Care Quality Commission

Voyage 1 Limited

Milverton Road

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 12 March 2015. This inspection was unannounced.

The previous inspection of the service took place on 7 February 2014 when it was found to meet all the assessed regulations.

Milverton Road is a home for six people with learning disabilities and physical disabilities. The home is managed by Voyage, a large national provider for people with learning disabilities. A registered manager was in place on the day of our inspection. 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.

People's relatives told us they felt people were safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

The registered manager had been trained to understand when applications for Deprivation of Liberty Safeguards (DoLS) authorisations should be made, and how to

Summary of findings

submit one. We found the location to be meeting the requirements of the DoLS. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely and staff received training in the safe administration of medicines.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

A range of activities were provided both in-house and in the community. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to maintain contact with friends and family.

The registered manager investigated and responded to people's complaints in accordance with the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager which included action planning. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

Summary of findings

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 knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were managed and administered safely and staff received training in the safe storage, administration and disposal of medicines.

Is the service effective?

Good

The service was effective. Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and how to ensure the rights of people with limited mental capacity to make decisions were respected. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

Is the service caring?

Good

The service was caring. Relatives told us they were happy with the care and support their relative received and that their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

Good

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's care plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People were given information on how to make a complaint and systems were in place to appropriately respond to complaints.

Summary of findings

Is the service well-led?

Good

The service was well-led. The systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff were clear about the standards expected of them and told us the registered manager was available for advice and support.

Regular quality checks ensured that quality of care was monitored and improvements were made, if required.

Milverton 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 inspection took place on 12 March 2015 and was unannounced.

A single inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were five people living in the home. People who used the service were unable to communicate verbally. We spent time observing care in the lounge and kitchen to help us understand the experience of people who used the service. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at three people's support plans and four staff records.

We reviewed all the information we held about the service and the provider. We were not aware of any concerns by the local authority, or commissioners.

We spoke with four members of staff, three relatives, the registered manager and the operations manager. We observed people during lunch time and during various activities provided within the service.

Good

Is the service safe?

Our findings

Relatives told us that their loved ones were safe. One relative told us, "They look after my relative very well and make sure that she is safe." Another relative told us they were confident the person was safe living in the home.

There were policies and procedures in place to inform staff of the action they needed to take if they suspected abuse. Staff informed us they had received training about safeguarding people and training records confirmed this. Staff were able to describe different kinds of abuse and the action they needed to take to report any concerns. Staff knew about the whistleblowing procedures and were confident that any safeguarding concerns would be responded to appropriately by the registered manager and other management staff.

Through our observations, talking with staff and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff confirmed that they felt there was enough staff on duty to provide people with the care and support they needed safely. The registered manager told us staffing levels were adjusted and staff were deployed to meet the changes in needs of people and to make sure people were supported to attend health appointments and participate in a range of activities. He provided us with an example of when extra staff had been on duty in response to a person having to visit the hospital. A care worker spoke of there being consistency of staff who all knew people well and understood their individual needs. We found that staff were busy, but had sufficient time to talk with people and to provide people with the care and support they needed.

Care plan records showed that risks to people were assessed and guidance was in place for staff to follow to minimise the risk of the person being harmed and to support people to take some risks as part of their day to day living. Risk assessments had been completed for a selection of areas including people's behaviour, medicines, fire safety, environment and risk of abuse, including financial abuse. They had been regularly reviewed. Staff were aware of the details of people's risk assessments.

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Staff took appropriate action following accidents and incidents and action was taken to minimise the risk of them occurring again.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. Improvements in response to these checks were made. Regular fire drills were carried out, so staff and people using the service knew how to respond safely in the event of a fire.

Medicines were stored, managed appropriately and administered to people safely. Records showed the medicines management and administration systems were regularly checked by the registered manager and improvements made when needed. Staff had received medicines training and had received an assessment of their competency to manage and administer medicines to people safely. Within each person's care plan there was detailed information and guidance about their specific medicines needs. Staff were aware of this information. Medicine administration records showed that people had received the medicines they were prescribed. We observed staff administering medicines and saw that the care worker took sufficient time and administered medicines according to peoples care plans. For example, one person was only able to take medicines with a spoon and we saw that the care worker had used a spoon and explained to the person what she was planning to do. Records showed that the medicine procedure had been discussed during staff supervision meetings.

Good

Is the service effective?

Our findings

A care worker told us, “I love coming to work.” Other comments from staff included; “There is excellent communication between the team,” and, “We all help each other.” A person indicated by nodding and saying ‘yes’ when we asked them if they were happy with the meals.

Staff received the training they needed to provide people with effective care and support. Staff told us when they started to work in the home they had received a comprehensive induction, which included ‘shadowing’ staff so they knew what was expected of them to carry out their role in providing people with the care they needed.

