Voyage 1 Limited

Plough Hill Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 21 February 2017 and was announced. This was because we wanted to make sure people were using the respite service at the time of our inspection visit.

Voyage 1 Limited is a large provider of care services. This location is registered to provide residential accommodation, care and support to people with a range of medical conditions and disabilities. The service offers short respite stays for to up to three people, at any time, who are away from their own home. At the time of our inspection visit, one person was staying at the home. Twelve people regularly used the home for respite stays.

There was a registered manager in post. 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 registered with us for this service.

At our last inspection in March 2016, we rated the service 'requires improvement.' Improvements were required in how the provider and staff worked within the principles of the Mental capacity Act (MCA) 2005 and in how staff were supported by managers. At this inspection, we checked to see if improvements had been made and found they had. There had been changes in the management structure and an existing Voyage1 Limited manager had become registered with us for this service during June 2016. A team leader had been appointed and staff felt supported in their roles.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA), and staff worked within the principles of this Act and understood the importance of giving choices to people and respecting people's decisions. Staff understood when they should work in a person's 'best interests.'

Staff received an induction and were trained so they had the skills they needed for their job role. There was a safe recruitment process to ensure that staff were of good character. Staff felt there were enough staff on shift and that they could ask for help if needed from the provider's supported living service; Stretton Lodge, located next door.

Staff knew how to keep people they supported safe during their short stay at the home. There were processes to minimise risks to people's safety. Staff were trained to recognise signs of abuse and understood how to protect people from the risk of abuse and knew how to report any concerns.

People were supported by trained staff to take their medicines safely as prescribed. Some records had not been completed as required and immediate action was taken to address this.

People and relatives described staff as kind and felt they had a caring attitude. Staff said they would attempt

to resolve any concerns a person had. Relatives knew how to make a complaint if needed, however, the complaints policy displayed in the home was not in a format accessible to people using the service.

People had individual care plans and work was in progress to personalise these and involve people in their care plan as far as possible. People were supported to do things they enjoyed and take part in activities of their choice.

People had choices about how and where they spent their time. People were supported to select what meal they would like and independence was promoted by involving people in cooking tasks or personal care tasks.

There were systems and processes to monitor and review the quality of the service people received. This was through feedback from an annual survey sent to people's relatives which they completed with their family member. Daily checks and audits were undertaken at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities to protect people they supported from the risk of abuse. Staff understood their responsibilities to report any concerns about people's safety and to minimise risks so that people were safe.

The provider had a safe system of recruitment and checks were completed before staff supported people.

Staff were trained to administer prescribed medicines to the people they supported.

Is the service effective?

Good

The service was effective.

Staff were trained and knew the people they supported well so that they could effectively meet their individual needs. Staff and management understood their responsibilities in relation to the Mental Capacity Act 2005 and worked within the Act. The registered manager understood the Deprivation of Liberty Safeguards and when they would need to make a referral.

Staff understood how to promote healthy eating and supported people with their food and drink preparation. Staff would offer support to people to healthcare appointments if needed during their short stay at the home.

Is the service caring?

Good

The service was caring.

People and relatives felt staff were kind and caring in their approach. Staff demonstrated they had a positive approach toward people that was caring.

Staff knew how to show respect and promote privacy and dignity to the people they supported.

Is the service responsive?

Good

The service was responsive.

Staff put people's care and support at the centre of their day to day shift. Plans were in place to add further personalisation to people's care plans and involve them with their own care plan. Care plan information was detailed and contained information to enable staff to work with people to support them in a way they wanted.

Relatives knew how to make a complaint if needed and these were used to improve the service provided.

Is the service well-led?

Good

The service was well led.

Staff felt supported by the registered manager and given the information they needed. The provider had systems and processes to monitor the quality of the service provided to people and took action where improvement was needed.

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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 21 February 2017 and was announced. The provider was given notice because the location provides a small residential respite service and we needed to be sure that the service was being used at the time of or inspection visit. The inspection was carried out by one inspector.

