

Voyage 1 Limited

The Lawns

Inspection report

52 Salterton Road
Exmouth
Devon
EX8 2EJ

Tel: 01395275382
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 Lawns is a residential care home without nursing for up to nine people who live with a diagnosis of learning disability and/or autism. Some people living at The Lawns also have physical disabilities. At the time of the inspection there were nine people living at the service, all of whom had lived at the service for a number of years.

At the last inspection in October 2015 the service was rated overall Good. At this inspection we found the service remained Good in all domains.

People, their families, staff as well as health and social care professionals were very positive about the home and the care provided. Comments from people included "I like it here." "Care worker is nice." People were relaxed and happy with staff, laughing and chatting with them.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were encouraged to do a range of activities both in the home and in the community. Staff worked with people to support them to choose what they wanted to do and who they wanted to do it with.

Staff knew people well and were kind and compassionate when working with people. Staff were knowledgeable about people's communication methods. People were treated with dignity and people's right to privacy was respected by staff. People's diversity and wishes were understood by staff, including cultural and religious preferences. People were protected from the risks of abuse by staff who understood their responsibilities.

There was a registered manager in post. There was a quality assurance and governance framework which checked that the home was safe and well maintained. There were systems to ensure the home was kept clean and free of infection. There were also quality assurance systems which monitored the care provided to people. Where issues were identified, there were actions to address them. There were policies and procedures in place which ensured the smooth running of the service. The home had a complaints policy and process. People were supported to have an independent advocate where necessary.

There were sufficient staff who had the knowledge, skills and experience to support people with their care. Staff had been recruited safely. Staff were supported to undertake training when they first joined the home and to refresh their knowledge from time to time. Staff were also supported to do nationally recognised qualifications. Staff had regular one to one supervisions with a senior worker which gave them an opportunity to reflect on what was going well, what was not going so well and what support they needed to improve their work.

Care records contained risk assessments and care plans which described people's personal background, risks, needs and preferences as well as how these should be met. Staff were able to describe how they

worked with people to deliver the care in the care records.

People experienced effective care that promoted their health and wellbeing. People were encouraged to eat a healthy diet of their choice. Staff prepared meals to meet people's special dietary needs. People were offered drinks throughout the day to ensure they remained well hydrated. People's health needs were monitored and health professionals were involved where necessary. Medicines were stored and administered in a safe way. Staff recorded accurately when medicines were given. Checks were undertaken to monitor the medicine administration.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Lawns

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 comprehensive inspection was unannounced on the first day of inspection. It took place on 19 January 2018, when we arranged, with the registered manager, a second day to visit the service and complete the inspection.

The inspection was carried out by one Adult Social Care inspector who was accompanied on the first day by an expert-by-experience, who had experience of caring for someone with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information held on our systems, this included notifications we had received from the service. A notification is information about important events, which the service is required by law to send us. We also reviewed information sent to us in the Provider Information Return. This is information we require providers to return at least annually which describes some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met all nine people living at The Lawns and we spoke with three of them. Most people living in the home, did not have verbal communication skills, we therefore spent time in communal areas informally observing them and their interactions with staff and each other.

We talked with the registered manager, their deputy and four care workers. After the inspection we also contacted six relatives of people living at The Lawns and received three responses. We contacted 13 health and social care professionals about their views on the service. We received four responses.

We reviewed two staff records, two people's care records, three medicine administration records, records of audits and checks carried out in the home and staff training records.

Is the service safe?

Our findings

Most people did not have verbal communication skills, however we observed people who seemed happy and contented. A relative said "[person] seems happy at the Lawns, responds well to staff and is always keen to return when we have had an outing out. There is a feeling of calm at the Lawns whatever time you turn up."

Staff had been trained in how to protect vulnerable people from the risk of abuse. Staff understood the types of abuse that could occur and knew what to do, if they identified a concern. The registered manager had reported concerns appropriately to the Care Quality Commission and the local authority safeguarding team. They had reported 3 safeguarding issues to the CQC and the local authority in the past 12 months. They had worked with them to investigate and address issues when they had arisen. They described how they had also spent time reflecting on how to improve so that there was less risk of similar issues occurring in the future.