Training records showed that there was a rolling programme of training for each member of staff appropriate to their role and responsibilities. Training was completed in a number of areas relevant to their work including safeguarding people, fire safety, medicines, moving and handling, first aid, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), autism, epilepsy and challenging behaviour. Other training included risk assessment, principles and values and support plans. Staff were positive about the training they received and confirmed it was sufficient to enable them to carry out their responsibilities. Records showed most staff had acquired qualifications such as National Vocational Qualifications in health and social care that were relevant to the work they undertook.

Staff told us they felt well supported by the registered manager and other senior staff. They received regular supervision meetings with their line manager to monitor their performance, discuss best practice and identify training needs. Records showed that some staff were due an appraisal. The team co-ordinator informed us that there were plans to carry out appraisals for all staff.

The senior care worker and care workers were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions for themselves. Staff had received MCA and DoLS training. They knew what constituted restraint and knew that a person’s deprivation of liberty must be legally authorised. We found applications for DoLS had been made and some people were subject to a DoLS authorisations carried out by the supervisory body.

Information in people’s care plans showed people’s mental capacity to make certain decisions about their care and treatment had been assessed. Where people were not able to consent or make a decision their families, staff and healthcare professionals had been involved in making decisions in the person’s best interests. For example a best interest decision had been made with involvement of a person’s relative about the person's funeral arrangements.

We saw people being offered a choice of food and drink during the inspection. Pictures were used to assist people in communicating their food preferences, which were then incorporated in the menu. Staff had a good understanding of what people liked to eat. A care worker spoke of showing pictures of food to people who indicated by pointing or gesture what they wanted to eat. Another care worker told us they showed people a choice of foods and drinks and they pointed to the one they wanted or indicated in various ways such as pushing their plate away or not eating when they did not like a particular food and staff then offered an alternative. Staff supported people to eat at their own pace.

We found people’s nutritional needs and preferences were recorded in their care plan and accommodated for. Referrals were made to dieticians and speech and language therapists when people had lost significant weight and/or had swallowing difficulties.

Staff knew about people’s individual health needs. A care worker we spoke with was very knowledgeable about a person’s specific medical need and spoke about the particular care the person received to meet the person’s health needs. People attended hospital and other healthcare appointments. They also had access to a range of health professionals including; doctors, podiatrists, dieticians, speech and language therapists and psychiatrists to make sure they received effective healthcare and treatment.

A healthcare professional told us staff followed advice and guidance they gave regarding people’s treatment. A written comment from a health professional told us they considered a person using the service was ‘receiving good care.’

Staff told us about a number of changes that had recently been made to the environment, for example new furniture were provided, the kitchen and bathrooms were refurbished and a new electric assisted bath had been

Good

Is the service effective?

purchased and the communal areas had been redecorated. People's bedrooms were personalised. A person using the service showed us their bedroom and smiled and nodded when we asked them if they liked their room. Ramps were in place so people with mobility needs could access the garden and other areas of the service.

Good

Is the service caring?

Our findings

Relatives told us that people were treated in a caring and respectful way by staff and were involved in decisions about their care. One relative said, "Staff are nice. - They care for him," and another relative said, “they care.” We observed staff interacting with people in a friendly manner. Interactions demonstrated that staff knew people well and were not only concerned with carrying out tasks.

Staff demonstrated a detailed understanding of people’s life histories. For example, one member of staff was able to tell us about the childhood and family lives of one person living at the service. The staff member demonstrated an understanding of the significant events in the person’s life and how these had contributed to some of the problems the person was currently facing. They detailed the actions that had been taken to help people with their problems and showed empathy when explaining these to us.

Staff understood people's diverse needs and supported them in a caring way. For example, one care worker showed a detailed understanding of one person’s faith and how this affected the type of care they required. The care worker explained how this affected the food the person wanted to eat, the clothes they wore and how the person preferred to be given personal care. The person’s relative confirmed that staff supported them in accordance with their religious requirements and we saw their care records included detailed information to support staff to do this.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choice. Care plans recorded people's likes and dislikes and included their preferred diet, if they wished to have same gender care and their personal care support needs. We saw evidence that people’s personal preferences were respected throughout our visit.

People were involved in decisions about their care. One relative said, “The staff help her with what she needs,” and another relative said, “They do what he wants.” We saw evidence in care planning records that people were involved in making decisions about their own care. For example, all care planning records were written from the person’s perspective with extensive comments from the person about the type of care they wanted.

The registered manager told us and care staff confirmed they had access to advocacy services that they could contact when required. At the time of our inspection, no one at Milverton Road was using an advocate.

People’s privacy and dignity was respected and promoted. Relatives told us, “He has his own room. We can always meet in private if we want to” and another relative told us, “they [staff] respect them.”

