistent support from the in-house psychology team. There was a strong emphasis on continually striving to improve.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that The registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "The registered manager is a good manager and supportive". Another staff said, "The manager is very welcoming, they help and answers questions raised". We observed this practice during our inspection.

We found that the provider continued having a good quality assurance system and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, personnel, learning and development for staff. The provider also carried out a series of audits monthly, quarterly or as and when required to ensure that the service ran smoothly. They used these audits to review the service. They included health and safety, checks on medicines, support plans, training, supervision, appraisals and environment. We found the audits routinely identified areas they could improve upon and the manager produced action plans, which clearly detailed what needed to be done and when action had been taken. Staff told us the operation manager visited regularly to monitor the service. Reports were maintained of the visits. Staff confirmed the operations manager regularly visited to speak with people and individual staff.

Communication within the service continued to be facilitated through monthly team meetings. We looked at minutes of March 2018 meeting and saw that this provided a forum where areas such as risk assessments, e-learning, infection control, activities and people's needs updates, amongst other areas, were discussed. Staff told us there was good communication between staff and the management team.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought peoples, relatives and healthcare professional's views by using annual questionnaires to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved ones and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires

demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided. People's questionnaire was in a user friendly format with pictures.

The provider and management understood their responsibilities around meeting their legal obligations for example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The provider and staff continued to work well with other agencies and services to make sure people received their care in a joined up way. The provider told us in their submitted provider information return (PIR) that Voyage Care are members of the following schemes, Skills for Care, a certificated member of the British Institute of Learning Disabilities (BILD). This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The registered manager told us that the service was currently working towards achieving 'Autism accreditation' with the national autistic association. Achieving accreditation proves that an organisation is committed to understanding autism and setting the standard for autism practice.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating on their notice board in the service and on their website.