Voyage 1 Limited

20 Towngate East

Inspection report

Market Deeping
Peterborough
Lincolnshire
PE6 8DR

Tel: 01778342091
Website: www.voyagecare.com

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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 took place on 18 January 2017 and was unannounced.

20 Towngate East provides accommodation and care for eight people who have a learning disability. There were seven people living in the service at the time of our inspection, most of whom had special communication needs. They used a combination of words, signs and gestures to express themselves.

There was a registered manager for the home. 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 Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. The registered manager had ensured people's rights under the MCA were protected. People were enabled to make as many decisions as possible as staff ensured they were given information in a way they understood and were given time to make their decision.

People's individual methods of communication were identified and recorded in their care plans. This ensured that staff were able to understand people's needs. Where people's communication skills were limited help and advice was sought from appropriate professionals which enabled them to be involved in choices about their care.

There were enough staff available to meet people's needs and staffing hours were flexible to fit in with people's chosen activities and outings. Staff received an appropriate induction and ongoing training. In addition they were supported by regular supervisions and appraisals where they were able to raise any concerns and discuss their work performance.

Risks to people were identified and care was planned to keep people safe. This included risks around storage and availability of people's medicines and people's ability to eat safely and maintain a healthy weight.

People received person centred care which met their needs and supported them to access the activities of their choice. People's relationships with their families and friends were identified as important to them and staff helped them maintain these relationships.

The provider and registered manager had gathered the views of people living at the home, their relatives and professionals who visited the home to help them monitor the quality of care provided and to identify

areas for improvement. There were effective audits in place to monitor the safety and quality of care provided and the registered manager to action to address any concerns identified and to keep up to date with guidance and legislation. In addition the registered manager and provider had taken action regarding the concerns identified in our last report and as a result had improved their rating to good.

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.

Staff were confident to raise concerns about people's safety with the registered manager or external agencies.

Risks to people were identified and care was planned to keep people safe.

There were enough staff to meet people's needs and support people to access the community.

Medicines were safely stored and administered.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and good support from the registered manager.

People's rights under the Mental Capacity Act 2005 were protected and people were enabled to make decisions.

People's ability to eat safely was monitored and they were supported to maintain a healthy weight.

People were able to access healthcare advice when needed.

Is the service caring?

Good

The service was caring.

There was a happy atmosphere in the home and people were comfortable with the staff supporting them.

People were encouraged and enabled to make decisions about the care they received.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received person centred care which met their needs.

People were enabled to live busy lives with a range of activities both at the home and within the community.

Complaints were investigated and resolved.

Is the service well-led?

Good

The service was well led.

People were supported to input into the way the home was run and their views were gathered to develop and improve the quality of care provided.

There were effective audits in place to monitor the quality of care provided and appropriate action was taken if any concerns were identified.

20 Towngate East

Detailed findings

Background to this inspection

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

This inspection took place on 18 January 2017 and was unannounced. The inspection team consisted of an inspector.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people living at the home. 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 home, what the home does well and improvements they plan to make.

During the inspection we spent time in the company of three of the people who lived in the home. We also spoke with a care worker, a senior care worker and the registered manager. We observed care that was provided in communal areas and looked at the care records for three of the people living in the home. In addition, we looked at records that related to how the home was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

Staff said that they were confident about recognising potential abuse as they had completed appropriate training. Staff told us that they were happy to raise any concerns they had about people's safety with the registered manager or the operations manager. In addition they were also confident to raise concerns with external agencies such as the local authority. They told us that the relevant phone numbers to raise concerns were available to them in the office.

The registered manager confirmed that they had not used any physical restraint in the home. Instead all staff were trained in de-escalation techniques. This is where staff distract people from what is distressing them and switch their focus to other activities to manage distressed reactions.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. Where people were at risk of developing pressure ulcers, appropriate risk assessments and care was in place. An example of this was one person who had gel pads to stop their skin rubbing against their wheelchair. They spent some time on their bed to reduce the time in the wheelchair and prescribed creams were used to keep their skin hydrated and in good condition.