Risks to people had been assessed and documented. People's freedom was respected and they were supported to stay safe. For example none of the people had been assessed as being able to safely access the kitchen without support; however each person was accompanied by staff so that they could choose what breakfast cereal or other breakfast items they wanted each day.

There were sufficient numbers of suitably qualified staff to support people safely and meet their needs. The registered manager said they arranged staffing levels to take into account the support people needed both in the home and in the community.. On the first day of inspection, there were at least five staff on duty in the morning as well as the registered manager. Rotas reflected that staffing levels were monitored to meet people's needs. Throughout the inspection, staff were observed working in an unrushed manner, working with people at their preferred pace. People were able to undertake activities of their choice with staff support. Although one relative commented "Sometimes I have concerns about the number of staff on duty", they also added "There is a feeling of calm at the Lawns whatever time you turn up." Another relative commented "Staffing seems to be adequate."

People's individual equality and diversity was respected. Staff had a good understanding of people's diversity and background. Religious and cultural requirements were understood and people had care plans described how they wanted to be supported. For example one care plan described how personal care should only be delivered by female staff. The care plan also described food the person should not eat for religious reasons. Each care plan contained a personal history and included details about the person's family and other important people in their lives.

There were robust systems for recruiting staff, which ensured appropriate checks including checks on previous employment and staff suitability for working with vulnerable people. Before commencing work, the provider required that a prospective member of staff was interviewed with notes of the interview kept on record. Gaps in employment were explored as part of the interview process. Job offers were conditional upon acceptable references being received and a disclosure barring service (DBS) check being carried out.

One person living at the home was involved in staff recruitment. They described how they were involved in asking questions of candidates. They said their opinions were taken into account when selecting who would be offered a post and they were the person who offered the post to the successful candidate.

Medicines were managed and administered safely. Everyone living at The Lawns had been assessed as needing support with their medicines. Medicines were stored in a locked medicine cupboard in a staffroom accessed only by staff. The cupboard was tidy and clearly labelled. Where people required medicines to be taken with them when outside the home, there were safe systems. There were robust systems for auditing the administration, storage and disposal of medicines. Staff completed medicine administration records accurately. Where medicine administration errors had occurred, action had been taken to reduce the risks of recurrence.

People were kept safe from the risk of emergencies in the home. People had personal emergency evacuation plans (PEEP's) in place to keep them safe in an emergency and staff understood these and knew where to access the information. Fire checks and drills were carried out and there was regular testing of fire and electrical equipment. The environment was safe and secure for people who used the service and staff. There were keypads on external doors around the building to ensure people could not leave the building without support.

The home was clean throughout without any odours present and had a pleasant atmosphere. Staff understood how to reduce the risks of infection by carrying out cleaning using appropriate equipment.

Is the service effective?

Our findings

People were supported by staff who were able to describe people's needs and preference and how each person should be supported.

New staff completed an induction programme when they first joined the service. The induction programme was aligned to the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care that social care and health workers that should be covered as part of induction training of new care workers. The induction included training, both face-to-face and through e-learning. The training included health and safety, fire safety, safeguarding vulnerable adults, moving and handling, food safety, infection control, medicines administration, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). New staff also spent time reading care records as well as shadowing more experienced staff before they started working with people on their own. A recently recruited member of staff said, "The other staff are really nice, I just ask and they are very helpful...I have been observing, so I am less worried now."

Staff were also required to refresh their training regularly to ensure they remained up to date with the knowledge and skills required to support people effectively. Records showed that staff were up-to-date with their training. This was monitored by the registered manager who ensured staff were made aware of when training was due to be refreshed. Staff were also supported to undertake nationally recognised qualifications and other training to support their skills and knowledge. For example staff had completed training in autism awareness and working in a person-centred way to help them work effectively with people living at The Lawns.

Staff received regular supervision from a senior member of the team. For example records showed that a member of staff had received six supervisions during 2017. Supervision provides an opportunity for staff to reflect on their performance and identify any training needs they might have.

