

Voyage 1 Limited Oaklands

Inspection report

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Date of inspection visit:
30 October 2018

Date of publication:
22 November 2018

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Oaklands is a care home without nursing for up to six people with learning disabilities and/or who are on the autistic spectrum. At the time of this inspection there were six people living at the service.

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

At this inspection we found the service remained Good in four of the five key questions, improving to Outstanding in the responsive question. This means the overall rating for the service remains Good.

Why the service is rated Good

The service continued to meet all the fundamental standards and had a registered manager as required. The registered manager was present and assisted us with the inspection.

People received extremely personalised care with staff demonstrating innovative and 'lateral' thinking in helping people to increase their independence and life skills and meet their needs. People were supported to identify their own goals and ambitions and to work towards achieving them by the highly motivated staff team.

People knew how to complain and staff knew the process to follow if they had concerns. Staff showed great skill in identifying when people, who were not able to communicate verbally, were distressed, anxious and/or concerned. Staff were quick to respond to any signs of distress. The success of their individualised interactions showed an in-depth knowledge of how each person demonstrated they were not happy and what to do to help them feel safe and calm.

People received excellent care and support from staff who were well trained and supervised. Staff demonstrated a strong commitment to ensuring people were involved in all aspects of decisions regarding their care and the development of the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. Medicines were handled correctly and safely.

People were treated with care and kindness and their right to confidentiality was protected. People were treated with respect and their dignity was upheld. People's diversity needs were identified and incorporated

into their care plans where applicable.

People benefitted from a service which had an open and inclusive culture. Staff were very happy working at the service and people benefitted from having staff who felt well managed and supported.

Further information is in the detailed findings in the full report.

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?

Outstanding ☆

The service has improved to Outstanding

People received extremely personalised care from staff who were highly motivated to support people to increase their independence and to identify and achieve their own goals and ambitions. The service provided was continually reviewed and improved in response to people's changing needs.

People were able to enjoy a number of activities, based on their known likes and preferences. Staff continually looked for ways to improve and enhance people's lives by exploring new activities and employments people could participate in. This resulted in people leading fuller lives than they had previously.

People and their relatives knew how to raise concerns and were confident the service would listen and take action on what they said. Staff showed great skill and took prompt action when people displayed any signs of being anxious or concerned.

Is the service well-led?

Good ●

The service remains Good

Oaklands

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 30 October 2018. It was unannounced and was carried out by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager and four care workers. We received feedback from two relatives and spoke with all six people who live at the service. However, due to people's complex needs, we could not discuss matters relating to the inspection with them in depth. As part of the inspection we sought feedback from seven community professionals and received responses from one.

We looked at three people's care plans, daily notes, monitoring records and medicine administration sheets. We saw staff recruitment files for the three staff members who had been employed since our last inspection. We reviewed a number of other documents relating to the management of the service. For example, staff training records, staff supervision and appraisal log, premises safety records, legionella and fire risk assessments, audits, staff meeting minutes and compliments records.

Is the service safe?

Our findings

The service continued to provide safe care and support to people.

People received safe care and support. We saw people were comfortable and at ease with the staff. A relative told us they thought their family member was safe at the service and added, "I have total confidence."

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. The registered manager explained how they had looked into safe use of the internet and protection from online abuse by using easy read guides and discussions with one person. The registered manager stated, "The person was also assisted in the use of a mobile phone to further enhance their personal safety. Prior to this, he was totally reliant on others to assist in gaining access to pursue his interests."

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with weight loss or gain. A community professional thought the service and risks to individuals were managed so that people were protected. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general environmental risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out regularly. For example, hot water temperature checks, fire safety checks and fire equipment checks. We saw thermostatic mixing valves had been serviced annually to ensure they continued to protect people from the risk of scalds.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded. Emergency plans were in place and followed, for example emergency procedures in case of a fire.

People were protected by the recruitment processes in place. Staff files included the recruitment information required by the regulations. For example, proof of identity, evidence of conduct in previous employment and criminal record checks. There were some missing items of information but the registered manager obtained the information promptly after the inspection. People could be confident that staff were checked for suitability before being allowed to work with them. The registered manager had recently introduced a final check that all required documents were obtained prior to scheduling new staff to work with the people at the service.

We saw staff had time to support people, always going at the pace dictated by the people living at the service. Staff were always available when people needed them. A community professional thought the

service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. A relative also confirmed that staff were available when their family member needed them.

People's medicines were stored and administered safely. Only staff trained in administering medicines, and assessed as competent, were allowed to do so. Medicines administration records (MAR) were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

We saw the home and equipment was clean and well-maintained. Staff had training in infection control and we saw they put their learning into practice as they went about their work.

Is the service effective?

Our findings

The service continued to provide effective care and support to people.