Some people used assistive technology to help keep them safe. For example, some people with epilepsy had equipment in their bed which would alert staff if they had a seizure. Other monitoring was also in place and this had been provided in such a way as to respect people's privacy as much as possible.

Risks around the use of equipment were identified. Clear guidance was available to staff to support them to use equipment safely. Examples of this were where people had specialist equipment such as individually designed slings and when where bedrails were in use to prevent people from rolling out of bed.

The registered manager had plans in place to keep people safe in an emergency. Care plans contain the information staff and emergency services would need to evacuate the building in an emergency. The provider's business continuity plans highlighted how people would be looked after if for any reason they were unable to return to the home. The registered manager had taken action to resolve the risks relating to the premises we identified in our last report.

There were enough staff available to provide safe care for people and to meet their individual needs. The registered manager explained how the total number of staff hours they were allowed were allocated from head office. These were based on reviews of people's needs and dependencies and included the one to one support hours people were allocated as part of their care package. The registered manager told us they had the ability to use these hours flexibly to ensure that people were supported to access the community whenever they needed or wanted to.

Records showed that the home was staffed in accordance with the allocations from head office. The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had

completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

People were as involved as they wanted to be with their medicines. For example, one person knew what all their medicine was for and needed to be told about any new medicine the doctor wanted them to take and how it would help then. This was recorded in their care plan.

The registered manager had arranged for medicines to be dispensed to the home in easy to use packaging. All medicines, including liquid medicines were dispensed in individual doses. In addition the medicine administration records (MAR) were clearly set out, identifying the time each medicine should be taken and what each medicine looked like. The registered manager had ensured that each person had an overview page for their MAR. This included an identification photograph, any known allergies and instructions in how people like their medicines administered. An example of this was one person who would tip their head back when happy to take their medicines and that it should be offered to them on smaller 5ml spoons.

There were systems in place to manage medicines safely. An example of this was the patch monitoring forms which clearly recorded where people had medicines patches applied and where they had been placed on their body. In addition they recorded where it had been removed. The MAR had been fully completed and there was clear recording when courses of medicines started and finished.

Where people had medicines prescribed to be taken as required, protocols supported staff to administer the medicine consistently. In addition staff had recorded when these medicines had been administered and what had caused staff to administer the medicine. There was also clear recording of what medicines people took with them when they left the premises.

Staff told us that they had received training in the safe administration of medicines. In addition they had completed observed medicine rounds where a senior member of staff had checked to ensure they were following the provider is policies and procedures correctly. Records showed that the registered manager checked the medicines and the MAR on a regular basis to ensure that people had access to their medicines were needed.

Good

Is the service effective?

Our findings

Staff told that they had a structured induction programme. This had included training around safeguarding people from abuse, how to manage people's distressed reactions and the how to keep people safe from the risk of infection. Staff told us that as part of their induction they had worked alongside more experienced staff. In addition the registered manager and senior care workers had completed observations to check they were competent in the skill is needed.

Staff who had been at the home for a longer period told us that they were supported by ongoing training and that the computer system used by the provider sent them an alert when any training was due. The registered manager could access the training reports on the computer. This allowed the registered manager to monitor training and to prompt staff when training needed to be completed.

Staff told us that they had supervision on a monthly basis with their line manager. They said they used these meetings to discuss the quality of the care they provided and any improvements they could make. In addition staff told us that they saw the registered manager every day and were happy to raise any concerns about any problems they had. One member of staff told us, "We spend a lot of time together so we discuss things as we go along." Alongside the formal training the registered manager explain how they discussed key training areas such as the Mental Capacity Act 2005 at supervision meetings. This supported staff to develop further knowledge in these areas.

