

Voyage 1 Limited

Branwell Manor

Inspection report

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Date of inspection visit:
20 November 2018

Date of publication:
24 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 20 November 2018.

Branwell Manor is a care home for up to eight people. At the time of this inspection there were eight people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Branwell Manor consists of one building with two floors tailored to support adults with complex needs including autism spectrum conditions, physical and learning disabilities.

This location was last inspected on 14 March 2016 and at that time was rated good in all domains. At this inspection we found some areas required improvement and we identified two breaches in regulation in relation to consent and good governance.

On the day of our inspection a registered manager was in place. 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 provider was not fully compliant with the Mental Capacity Act 2005 because decision specific mental capacity assessments and best interest decisions were not routinely completed. There was no evidence people were being restricted or receiving care that was not in their best interests.

Systems were in place to assess, monitor and improve the quality of the service however areas for improvement that had been identified in the provider's own internal audit had not been solved and were found again during this inspection.

People told us they felt safe using the service and relatives corroborated this. Safeguarding procedures were in place and staff knew what to do if safeguarding concerns were identified.

People's medicines were managed safely.

There were assessments in place that identified relevant risks to people and management plans to reduce these risks were in place to ensure people's safety. There were sufficient staffing levels to meet people's needs and provide a flexible service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were provided with personalised care and support. People's needs in relation to the protected

characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's communication needs were assessed and staff adapted their communication to better meet people's needs.

People were supported to eat a balanced diet that met their individual dietary needs. They were supported to access healthcare services in order to maintain their health.

People and their relatives told us staff were kind and caring and their privacy and dignity were respected by staff.

Staff told us they felt supported by the management team and the team communicated regularly and effectively. People, relatives and staff had confidence in the leadership of the service.

People lived in a service which had been adapted to meet their needs and was focussed on providing high quality care that improved the wellbeing and independence of people living in the home. The service worked in partnership with other agencies to support care provision.

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.

Medicines were managed safely.

Staffing levels were sufficient to meet people's needs. Staff recruitment processes were robust.

There were safeguarding systems to protect people from abuse. Risks to people's health and safety were assessed and mitigated.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider was not fully compliant with the Mental Capacity Act 2015 because decision specific mental capacity assessments and best interest decisions were not routinely completed.

Staff had received the training they required for their job role and to meet people's needs.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were kind and caring.

People were treated with respect and their dignity was maintained by staff.

The provider was involving people and their relatives in reviewing care.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care and were involved in meaningful activities of their choosing.

A complaints procedure was in place and people and relatives were confident if they had concerns these would be dealt with appropriately.

Is the service well-led?

The service was not always well-led.

Systems were in place to assess, monitor and improve the quality of the service however areas for improvement that had been identified in the provider's internal audit had not been solved and were found again during this inspection.

Staff were supported by an effective management team that was approachable, offered support and leadership.

Requires Improvement ●

Branwell Manor

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 20 November 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. The provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed this information during the inspection. We requested and received feedback on the service from the local safeguarding teams and commissioners.

We spoke with three people who used the service and three relatives. During our inspection we observed how staff interacted with people who used the service while they were in the communal lounge areas. Some people living at the service were not able to fully communicate their views and we used our observations to inform our judgements about the care they were receiving. We received feedback from two healthcare professionals that had worked with the service.

We spoke with five staff members; this included the registered manager, senior care worker and care workers. We looked at two people's care records and three medicine records. We reviewed the service's training matrix and looked at training records, recruitment and supervision for two staff members. We looked at minutes of team meetings, various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

Is the service safe?

Our findings

At our last inspection we rated this domain as being good. During this inspection we found the home continued to provide safe care.

People told us they felt safe at the service and with the staff who supported them. One person said, "Yes, when I call staff come." We asked relatives if they felt their loved ones received safe care, one relative told us, "Yes, very much so", and another one said, "I do."

There were arrangements in place in case of an emergency. Each person had a personal emergency evacuation plan (PEEP) which detailed what staff should do if the person had to be evacuated. However, we found one PEEP did not detail the manoeuvre staff should follow to safely move one person onto an evacuation stretcher. We also had concerns that the instructions on some people's PEEPs might not be workable when there were less staff members on shift, for example, during the night. We shared these concerns with the registered manager on the day and a few days after the inspection they told us they had updated people's PEEPs to reflect the number of staff on shift able to support with evacuating people and this information was also discussed during a staff meeting.

Risks to people's care were being managed safely. Care files contained detailed information about relevant risks related to people's care, its level of seriousness and actions staff should take to minimise these. For example, one person living at the home was at risk of being constipated and had difficulties in communicating this to staff. Their documentation gave clear direction to staff about signs to look for and how to monitor this condition. The provider was identifying specific risks and recording the information about people's risk assessment and support in one single document. We discussed with the registered manager about the benefits of having two separate documents, a risk assessment and a care plan, that clearly detail the risks, how it impacts people, what measures are in place to minimise it and, separately, what support people need to keep safe.