Prior to this inspection a request for a PIR was not made. The PIR 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. During our inspection, we gave the provider the opportunity to supply us with key information, which we then took into account during our inspection visit.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with one person that used the service and seven people's relatives by telephone on 20 February 2017; before we met with the registered manager on 21 February 2017. This was to gain feedback on people's experiences of the short stay respite services provided for their family member.

During our inspection visit on 21 February 2017, we spoke with one team leader and two care staff, the registered manager and the operations manager. We reviewed two people's support by looking at their care plan, medicine records and pocket money records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver personalised care to people. We looked at other records related to people's care and support which included the service's quality assurance audits.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe at the home. One relative told us, "I feel [person's name] is safe there. I know the staff would phone me if needed, but they look after [person's name] well."

The registered manager and care staff understood their responsibilities to keep people safe and protect them from harm. Staff understood what constituted abusive behaviour and their responsibilities to report this to the registered manager. One staff member told us, "I'd always follow what we are taught and that is, 'see something, say something,' I would report any concern I had to the manager. They would investigate it. If I felt I needed to, I'd report it to you at CQC."

The team leader told us people brought some 'pocket money' with them to use during their short stay. The team leader said, "We look after people's pocket money and manage this for them. When they arrive for a short stay, we record the amount of money they bring in and keep receipts and a log of what they spend their money on. When the person goes home, we send an expenditure sheet to their relatives. Any unused money is sent home with the person." We looked at two people's pocket money records and found a safe system was used to minimise risks of financial abuse.

People were supported by staff who understood their needs and knew how to protect them. Risks were assessed and actions taken by staff so that risks of injury or harm were minimised. For example, one staff member told us, "We have special regulators on the taps so the hot water is not too hot, but we still make sure the person's shower is at a temperature okay for them, we ask them to test it before they have their shower." Another staff member said, "Some people are at risk of slips, trips and falls because they are a little unsteady when the walk about. We make sure there is nothing for them to fall over and encourage them to take their time."

Staff knew how to deal with an emergency, such as a fire, in the home. People had a personal emergency evacuation plan (PEEP) to instruct staff on how they should be supported when evacuating the building. We gave staff first aid scenarios that might occur in the home, such as a person having a fall or scalding themselves, and staff told us they would seek guidance by phoning 111 or call 999 if needed. The team leader reflected on their first aid knowledge and told us they felt they needed to refresh this, but said they would always follow the guidance given by the emergency services.

The provider's recruitment procedures made sure, as far as possible, that care staff were of good character to work with people. We spoke with one new staff member and they said, "I attended a job fair and found out about vacancies here, I had an interview straight away but had to then waif for checks to be done before I started work." Disclosure and Barring Service (DBS) and reference checks had been completed by the provider before staff supported people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services.

One staff member told us, "In the respite service, there is usually only one member of staff on shift for up to

three people. That works out fine, and often there is only one or two people here. If for any reason we needed additional staff support, we can phone across to Stretton Lodge and someone will come to help." The registered manager told us the respite service was a small team and consisted of five staff. They said some staff worked across the respite service and their supported living service, Stretton Lodge, next door.

Medicines were brought to the home by each person when they stayed there. Each medicine was checked and the amount received recorded on a medicine administration record (MAR). The registered manager informed us that whenever possible this was undertaken by two staff members and records looked at showed this. Staff told us they had to complete training and competency observations before supporting people to take their prescribed medicines. One new staff member said, "I have not completed my training yet, so I don't give tablets yet. The team leader is supporting me and it is going well."

Patient information leaflets were not always enclosed with people's medicines when sent to the home by their relatives. Staff informed us they did not have a medicines book, such as the British National Formulary (BNF), to refer to if needed. This meant that staff did not have important information available to them to refer if needed. We discussed this with the registered manager and they told us they had an on-call system and always had their mobile phone on in case staff needed support. The registered manager said they would take immediate action and ensure a copy of the BNF was purchased for the home and staff would remind people's relatives to include the information leaflet when sending medicines to the home.