People received effective care and support from staff they knew and who knew how they liked things done. Care plans contained details of people's care needs, wishes and preferences. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. Care plans were kept under review and amended when changes occurred or if new information came to light.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to deliver high quality care and support to the people living at the home. The service provided training in topics they considered mandatory, such as health and safety, fire safety, manual handling, infection prevention and control and food safety. All mandatory training was up to date, where refresher training was due, a system was in place that alerted the manager so that the training could be arranged. The registered manager told us, "Specific training such as but not limited to autism awareness and dementia has been utilised to enhance the lives and skills of all who live and work at Oaklands." A community professional said the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. They added, "They [Oaklands staff] strive to improve outcomes for those they care for, not writing them off because of their age and disabilities. One of the gentlemen (late 60s) has recently learnt to make a cup of a tea for the first time!" A relative thought the staff had the training and skills they needed when supporting their family member and added, "Judging by the progress [Name] has made, and every evidence that he is happy and feels at home, this seems self-evident."

Staff said they received formal supervision with their manager to discuss their work and how they felt about it. The log showed staff had supervision meetings six times a year. Other management support was provided in the form of staff meetings and informal chats if requested by staff. Staff said they felt supported by their managers and commented that they could speak with the registered manager whenever they wanted or needed to.

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. 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 are called the Deprivation of Liberty Safeguards. At the time of our inspection the service had identified the people living at Oaklands who were potentially being deprived of their liberty. Applications had been made to the funding authorities for the required assessments and authorisations.

We saw people enjoyed the food at the service and could choose something different if they did not like what was planned. Drinks were also available at all times and people were free to decide what and when

they ate. We saw staff always made sure foods were available to meet people's diverse needs. People were weighed monthly, or more often if indicated by risk assessment. We saw referrals were made to the GP where there was a concern that someone was losing weight, or was putting on too much weight.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians. A relative said their family member could see their GP, other doctors, dentists and opticians when they needed to and added they were always kept informed. A community professional thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. They commented, "Medical help is sought quickly when needed, and routine check-ups etc. are also well managed."

The registered manager explained how they had supported someone to improve their anxiety related to health care appointments, "Since moving to Oaklands staff have supported [Name] to lessen his anxieties, introduce coping mechanisms and decrease stress related medications. This has been achieved by discussing triggers, building a close relationship, supporting to health care appointments, developing a communication plan in relation to the accessible information standard which enables self-advocacy in appointments and for healthcare professionals to understand his individual needs."

A relative told us, "[Name] appears happy and well he has very, good access to doctors now who seem to better understand him than his previous GP did and have vastly altered his medications." The relative added, "When I speak with [Name] he now appears calm and much happier with his life, so for me I would say Oaklands is a very good facility as a care home."

Is the service caring?

Our findings

Oaklands continued to provide a caring service.

The staff took great care to make sure people were as involved as possible in developing their care plans. The registered manager explained the key working system, "In team meetings and one to one supervisions with staff we took account of the individual's choices. By matching up people we support and keyworkers looking at common interests [and] personalities. By people we support being actively involved choosing who they would like to be their keyworker, suitable key workers were allocated to work in partnership with those we support."

The staff took pride in helping people to gain independence in both small and large areas of their life, from learning how to make a cup of tea to going out independently. One relative thought the staff encouraged their family member to be independent and added, "Totally. He is now more independent than I could ever have dreamt possible."

The registered manager spoke about one person living at the service who had been supported to increase his independence skills and gain more choice in many areas of his life. The registered manager explained, "We sourced specific training on recognising and lending support for those with dementia. Liaising with healthcare professionals, advice was sought for communication methods to facilitate the person's everyday access and recognition skills within the home environment. To concentrate on daily living skills, reference pictures were applied within the kitchen area to identify key areas for the individual to communicate his needs and preferences. Supporting the individual to gain independence by accessing the kitchen took approximately two years with constant review." The registered manager described the outcome for the person, "[Name] is now able to have a degree of autonomy in preparation of drinks and snacks whereupon previously he was fully dependent on staff support. Due to the support given in accessing and recognising the kitchen environment the individual's wellbeing has increased significantly as he is able to collect the items needed with which to pour and enjoy his favourite ale!" The registered manager went on to tell us how this work had led to the person gaining confidence. She explained, "This individual also gained from the picture reference cards in the kitchen as he was able to establish his own routines leading to increased independence and recognition of achievements. Whereas staff previously gave full support to prepare meals, the individual is able to collect crockery, utensils and items needed before taking an active part in his meal preparation rewarding himself with praise when accomplishing self-governed aims & objectives. Increased communication has led to greater independence which includes lending direction in menu choices for all."