Staff had received training in safeguarding, which was refreshed regularly and, when questioned, staff knew the different types of abuse, how to identify these and report any concerns. The provider had policies and procedures in place that reflected local procedures and the registered manager was confident on the actions to take if a safeguarding concern was reported to them. The registered manager told us they had sought advice from the local authority safeguarding team following an incident related to a person living at the home. This was deemed not to be a safeguarding concern however appropriate actions were taken to prevent the incident happening again and to support the person in the least restrictive way.

Medicines were being managed safely and effectively. Staff administering medicines had received training and had their competency assessed annually. Medicines audits were being completed to ensure medicines had been stored, administered and recorded correctly. Each person's medicine administration records contained relevant personal information, what time medication should be administered and clear administration instructions. One person was being supported with managing a health condition that required regular monitoring of their blood sugar levels. We saw this was done regularly and staff were

knowledgeable about the range of blood sugar levels that were safe and unsafe for this person. One person liked to take their medicines on top of a yogurt and staff had sought advice from the GP to confirm this practice was safe and did not impact on the medicine's effectiveness. The provider had protocols in place for when staff supported people with 'as and when as required' medication however we found inconsistency in the level of detail with some protocols being very detailed and other not. We discussed this with the registered manager and they told us they would review this and make the necessary amendments. No one was being supported with drugs that are controlled under the Misuse of Drugs legislation.

The home deployed sufficient numbers of staff to meet people's needs. Staff confirmed the numbers allocated to both day and night shifts were enough and any shortages, due to sickness or absence, were filled with bank staff by the registered manager. People we spoke with told us there were enough staff to support them and relative's views corroborated this.

Accidents and incidents had been recorded and managed appropriately. These were stored in a designated file and arranged by month. Each accident had been reviewed by the registered manager and actions had been identified, when appropriate. We noted some incidents related to the same person and we discussed with the registered manager about their analysis of trends and patterns. They were fully aware of these incidents and explained to us how this person's care plan had been updated and staff debriefed on changes. The registered manager told us that due to the low number of incidents they did not keep a record of their analysis but were always informed by staff when a new incident happened.

The home had effective systems in place to ensure the premises and equipment was fit for purpose. Gas and electricity safety certificates were in place and up to date. Hoists and fire equipment had been serviced in line with legislation with records evidencing this.

People lived in an environment that was clean, tidy and free from odour. Staff had access to and used personal protective equipment such as gloves, which was changed prior to providing care to each person. One relative told us they thought the home was "very clean" and another one said, "[Relative's] room is not always tidy because of [activities person likes to do] but it is a clean untidiness."

Is the service effective?

Our findings

At our last inspection we rated this domain as being good. During this inspection, we found improvements were now required in this domain.

People told us they were supported by staff that knew them well and had the relevant skills. We asked people if they thought staff were well trained, one person said, "Yes, I have been in a bad place before", and another one said, "Staff are good." One relative said, "They seem to be [well trained]", and another relative told us, "[Person] is [medical condition] but has a very good support, staff are all shown how to monitor and know what to do." Our conversations with staff corroborated this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

During this inspection we found the provider was not fully compliant with the MCA because decision specific mental capacity assessments and best interest decisions were not routinely completed. The registered manager understood the principles of the MCA however they told us they were under the impression that people's DoLS documentation covered any decisions related with their care and therefore they did not have to complete specific assessments and best interest decisions. We discussed this was not compliant with MCA because assessments and decisions should be specific. Staff we spoke with had knowledge about the main principles of the MCA and where to access information. When we reviewed the action plan the provider had devised to improve the areas found in a recent internal audit, we saw it had been identified staff did not show in-depth knowledge of the MCA and there were actions planned to address this by checking staff's completion of elearning and having discussions at staff meetings. We asked the registered manager if progress had been made to complete those actions and they told us staff were due to complete training and they planned to "do more at staff meetings." After the inspection, the provider sent us evidence showing discussions had taken place with staff about the MCA but no evidence of progress regarding staff's training. We spoke with the registered manager about these concerns and they told us they had updated the documentation in relation to one decision for one person living at the service. They also told us staff were due to have a training refresher and information about the MCA would be discussed further during handovers and team meetings.

These findings constitute a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff with the training to meet their specific needs. Staff had been trained in areas such as basic life support, fire safety, food safety, communication and mental health awareness. Staff confirmed they had completed an induction which also introduced them to the provider's policies and procedures.