New staff had to successfully complete a probationary period before being taken on as a permanent member of staff. Record showed that appraisals had been completed at the end of staffs probationary period to assess their competence and performance.

Staff told us that they had received an annual appraisal where they had been given the opportunity to identify training needs and career development opportunities. As part of the appraisal process the registered manager had provided development opportunities for staff by giving them the opportunity to become a champion in certain areas. For example, one member of staff had become the dignity champion and supported all the staff in ensuring people's dignity was respected. Other champions included health and safety, fire and medication.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There were six DoLS in place however records showed that there were no conditions placed on people.

Care plans recorded how people could be supported to make decisions and how to give them the best opportunity to be able to make a decision. This included using pictures, symbols and objects to explain the decision to people and limiting the number of choices available to them. Care plans also recorded the best time to ask people about making a decision which also increased their abilities to make decisions. They also noted if a person's first choice would be their last choice of if they were often known to change their minds as they thought about the information more.

Where people were unable to make a decisions care plans recorded who should be involved in helping people make the decision. People were then supported and guided to make a decision in their best interest. An example of this was one person who had identified that they wanted their parents to have some say in the care they received and their choices.

People who were at risk of being unable to maintain a healthy weight had been identified and appropriate support from healthcare professionals had been sought. Their food was enriched to increase their calorie intake before using prescribed supplements. For example, whole milk was mixed with milk powder. In addition care plans recorded the environment people needed to maintain a good calorie intake. For example, one person would get distracted by the television and if this would reduce their dietary intake.

Where people were unable to swallow safely advice had been sought form healthcare professionals on how their meals should be presented to keep them, safe. For example, one person needed all their food pureed and their drinks thickened to reduce the risk of them choking. Another person needed their food to be mashable with a fork.

People's ability to eat and drink independently was recorded along with the equipment they needed to support the independence. In addition information was also available on the protective equipment people liked to use when eating. Staff told us that the menus were discussed weekly and people living at the home were supported to make decisions around food. In addition to the planned menu item there were always alternatives available if people did not choose to eat the main option.

Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, we saw people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed.

Good

Is the service caring?

Our findings

We saw that people were comfortable with staff and there was a friendly happy atmosphere in the home with lots of laughter and joking.

Staff we spoke with engaged with the people living at the home and clearly enjoyed their company. An example of this was one member of staff who told us, "The best thing about working here is the people, they all have their own character and they make you laugh." We asked one person if they liked living at the home, they smiled us and told us, "It's all right. The staff are nice." Care plan recorded positive information about what staff liked and admired about people. We saw that these really reflected people's personalities and showed that staff knew people and their needs well.

Each person living at the home was allocated a key worker. This was a member of staff who spent time getting to know the person and who took responsibility for monitoring their needs. The key workers were in the process of gathering people's social history to document it in their care plan. This was to support staff providing care and influence activities offered. In addition it would help new staff build relationships with people.

Staff understood how important it was for people living at the home to had good relationships with their family and friends and supported them to maintain those relationships. To support people to receive appropriate care around their relationships people's care plans recorded who their family and friends were and what help they needed to maintain the relationship. For example, support to buy cards and presents on special occasions.

People's individual communications needs were recorded in their care plan to support staff to communicate effectively with people. For example, one person needed staff to keep eye contact with them, speak clearly and to repeat the information in a calm voice if the person was struggling to understand. In addition, the care plans also recorded how people would communicate their needs and emotions. An example of this was one person who would fetch their mug if they wanted a drink. Some people had special communication equipment. An example of this was a person who used a communication board to speak with staff and change their television channels.

One person who was relatively new to the home had multiple complex needs. Records showed how the registered manager and staff had worked with healthcare professionals to develop a communication plan. The registered manager ensured that a small team of staff worked with this person so that they could be consistent in their approach and work in line with the plan. This had led to a gradual transition where the person had learnt to trust and communicate with staff and had helped the person to be less frustrated. As the person was calmer they had been able to enjoy more sociable activities and interactions with their peers.