We observed staff knocking on people’s doors before they entered and relatives confirmed that staff did this routinely. Staff gave us examples of how they protected people’s dignity. For example, one staff member gave us examples about how they delivered personal care. They told us, “I always check what help they need first and do what they want me to do.”

Staff told us that they encouraged people to maintain relationships with their friends and family and to be as independent as possible. Comments included, “They can go out when they want and do what they want” and another care worker told us, “They can do what they like. They can have visitors and friends whenever they want.” The registered manager and care staff told us, which people had family members involved in their care and referred to them by name. We saw details of discussions with family members recorded in people’s care records.

Good

Is the service responsive?

Our findings

We asked the family of one person if they thought the service met their relative's individual needs and wishes and they said they thought their relative was happy there and that staff supported them to visit the family "quite often."

The service was responsive to the individual needs of people. Each person had a detailed support plan setting out their needs in a person centred way. This meant that the support plans took into account the person as an individual, their abilities, strengths, needs and their wishes. Staff knew people's wishes and responded quickly to their needs.

Each person had a risk assessment and guidelines to support them with their behaviour which challenged the service. Staff followed the guidelines and were able to tell us in detail how they supported each individual.

The registered manager explained the care planning and assessment process to us. They told us either the registered manager or deputy manager of the service met with the person and their family where appropriate to carry out an assessment of their needs. This enabled the service to determine if it was a suitable placement and if the service was able to meet the person's needs. People and their relatives were invited to visit the service and have a meal to see if they liked it before making a decision about moving in. This helped people to make informed choices about their care.

The registered manager told us that care plans were based upon the initial assessment carried out by the service, information provided by the relevant local authority where available and on-going observation of the person over their first few days at the service. They told us that care plans were then reviewed on a monthly basis and records confirmed this.

During the inspection we examined three sets of care records relating to people that used the service. We found care records included pre-admission assessments and risk assessments about how to support people in a safe manner. Care plans included information about how to meet people's needs in relation to communication, physical health, mobility, continence and personal hygiene. Care plans had been regularly reviewed and people or their relative had been involved to contribute and formulate their care plan.

People attended a day service on different days during the week. We were able to ask one person about their day service and they nodded that they liked to go there. People had a weekly timetable of daytime activities supported by staff. This included aromatherapy and music therapy in the home and trips to the library, walking and café trips in the community.

There had been no complaints recorded in the last year. Relatives confirmed that the registered manager had sent them a copy of the complaints policy so that they knew how to complain. One relative said that they felt confident to complain and had raised concerns with the registered manager on a number of occasions. This person felt that they had to direct staff to provide the best care, but that the registered manager did listen to their views. There was a complaints procedure in plain English and pictorial form aimed for people living in the home to understand how to complain.

Is the service well-led?

Our findings

Relatives told us, “The registered manager or deputy manager is around most days and they are very easy to talk to.” Staff told us, “The manager is approachable, easy to talk to and listens to what I have to say, I feel that my opinion counts.” Another member of staff who recently started said to us, “This is a very good and supportive team here.”

People who used the service were involved in the development of the service. For example, we found people had been involved in choosing the colours and furniture which had recently been purchased.

Where incidents or accidents had occurred, detailed records had been completed and retained at the service. We saw records were maintained with regards to any safeguarding issues or complaints which had been brought to the registered manager’s attention. Where appropriate these were reported to the CQC. These records demonstrated what action had been taken at the home to ensure people were kept safe.

The provider had systems in place to monitor the quality of the service provided to people. We saw weekly updates from the registered manager that were sent to the senior management team. These included areas such as service incidents, staff development, and the views of people using the service and their representatives, and updates on how individual people were being supported by the service.

We saw that weekly health and safety checks took place. The registered manager monitored the home weekly. Records of this showed audits of aspects of the service provided to people, including safety checks, attention to individual health and care needs and staff support. Staff told us that members of the senior management team checked on the service from time to time, and that they did not know of these visits in advance. This helped assure us of good management of the service in support of delivering high quality care.

Regular staff meetings were held which provided staff with the opportunity to receive information about any changes to the service and to discuss and raise any concerns or comments they had. Staff told us they felt able to discuss any issues to do with the service. A care worker said, “I know if I say something they will listen and address it.” Another member of staff told us, “We have meetings once a month, we can bring up anything, and there is excellent communication between the team.” We saw a number of topics and best practice issues had been discussed during staff meetings. These included health and safety, staff interaction with people, whistleblowing, record keeping and the needs of people using the service.

The registered manager told us that different staff were responsible for undertaking regular audits of the home. Records showed that these included health and safety audits for the home which covered fire safety, electrical checks and temperature checks.

The provider sought feedback from people who used the service, relatives and staff through questionnaires which we saw were in people’s care files. We saw evidence that the provider had analysed the information gathered from the questionnaires. The feedback from the questionnaires was positive. People we spoke with and their relatives confirmed they had been consulted about the quality of service provision.