Another person was fully involved in creating his own support guidance for "my activities" and "my job & training" and on directing his care towards gaining more independence. The registered manager told us he had also set his own goals which included accessing work based and leisure opportunities. The registered manager explained, "When defining his goals and ambitions these included regular community involvement by accessing his local library to broaden his horizons and pursue his interests of cats and line dancing via the internet." The registered manager went on to explain further, "To attain this, Oaklands worked closely

[with the person] on support with travel training. On week one we discussed [with the person] where the individual would like to go and discussed what factors we would need to consider [for] safety. In week two we started to support the individual to the library and each week staff would walk further behind the individual. . . By week 12 the individual stated, 'I can go by myself'. This also increased his social presence by including time spent engaging with the library staff and visitors." The person now goes to the library and spends time there independently.

People were treated with care and kindness. Staff showed great skill when working with people living at the service and it was obvious that warm and trusting relationships had been developed. People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. A relative said staff were caring when they supported their relative and added, "They seem fond of [Name] and show real understanding of him as an individual." A community professional said the service was successful in developing positive caring relationships with people.

People's rights to privacy and dignity were supported. A relative said staff treated their family member with respect and dignity and added, "Absolutely, 100%." A community professional said staff promoted and respected people's privacy and dignity. Staff were respectful of people's cultural and spiritual needs. They provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

People's right to confidentiality was protected. All personal records were kept securely and were not left out in public areas of the service.

Is the service responsive?

Our findings

The service provided highly individualised, responsive, person centred care and support to all people living at Oaklands. Throughout the inspection staff showed their in-depth knowledge and understanding of the people living at the service. Especially in regard to their understanding of people's autism needs. Staff were in tune with people's need to have their own routines and showed great skill and tact when helping people deal with the change to the normal daily routine that our inspection brought with it. Staff took great pains to explain to each person what was happening during the day, trying to give them references to activities that they were familiar with to help them relax and understand. Whenever people showed anxiety, staff were quick to identify it, and skilled at working out what was causing the anxiety. For example, when talking with the registered manager in the office one person came in to join us and appeared anxious. Staff immediately understood the problem. They explained to us that the person wanted to sit in a specific chair when sitting in the office with the registered manager. We were able to move from that chair to another and the person was then able to sit on their usual chair, relax and participate in the inspection activity that was taking place. On another occasion when we were in the kitchen we saw one of the people looking anxiously through the window at us. The staff member with us explained that the person wanted to come into the kitchen to make a drink but wouldn't feel comfortable with someone they didn't know being there. We left the kitchen and the staff member spoke with the person and reassured the person, who then went ahead with getting their drink.

Each person had a care plan which incorporated their goals and ambitions. The service was working towards gaining their National Autistic Society (NAS) Accreditation. On their website the NAS explain, "Autism Accreditation is UK's only autism-specific quality assurance programme of support and development for all those providing services to autistic people. It is a way for organisations to show they offer excellent support to autistic children and adults." The service started the accreditation in October 2017 and expected to complete the work by the end of 2019.

The registered manager told us, "Working in partnership with both individuals and families has enabled Oaklands to establish what activities individuals had found beneficial to their well-being in the past and have been able to re-introduce these as preferred leisure pastimes such as horse riding and swimming."

The registered manager described the work they had been doing to support people to live a better life and to ensure their care and support was as responsive as possible. The registered manager told us, "Staff found that, on moving to Oaklands, individuals we support were unable to assist in gaining independent living skills and their social inclusion within the wider community was severely lacking. Working in partnership with parents/carers and the individuals, Oaklands sought the best information available to ascertain individual abilities and preferences in areas such as personal care, activities, living skills and community involvement."

The registered manager explained how staff had worked with one person to help them improve their dental hygiene. "Staff identified the person had a hypersensitivity to the toothbrush used. By purchasing an autism friendly toothbrush, the individual now takes an active part in his daily personal care routine leading to

reports of improved oral conditions, less abscesses, decreased anxieties when attending appointments and a wider range of foods accepted at mealtimes. Due to the increased range of foods accepted, the individual's nutritional intake has led to a healthy BMI [weight for his height]."

The registered manager went on to explain about another person who was also identified as having difficulties with oral hygiene. The registered manager said, "Using the same technique not only has their dental care improved but this has had a positive effect on their ability to engage with increased skills in this sphere. Following verbal prompts, they are now willing to assist with washing face and body and are much more accepting of support."