Staff files showed supervision meetings were taking place and staff told us they felt these meetings were helpful in supporting them in their roles. One staff member said, "They are all right, they give you an opportunity to say how you are feeling, any issues and you have your chance to get your point across." We asked the registered manager if they kept a supervision matrix to help them keep track of who had their supervision and appraisals and who was overdue. The registered manager told us they used an internal software to monitor this and confirmed that four staff members, including the registered manager, were due a supervision. This issue had already been identified in the provider's internal audit conducted in August 2018 and was highlighted in the action plan. After the inspection, the provider sent us a matrix evidencing most of the staff team was receiving regular supervision and meeting were scheduled for staff with overdue supervisions.

People were supported to choose and eat a balanced diet to meet their nutritional and hydration needs. One staff member told us, "We do menu planning with [people] once a week, they have got choices." One person who we spoke with was not able to physically cook their meals but told us they had attended a cooking school and were able to give instructions to staff. A staff member confirmed this was happening and told us, "I can make a cake now!" People's care plans included information about their nutritional and hydration needs and any risks related with this. One person required close monitoring of their fluid intake and we observed this person and staff communicating effectively and regularly about this throughout the inspection. We observed staff supporting people with choosing their meals and drinks.

Staff supported people to access relevant healthcare professionals. The service had developed an individualised health care plan for each person which contained detailed information about specific health conditions and the action required from staff. Records of care evidenced staff had helped people access healthcare professionals as and when required. For example, one person had a complex medical condition and we saw evidence of professionals such as a physiotherapist being involved with their care.

The home's environment was clean, odour free and well decorated. Corridors were wide allowing easy wheelchair access and there was a lift for people to use. People's bedrooms were decorated according to their own preferences. For example, staff and the relative of one person told us they enjoyed watching television on their own; this person's bedroom had their own television. Another person enjoyed reading books; this person invited us into their bedroom and we saw they had several shelves with books.

Is the service caring?

Our findings

People and their relatives spoke positively about the care provided and the caring nature of the staff who supported them. People's comments included, "[Staff] are good, they are very helpful." Relatives commented, "Yes, definitely [caring]", and "They seem very nice."

Staff understood their responsibilities to protect people's privacy and dignity and we observed staff knocking on people's doors before entering their bedrooms. People's records of care were kept securely. One staff told us, "I knock on the door, ask person if they are ready for personal care, lock the bedroom door from the inside, make sure the curtains are shut, cover with the towel [if providing personal care], and turn monitors off."

During the time we spent in the communal area and kitchen, we noted that staff were remotely monitoring people's sounds when they were alone in their bedrooms and anyone in these areas could listen. This was used so staff could be alerted if a person needed support while at the same time allowing that person to spend time on their own. This was used for people who could not or did not want to use other ways to alert staff. One person who was deemed to lack capacity in relation to their care arrangements had one monitor in place and it was not evidenced in their care plan if this had been decided in their best interests. We discussed our concerns with people's privacy with the registered manager and they told us people were aware of how the monitors were used by staff and wanted to have this in place to keep them safe. After the inspection, the registered manager told us they had been in contact with relevant professionals and the relative of the person who lacked capacity and were updating the relevant documentation.

People were supported by staff who were kind and caring and we observed staff treating people with patience. One relative told us, "I can always say when [person] is happy and [person] is happy; I can see by the way [person] acts with staff." During our inspection, we observed people were relaxed and comfortable with the staff who spoke with people in a friendly manner. We observed one person approaching the registered manager for a hug and they retributed the gesture in a gentle and professional way.

The provider facilitated the involvement of people and relatives in decisions about people's care. We asked relatives if they had been involved in planning and reviewing people's care, they said, "Yes, I did not go to the last one but I was invited", "Yes, regularly", and "[Staff] will liaise with us quite a lot." People's needs were reviewed and where needed, updated, by staff who knew people well. People had access to independent advocacy services, when required. This helped ensure the views and needs of the person concerned were considered when care was being planned or reviewed.

People's independence was respected and promoted. People told us staff listened to them and relatives corroborated this. One said, "[Person] is given quite a lot of choice; [person] is treated as an individual; [person] has matured." We observed one person eating their meal with their hands; one staff member noticed it and gently told person, "Use your spoon, please. Thank you." One staff member told us, "[People] have got everything; what they want, they get." The registered manager told us and showed us evidence of how the service had supported one person to become more independent and they had now moved to a

different care setting.

Is the service responsive?

Our findings

People told us they could make choices about activities they wanted to do. One person told us, "I like going out adventuring; [staff] took me to Leeds." Another person said, "I go out, I have family time and I go to church." Staff gave us examples of when and how they had supported people to do activities of their choosing. One told us how they had supported one person with adapted sport activities such as wheelchair bike riding and canoeing. Relatives felt their loved ones had enough activities to do. One relative said, "[Person] has enough to be content with."