People's care plans contained information on how to offer people choices and how they were able to tell staff about the choices they made. Care plans also contained information on people's likes and dislikes

around care, meals and activities to support staff in offering appropriate choices. Care plans also recorded people's bedtime routines, for example, what time they liked to go to bed and what comfort objects they liked in the bed with them.

Where possible technology was used to increase people's independence and privacy. An example of this was the use of bed alarms to let staff know when they got out of bed. This minimised the need for more intrusive monitoring such as routine visual checks and supported the person's privacy and independence while maintaining their safety.

Where people became distressed around some of the care they needed action was taken to identify the least intrusive way to deliver care to support people's dignity and help them remain calm. An example of this was one person who needed their hands washed and creamed each day. Staff had found if they did this while the person was watching television they were more able to relax while the care being delivered and found it a pleasant experience.

All of the people living at the home were supported to present a clean and tidy appearance. However, one person's care plan recorded that their appearance was particularly important to them, as was the used of fragrance. We saw the person was very smartly dressed with a matching shirt and jumper. Staff ensured that the clothes were washed and ironed to the standard that the person deemed was acceptable. This person would choose spend time choosing their outfit for the next day and have them put out ready to put on the next morning. This was an important part of their routine.

Care plans recorded how staff were to support people's dignity while providing personal care. For example, by covering them with a towel whenever possible. In addition staff knocked on people's doors before entering their bedrooms.

Since our last inspection one person living at the home had passed away. This had had a big impact on people living at the home. The registered manager had supported people through the funeral and the wake and had created a small memorial in the garden for people to remember their friend. In addition they had monitored the people living at the home and provided emotional support when needed.

Good

Is the service responsive?

Our findings

Wherever possible people had been involved in developing their care plan, even if they chose not to contribute to the discussions. For example, one person's care plan recorded that they had been happy to be present when their care plan was being written but did not give any direct answers to questions asked. People were assessed before they moved into the home and were reassessed twice a year to ensure that their care plans were still meeting their needs. People living at the home and their relatives were included in the assessment processes.

Staff told us the key workers reviewed the care plans of people they supported on a monthly basis. They told us if there were any changes to people's care plans they were discussed at the staff meetings which happened regularly. There was also a daily communication book in place. Staff were required to read this every time they started a shift. This ensured they remained up to date with any changes in people's needs.

Staff were able to tell us about people's needs and how the care should be provided. This reflected the information recorded in their care plans. In addition staff were able to show that they understood people's communication skills and knew about people's likes and dislikes. Staff also understood how people displayed their emotions and how they could be supported to be calm and happy.

People's care plans contained information on what a typical day would look like and included preferences about their personal care routine. An example of this was one person chose to have a shower in the evenings and preferred to have a wet shave. Care plans also recorded people's anxiety and how staff could support. For example, one person was anxious about who would be supporting them and wanted to know which staff would be available to look after them each day.

As people living at the home had some complex needs, there was information to support staff to help people access the community safely. For example, there was a list of equipment and medicine which needed to be taken when each person went out in the community. This ensured that people had access to their medicines whenever they may need them.

The registered manager was working with people to support them to access the community more frequently. An example of this was one person who was gradually increasing their time away from the home. Last year they had completed trips out and these had gone well. This year the registered manager was looking at supporting them to have a short holiday.

People were supported with a wide range of activities, some of which were therapeutic and some of which were just for fun. Some people at the home accessed hydrotherapy sessions. For some people this was important to help them maintain muscle strength and stay healthy. An example of this was one person who if they didn't go lost some of their flexibility. For other people this was a sensory session and they enjoyed moving around safely and spending time in the jacuzzi.

There were yoga sessions at the home on a weekly basis. People were supported to attend if they wanted to

and the registered manager explained how this was beneficial for people. For example, some people found it relaxing. It also helped people to improve their levels of concentration and to relax.