We checked to see whether the home was working within the requirements of the MCA. Where there were concerns about a person's ability to make a particular decision, staff followed the correct procedures. Records showed that this included having best interest meetings with family as well as health professionals. Minutes of meetings showed the process had been followed and a best interest decision had been made.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). An application for a DoLS authorisation had been made for each of the people living at The Lawns. Records showed one application had been authorised. The registered manager had systems in place to ensure they were aware of when the authorisation would expire. This meant they were able to apply for a re-authorisation in good time.

People were supported to use technology to enhance their independence. Most of the people living in the

home had a tablet which they were able to use. This enabled them to play games, contact families and have photographs of trips they had undertaken. One person also used their tablet to play their favourite music through speakers in the foyer and in their bedroom.

People were supported to have a balanced diet, and were provided food and drink of their choice. People were encouraged to choose what they wanted to eat and drink. Staff had encouraged people to try different foods by offering 'taster sessions, where people were able to try a number of different meal options. Staff noted what people had shown a liking or disliking for, which helped them to add variety to people's diets. Where appropriate, speech and language therapists and dieticians had been contacted to provide support with people's nutritional needs. Staff were aware of people's different needs, for example staff described how three people needed soft, fork-mashable diets.

People were supported to maintain good health. Staff contacted health professionals appropriately to ensure people's physical and mental health needs were met. This included people' GP as well as specialists including speech and language therapists and learning disability professionals.

Staff worked with professionals in health and social care organisations to ensure that people received the care and support they needed. One professional commented they found "found friendly, helpful and co-operative" while another commented "Staff helped me to interact with my client as she was not interested in me and I accompanied them on trips out. Staff very welcoming and very open." A relative commented "The management are aware of [person's] health needs and regularly make appointments and seek professional advice in order to make sure that the various medical interventions are appropriate.

People had the use of a large comfortable lounge; a sensory room which also served as an art and craft room as well as a foyer area which had comfortable seating. Some refurbishment had taken place since our last visit and the dining room was about to be redecorated. People had been involved in deciding the theme of the seaside; they had chosen pictures and were also involved in the colour schemes. Some bedrooms had also been redecorated and refurnished. A garden provided an outdoor space with a specially adapted swing which people could use. The garden also had garden furniture which meant people were able to sit outside during clement weather. People were also encouraged to make choices about their bedrooms including the décor and furnishings.

Is the service caring?

Our findings

Most people living at The Lawns were not able to communicate verbally. However, we observed that staff were very caring and showed compassion and kindness to people. They spent time with people, observing their mood and gestures to understand what the person wanted. For example one person wanted to make a card for a relative, staff spent time with them helping them to do this. Another person wanted to show a member of staff something in their room. By making suggestions to the person about what they were trying to show, a member of staff found out what the person wanted to communicate. One person who was able to comment said "I like living here, staff are kind." A health professional commented "Staff are caring way towards [people] ... very welcoming and very open." Where a person appeared distressed, staff responded to the person, helping them to alleviate their worries.

People were supported to express their views and be involved in decisions about their care and support. For example, staff were observed asking people what they wanted to do and whether they would like to go out. One person was finding it difficult to visit places and do activities outside of the home such swimming pool which they had enjoyed in the past. Staff were working with the person to gradually support them to do these activities again. Staff described how they were taking very small steps, such as going for a drive past the swimming pool on a number of occasions, before stopping outside. They described how they would reassure the person that they did not have to go in, and also they would move on if they were upset. They said by doing this, the person was slowly rebuilding confidence in going out.

Another person liked going out each day for a drive. Staff described how they would go to various places including the beach, where sometimes the person would enjoy a very short time on the beach before going somewhere else. Staff said they understood that often the activities were very short-lived but could see how the person benefitted from doing them.

People were supported to express their views. Each person had a key worker who supported them to make choices about their care. This included choosing what time they got up and went to bed as well as choosing what they wanted to eat. For example, people were supported to go into the kitchen at breakfast time to choose what cereal they wanted each day. People were also encouraged to choose what they wanted to wear. People in the home had selected painting which would decorate the refurbished dining room.

Staff recognised the importance of treating people respectfully. Staff were discreet when talking with people about personal care needs. Where one person wanted to spend private time in their bedroom, staff respected their right to privacy and waited in a nearby location as the person was supported on a one to one basis. Care records were stored confidentially and securely in both electronic and paper forms.