Detailed guidance was available for staff to refer when people had 'when required' medicines, so these medicines were given to people in a consistent way. However, we saw one person did not have their 'when required' medicine available to them. One staff member explained the person had not, so far, required any during their stay and the medicine had not been sent with them. Staff said they would ensure they reminded people's relatives to bring 'when required' medicine for their family member's short stay so that it was available to them if needed.

We reviewed the MAR of a person staying at the home and saw signature gaps where a staff member should have signed when medicine was given to the person. Another member of staff told us the medicine had been given as prescribed but it appeared the staff member had 'forgotten' to sign the record. The team leader said, "The error would have been noticed by me later today and I would have informed the manager." The registered manager annotated the MAR to reflect this and said they would take appropriate action to ensure this recording error was addressed with the staff member.

One relative informed us they had been told by staff that the home did not have a pill cutter and staff were not permitted to break scored tablets in half. The relative told us, "I have to do that and repackage them." This was not best practice and posed risks of contamination. A staff member confirmed they did not have a pill cutter and believed they were not allowed to break a scored tablet in half despite the prescribing instruction being to 'take half a tablet.' We discussed this with the registered manager and operations manager who had not been aware of this, they believed this may have been historical practice. The registered manager said they would purchase a pill cutter and ensure staff knew scored tablets could be safely cut in half.

Good

Is the service effective?

Our findings

At our last inspection in March 2016, we rated this domain as 'requires improvement.' Improvements were required in how the provider and staff worked within the principles of the Mental capacity Act (MCA) 2005. Where people could not make decisions for themselves, people's rights were not always protected because restrictions were placed on their movements at the home without the appropriate authority to do so. On this inspection we found improvements had been made.

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. Staff worked within the principles of the Act, and knew they needed to gain people's consent before supporting them. One staff member told us, "I would encourage someone to have a shower, but never force them. We encourage people to make choices about their lives." The registered manager understood their legal responsibilities under the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Deprivation of Liberty Safeguards (DoLS). The registered manager informed us that no one had a DoLS in place, but demonstrated to us they understood what action they should take if deprivations were needed to be considered. One staff member told us, "Most people that have respite stays here go out with staff because that is for their support and safety, they have not expressed a wish to go out alone. There is one person that has their own bus pass and they travel here on their own and could go out alone if they wanted to."

Staff felt they had the skills they needed for their job role. One staff member told us, "I had an induction where I was shown around the home. I did several shifts shadowing an experienced staff member, these were really useful. I was a bit nervous as I didn't want to get things wrong and let the people staying here down, so that built my confidence. I've also had some training and have got some more dates for other training." The team leader said, "I am relatively new in to the team leading role, but have a lot of care experience. I am feeling well supported and I am discussing doing my level 5 diploma in health and social care with the manager."

Staff told us they felt supported in their role. Staff said their knowledge and learning was checked through a system of supervision meetings and observations to check their competencies. One staff member told us, "We have team meetings and supervision. There is also the on-call manager if we need advice about something."

Staff told us they encouraged and supported people to meet their nutritional needs. The team leader said, "We never tell people 'you are not allowed to have something' but we will encourage people to have a balanced diet and select healthy options. Fresh fruit was available and we saw one person helped themselves to a banana.

People were involved in making choices about their food and drink and staff encouraged people to be as involved in meal preparation as much as possible. One staff member said, "[Person's name] likes to help in the kitchen, peeling potatoes and watching staff."

Generally, people were supported to maintain their health and wellbeing by their relatives in their usual home and not, overall, by staff during their short stay at the home. One relative told us, "I deal with any GP appointments, dental or hospital visits and support my family member to these. But, if they were at the respite home and were poorly, the staff would phone me and I'm sure they'd get a doctor if needed." The team leader confirmed that if a person was unwell during their stay, they would try to contact their relatives and seek medical attention if needed.