The service supported people to maintain relationships with people relevant to them. For example, some people were supported to visit and keep in contact with their families and relatives if that was their preference. During our inspection we observed one person going out with a friend to spend some time together and have a meal. People's care files had a relationship map detailing information about relevant people involved in their care.

The registered manager explained to us how they assessed people's needs prior to commencing the service. Records showed the provider was completing individual care and support needs assessment and these were detailed and relevant. This ensure the service was able to meet people's needs appropriately.

Each person had a detailed and person-centred care plan that gave important information about them such as their support needs, preferences and health conditions. One person's care plan indicated, "[Person] has fairly long hairs and usually tied back to avoid it getting to [person's] face." During our inspection we observed this person's hair was presented as indicated in their care plan. People's care plans indicated the level of supervision and support they required and the level of detail was appropriate to guide staff. For example, we reviewed the care for one person and saw comprehensive information about their sensory needs, skin integrity, nutrition and mobility. Staff we spoke with were knowledgeable about this information. People's care plans included a list of achievements to be completed every year.

People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's care plans had detailed information about their communication needs and preferences. For example, one person's care plan indicated, "I like people to talk with me, I may not answer back in a way you understand." This person's care plan indicates staff should mirror this person's sounds as advised by their speech and language therapist and during our inspection we observed different members of staff communicating this way and the person responding positively. The provider had developed a communication profile for this person indicating how they communicated using their behaviour. This gave clear guidance to staff on the specific behaviour this person could display and how to support them appropriately to avoid frustration and enhance their wellbeing.

The registered provider had a procedure for receiving and responding to complaints about the service but none had been received in the last 12 months. We asked people if they would tell staff if they had any concerns, they said they would. Relatives told us they knew how to raise a complaint and were confident the management team would deal with it appropriately.

At the time we carried out our inspection there was no one in the home who required end of life care.

Is the service well-led?

Our findings

We asked people if they enjoyed living at Branwell Manor. One person said, "Yes, I like it". Another one said, "I love it in lots of different ways." One relative said, "[Person] seems to be happy, seem to be enjoying."

We saw the provider carried out checks on the service to monitor that good standards were being maintained however the provider was not always carrying out the actions identified as required. Medication, care records and the safety of the environment were checked by staff and the registered manager to ensure people received safe care that met their needs. The provider had carried out an internal audit in August 2018 and devised an action plan that identified the areas that needed improvement and how this was going to be achieved. The registered manager told us this plan was a work in progress however some of the issues found at this inspection had already been identified in this action plan and not enough improvements had been made. For example, the action plan indicated staff did not show in-depth knowledge of the MCA but no progress had been made in staff being given additional training in this area. The provider had identified that consent to care for people that might lack capacity to make decisions about their care was not always sought for one person, whose care plan we also reviewed and found the same issue. During this inspection, we found improvements were required in the information in people's PEEPs and evidence of discussions and relevant consent sought about monitoring people while in their bedroom. This showed the provider's quality assurance systems had not always been effective in identifying areas that required improvement.

This meant the provider was evaluating but not always improving their practice in a timely way and this constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was visible and responsive throughout the inspection in demonstrating how the service was managed and how they worked closely with people, staff and relatives in providing person-centred care and achieve good outcomes for people. They had been managing the service for several years and were knowledgeable about people's needs, support and preferences. When we asked them about the main achievements of the service, the registered manager was proud in telling us about people's successes in becoming more independent, improving their health and mental health with the support from the staff team. The registered manager told us they were due to send a survey to people and relatives to ask their views on how the service was being run.

People and relatives spoke positively about the registered manager. One person said, "[Registered manager] is very nice", and another was said "[Registered manager] is all right." Relatives commented, "[Registered manager] is very approachable and warm", "It has been very nice having [registered manager], she is efficient, I can go to her at any time, I don't need to make an appointment."

Staff told us they felt well supported by the service's management team and the team worked well together. Staff said, "This home is very well organised, you know what you are doing", "I've got a lot of respect for [registered manager], she is a good manager, very supportive", and "We all bound together, good team working." The registered manager told us, "I have a good and competent team."

The service had effective systems of communications in place. Staff told us there was a communication book and handovers were taking place at the beginning of each shift; this allowed staff to be informed, for instance, of any changes in people's needs and any activities or healthcare appointments people had planned for that day. Records confirmed regular team meetings were being organised.

The registered manager confirmed they worked with a range of different health and social care providers to liaise about people's care plans. The records we saw supported this.

Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not fully compliant with the Mental Capacity Act 2015 because decision specific mental capacity assessments and best interest decisions were not routinely completed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were in place to assess, monitor and improve the quality of the service however areas for improvement that had been identified in the provider's internal audit had not been solved and were found again during this inspection.