People were also supported to access individual hobbies. One person was a big football fan and so the staff supported them to go to all the local teams home matches. People were also able access activities such as cooking, bowling and going to the cinema. People's daily records showed that they had been offered a choice of activities.

People were enabled to mix with other people who had similar abilities at a local club which met on a weekly basis. In addition people were able to spend fun time with their families and held a weekly bingo session where families were invited. Furthermore family members were supported to take meals at the home when they visited their relatives.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We noted that people had been given a user-friendly complaints procedure that used pictures to explain their right to make a complaint. There had been one complaint raised since our last inspection. This had been resolved to the satisfaction of the person making the complaint and the registered manager had visited the person to explain the situation and the level of support funded for their relative.

Good

Is the service well-led?

Our findings

People living at the home were invited to a meeting once a month to discuss any concerns they had, any changes they wanted to see or any activities they wanted to take part in. In addition people living at the home were supported to take part in the recruitment process for new staff. The registered manager took account of their views when deciding which person to appoint.

The home completed an annual service review where questionnaires were sent to people living at the home, their relatives and staff. We saw one relative said, "We are very impressed with the care and support given by [a member of staff] and [name] gets on really well with this member of staff. His bedroom is always clean and tidy."

Surveys had also been completed by professionals who visited the service. We saw that one professional had recognised how well the staff had looked after a person at the end of their life. They had congratulated them on how well they had managed to encourage the person to stay hydrated. They said how the accurate recording of food and drink had supported them to make decisions about the person's care needs when they had visited them. A social care professional had noted how the person-centred care plans were well written and how this had supported them to assess how well the person could make their own decisions.

The registered manager had taken action on any concerns identified in the questionnaires. For example, concerns had been raised at the lack of senior staff at the weekends. A new senior had been appointed to ensure that there was more availability for relatives to speak to senior staff. In addition concerns were raised about how well staff had tidied up after mealtimes and records showed that this had been discussed staff meetings.

Staff told us that the registered manager was approachable and was available in the home for them to raise concerns with. In addition staff said that the registered manager was always willing to listen to their ideas about the care people needed. For example, one member of staff spoke about how they had been working with the manager of people to identify places for them to go on holiday. One member of staff told others us, "I have a very good relationship with her. I am happy to raise concerns with the registered manager." Another member of staff told us that they had recently been promoted to senior care worker and that they were still learning about audits and action plans. They told us that the registered manager was supporting them to develop their skills in this area.

Staff told us that they had regular staff meetings on a monthly basis. As part of their contract they were required to attend 10 staff meetings a year. Minutes from these meetings were available to staff to read. The registered manager also attended regional managers' meetings once a month. This enabled them to discuss concerns with colleagues in other homes and to share best practice.

In addition the registered manager received weekly communications from the provider which highlighted any changes in policy or legislation. In addition they received medical device alerts and took action if they affected by any of the medical equipment or devices in the home. The registered manager also kept up to

date with changes in the industry by reviewing related literature.

The registered manager had a set of monthly, quarterly and yearly audits that they completed. This enabled them to monitor the quality of care they provided to people in a regular fashion. In addition the service was audited by a visiting manager on a quarterly basis. We saw the last audits had taken place in December 2016. An action plan was in place to rectify any concerns that had been identified. We saw the registered manager had taken action in relation to the risks around the premises we identified in our last report.

Record showed accidents and incidents had been reported on a timely basis. After each incident people's care had been reviewed to see what improvements could be made to keep people safe. In addition accidents and incidents were reviewed every time to see if there were any trends which could be identified.

The provider ensured that staff knew that their work was appreciated. Records showed one relative had written a complimentary letter to the chief executive. The chief executive had recognised the good work by staff which had prompted this letter and had sent the home some money as a thank you to staff. The registered manager told us that they had purchased some items for the home from the money.