A relative told us their family member was able to participate in activities they enjoyed and was supported to access the community. They added, "A wide range [of activities] is available. It is remarkable that this is possible, considering that my family member's behaviour can be very challenging in public." The registered manager explained they had worked closely and successfully with a local public house supporting the person to achieve their goal to visit on a regular basis. The registered manager said, "This included offering [the pub staff] an understanding of the gentleman's condition, his preferred routine and how best to support him. Staff at Oaklands made use of the autism specific 'Meaningful engagement plan'... This includes looking at the activity and the environment, whether a risk assessment has been completed, or requires updating. It looks at the long and short-term goals set for the activity. We looked at the resources/materials to be used if any are required to analyse and review what worked, what didn't and what could be done differently to ensure success. This reflective approach has enabled the gentleman to gain community inclusion, a sense of self-worth ... and has brought close knit links between all parties involved. Staff are able to evidence this by recognition of how the individual expresses his happiness, [such as] vocalisation, expression and gesture." The person's relative told us, "The [registered] manager is clearly outstanding as [Name's] development since her taking over is dramatic ... The [registered] manager has worked hard to build links and understanding, e.g. with the local pub where he enjoys a drink, crisps or a meal out."

One person living at Oaklands had successfully secured a job working for the provider as a quality checker of other Voyage 1 Limited services. On the Voyage website it explains the role of a quality checker, "Their job is to visit our homes unannounced and check the quality of the care and support. They talk to residents and give a report on their findings to our Quality team." Staff explained that the person had expressed a wish to become a quality assessor after seeing the work of an assessor who attended Oaklands to carry out an assessment. Together with staff the person was assisted to develop their résumé and apply for the job. The registered manager told us that he passed his interview and was given the job. She went on to say, "His enjoyment and achievement has been measured by his wanting to record moments via photographs/scrapbook and the Oaklands newsletter which he takes a prominent role in preparing and sharing with his family. He takes an active role when there are openings for potential team members, asking questions during interviews. This falls in line within part of his work as a quality checker and of his own expressed wishes." We spoke with the person about his job and he told us how much he enjoyed it, being rightly proud to be part of this important work.

People were supported to maintain contact with people important to them. Where possible the service provided access to local events to enhance social activities for all people to access and get involved with, taking into account their individual interests and links with different communities.

The registered manager told us about some work that had been done locally, "Further connections with the local community have been forged between Oaklands and [a local school] to raise awareness of autism. With careful liaison with the autistic spectrum disorder team at the school they organised a fund-raising film night showing "Life" an Oscar award winning documentary detailing the life of Owen a young man with

autism. This led to another scheme outside of autism awareness week so that awareness of autism was not just restricted to the one week. Pupils wore blue with proceeds going to [a local autism charity]. Oaklands continues to support residents to access forums held within the local community for those with disabilities including autism and mental health concerns."

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager had implemented the AIS and all people had a communication card in their files. People took the cards with them to hospital and other appointments. This meant others outside the service would be able to see what they needed to do in order to communicate effectively with the person.

Relatives knew how to complain and staff knew the process to follow if they had concerns. Staff showed great skill in identifying when people, who were not able to communicate verbally, were distressed, anxious and/or concerned. Staff were quick to respond to any signs of distress. The success of their individualised interactions showed an in-depth knowledge of how each person demonstrated they were not happy and what to do to help them feel safe and calm. There had been no formal complaints made to the service in the 12 months prior to our inspection. The registered manager explained any complaints would be recorded, together with any outcomes and actions taken to resolve any concerns raised.

Is the service well-led?

Our findings

The service continued to be well-led.

The service had a registered manager. 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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

The provider had an effective audit system in place and the service's staff and the provider's maintenance team ensured health and safety audits of the premises were carried out. The registered manager and staff undertook other audits at the service as part of their roles. For example, audits of care plans and health risk assessments. Staff carried out other health and safety checks on a daily or weekly basis, for example checks of hot water temperatures and food safety checks. The service had been awarded a food hygiene rating of 5 (very good) by West Berkshire Council on 25 August 2015. All records and audits seen were up to date and details of actions taken to remedy any concerns demonstrated actions were completed promptly.

People benefitted from a staff team that were happy in their work. Staff enjoyed working at the service and thought the service was managed well. They felt supported by the management and their colleagues and felt they were given training that helped them provide care and support to a good standard. Staff were asked for suggestions on how to improve the service. They said that any suggestions they made were taken seriously. One staff member told us, "[This is a] fantastic service. If myself or a family member needed to use it I would be happy to." Other staff comments included, "The service is well-run. [The registered manager] listens and wants staff to make suggestions" and "We have a very supportive manager. We work as a team. We always get help and support from colleagues and management."

A community professional felt the service demonstrated good management and leadership and delivered high quality care. A relative told us the management listened and acted on what they and their family member said. They felt the staff were happy working at the service and that there was a good atmosphere, adding, "The atmosphere is one of calm co-operation." They said the service was managed well and added, "Outstandingly, under current management." Another relative told us, "The staff always seem helpful when I phone them and always seem friendly. As for [the registered manager] she seems to be an amazing person very communicative and helpful and sends me regular updates and photos of [Name] and reports on his activities." Another said, "I cannot speak highly enough of the service and its management, and have profound gratitude for all they do for my family member."