People's care records had details of their GP. However, staff did not routinely check or record whether people's relatives were local or contactable during their planned short stay. The registered manager said this would be added to the 48 hour pre-admission telephone conversation with relatives, so that staff had the information they needed to contact relatives if a person became unwell during their stay.

Good

Is the service caring?

Our findings

One person described staff to us as 'happy' and another person said they were 'kind.' Relatives told us staff were welcoming to their family member when they arrived for a short stay at the home. One relative said, "My family member seems to always enjoy their respite stay, I'd know if they were unhappy from their behaviour, I think the staff are caring."

We asked staff what demonstrating a caring approach meant to them. One staff member told us, "Treating people here as you would your own family, being kind and helpful to them." Staff spoken with told us they enjoyed their job and supporting different people at the home. One staff member said, "It is lovely getting know people and supporting them here. We have time to do things, like just chatting and spending time together."

One person was using the service at the time of our inspection, we saw when they arrived at the home, staff greeted them in a positive way. One staff member offered to help them with their bag and coat and asked them if they had enjoyed their day, to which they replied 'yes, cup of tea?' We saw this person was relaxed with support staff and managers.

Staff told us most people attended 'day centres' during the weekdays, which meant activities were mostly organised for evenings and weekends. One staff member said, "When people arrive home, they might want to just relax or watch television. Sometimes they like to visit friends at Stretton Lodge next door."

Relatives told us they felt involved with their family member's care. One relative said, "The staff send me a communication diary to let me know what [person's name] has been doing. That is helpful, as I like to know what is happening."

Staff told us they involved people they supported in making decisions about their care and support and promoted their independence. One person told us, "[Person's name] will hold out their arms and wait for me to dress them, but they can do it themselves and I encourage them. I say to them, 'help me out a little bit' and they laugh and will do it with just a bit of support."

Staff gave us examples of how they maintained people's privacy and dignity. One staff member said, "We encourage people to close the door behind them. Some people can use the shower by themselves and if they are using the communal bathroom, we encourage them to lock the door, so others do not walk in. If they needed us, we can open the locked door to give support."

People's care and support files were kept securely in a designated room when they were staying at the home or locked in a secure cabinet when they were not using the service. Staff understood the importance of maintaining confidentiality and said they would only discuss personal information with those people authorised to share it with.

Good

Is the service responsive?

Our findings

Relatives felt involved in their family member's initial assessment of need before using the service and this information was recorded and used to create a care plan. Staff told us everyone had an individual care plan and they had time to read these.

People's care plans were detailed and reflected their individual needs. However, the written format was not accessible to people, who would benefit from pictorial images, and did not always reflect their involvement in their care plan. The registered manager told us that the team leader had started to work on some care plans to make them more person centred. During our inspection visit, the team leader and another staff member suggested further ways of how people could be involved with their care plan as they aimed to make them more accessible and person centred. The registered manager and team leader told us this planned work would be completed by the end of March 2017.

One person told us how they liked to spend their time, listing "watching boxing and wrestling on the television, going to the cinema, playing card games and going to the local pub." We saw this person was supported to pursue their interests during their stay.

One staff member told us, "Once, when three people were staying here, two people wanted to watch one television programme and the other person did not. There was a slight disagreement but I managed to resolve that by sorting out a television in their bedroom so they could watch what they wanted. Most of the time, people are happy to agree to go the local pub together and do the same thing."

Relatives told us they were contacted, by telephone, 48 hours prior to their family member's admission for a short stay. One family member said, "Staff ask me about any changes and we sort of do a quick review of [person's name]." This information was recorded by staff. Following our discussions and feedback to the registered manager, they told us the prompt questions used by staff on the form would be reviewed to ensure this was as comprehensive as possible. For example, to ensure more personal and detailed information was captured and recorded by staff.