Is the service responsive?

Our findings

People received personalised care which responded to their needs and preferences. Each person was supported to do both individual and group activities of their choice. For example, one person enjoyed activities away from the home including sightseeing. They had recently visited SS Great Britain and had enjoyed the day, taking photos on their tablet computer to share with their family. They also enjoyed activities such as going to the zoo and trips to the pub. Their care records showed that staff supported them to do these.

Another person enjoyed spending time in the home, listening to music. Staff had arranged for their music to play both in their bedroom and in a communal area to ensure they did not become too isolated.

Staff had worked with professionals to ensure that one person who often appeared to feel very hot and enjoyed extreme weather conditions, had activities that enabled them to safely enjoy cold and other sensory experiences such as walking in heavy rain or wind.

Other activities people did on their own or in groups included horse riding, swimming, theatre groups, hydrotherapy sessions, music sessions, art and craft sessions. Each person's care plan described the activities people enjoyed and a weekly timetable of when they would do particular activities. Daily records showed that staff supported them doing these.

Support plans were written to enable people to be as independent as possible. For example, one person's support plan described how they could help to make hot drinks for themselves. The plan described how the person could put coffee, sugar and milk into the mug but would need to have the hot water poured by staff.

People and their families were supported to raise issues and concerns, which were listened to and responded to. There was a complaints policy and procedure. The registered manager said there had been no formal complaints since 2015. They said if people or their families had any concerns, they would deal with them immediately. A relative commented "I think they have improved in terms of responsiveness, but feel it is very much driven from our side (mine and [person's family member]), but have no concerns at the moment."

We looked at how provider complied with the Accessible Information Standard. This standard is a framework which came into effect in August 2016 makes it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. Everyone living at The Lawns had a learning disability which had an impact on the means of communication. Staff were able to describe how they communicated with each person. This included communicating with people who had little or no verbal communication. Care records provided details of how each person communicated and was able to understand information. This included using objects of reference, such as holding the car keys to indicate they were about to go in the care. Staff also were able to describe body language, facial expressions, hand signals; gestures and key words for each person. The service worked with other professionals to improve communication and promote people's independence. People were also

supported to use tablets and computers to support communications with family and loved ones.

Is the service well-led?

Our findings

There was a manager at the home who had been registered with the Care Quality Commission (CQC) since June 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by a deputy manager as well as senior managers in the provider organisation. Staff were positive about the registered manager and senior staff in the home. One member of staff said "Really nice, really helpful."

Comments from health and social care professionals were mainly very positive and included "...had contact mainly with the Management Team who I found friendly, helpful and co-operative and they appeared to have the best interests of their residents at their forefront of their work" and "Very well run and nice home." One relative said "It is easy to contact the staff either in person or by phone or email. Generally the management respond quickly to any concerns or day to day arrangements that might be brought up." A relative commented "The senior members of staff at the Lawns have been working there for some time which is good as it means that I have been able to build up a relationship with them, especially with the Manager and Deputy Manager. I feel able to contact them with any issues or concerns and, with one or two exceptions, these are dealt with in a satisfactory way." However the relative also added "There have been annual meetings at which I can voice any concerns I may have but these appear to be less frequent now."

The provider organisation had a clear vision and strategy to deliver high quality care and support. The registered manager and staff understood the aims and objectives and were involved in the delivery of them.

There was a quality assurance framework in place which included audits undertaken by the registered manager, as well as by a registered manager from another home owned by the provider. Senior staff also visited the home every three months to undertake quality assurance checks. The audits were linked to the five domains (safe, effective, caring, responsive and well-led) used by the CQC when inspecting services. Where issues were identified, action plans were drawn up to rectify them. These action plans were also monitored to ensure actions were completed. Checks were undertaken on the safety and maintenance of the home, equipment, care records, staff records. Improvements were made where the checks identifies issues.

The home carried out annual quality assurance surveys of people, their relatives, staff, health and social care professionals. The survey undertaken in 2017 showed respondents were largely positive about the home and the care provided. Where there were issues raised, an improvement plan had been put together to address them. For example improving the activities people were supported to do both in groups and on their own.