The registered manager informed us that they had not received any complaints since our last inspection during March 2016. The registered manager said a few minor issues had been discussed and these had been resolved. Relatives told us they had no current complaints and would speak with the registered manager if they needed to.

A copy of the provider's complaints policy was displayed in the home. However, the format was not accessible to the people using the service. Staff told us if they felt a person was unhappy about something they would make every effort to 'sort it out.' The registered manager and operations manager agreed information made available to people using the service needed to be in a pictorial format they would understand more easily. However, we were told the provider had not yet made this format available to the service. The registered manager and operations manager told us they would raise this with senior managers.

Good

Is the service well-led?

Our findings

At our last inspection in March 2016, we rated this domain as 'requires improvement.' Improvements were required in the ways staff were supported at the home by managers. Also, where the provider's quality assurance systems and processes had identified areas for improvement, these had not always been followed through in a timely way. On this inspection we checked to see if improvements had been made and found they had.

The registered manager for the adjacent supported living service, Stretton Lodge, had applied to us to become registered for this service as well. Their application to us was successful and they became registered with us as manager for the short stay service during June 2016, which meant improvement had been made to the management that supported staff. The registered manager told us an experienced staff member had taken on the team leader role during January 2017 and they delegated some management tasks to them, such as planning staff shifts and some quality assurance audits. The registered manager told us this would be supportive to them in their role and felt this was positive for the small short stay home staff team.

Staff felt very supported by the registered manager. One staff member told us, "The manager is approachable, they listen and they are the best manager I've ever had." Another staff member said, "Both the manager and team leader are totally supportive, I'm very happy working here, I love it." The team leader explained to us, "I am still new into the role as team leader, so still learning. I'm happy to learn and feel very supported. Although staff mainly work alone here, we can always telephone other staff at Stretton Lodge if needed, or the on-call for support."

Most relatives, whose family members were regularly using the service, told us they had met the registered manager or spoken with them on the telephone. One relative said, "The manager seems approachable, if I had any concerns, I'd phone them."

Staff told us about daily shift checks they undertook. These included health and safety checks, fridge and freezer temperature monitoring and fire safety checks. One staff member told us, "I've been shown where to record all the checks we do and also cleaning schedule information." The team leader showed us records of checks completed by staff and we saw there were no gaps in the information required to be recorded.

Systems were in place to monitor the quality of the service. Improvements had been made to monitoring actions identified where improvements were needed. The registered manager showed us their improvement plan from June 2016 and most actions had been annotated and signed off as completed. We saw a few areas that were 'work in progress' such as updating people's care plans and increasing personalisation. The registered manager explained they had not had time to complete all of this work due to their other service commitments, however, with the appointment of the team leader, this would be now be completed. The team leader confirmed to us they had allocated time to complete delegated tasks.

There was a system in place to record accidents and incidents. Since our last inspection, two incidents had been recorded. There was a system in place to enable analysis of these to look for any themes so that

emerging risks of reoccurrence were minimised. However, due to the nature of the service, it was more effective for these to be reviewed on an individual basis. Staff told us people's risk assessments would be reviewed if needed following any accident or incident.

The provider had a system in place to gain feedback on the quality of the service provided. Annual surveys had been sent to people's relatives during August 2016. Analysis had taken place and we saw there was an overview of comments made by people and what action was planned for. We saw one action was to introduce photos of staff, although this had not yet been implemented. The team leader told us, "We were just discussing that the other day and saying it would be useful for this short stay home to have staff photos displayed. It's something we can do."

The survey used by the provider was not in an accessible format to people that used the service, which meant feedback was, overall, given by people's relatives which meant opportunities to gain feedback from people using the service may have been missed. The registered manager and operations manager said they believed the provider thought relatives would complete the surveys with their family member, though agreed an accessible format would be beneficial and offer further scope to gain feedback from people. The registered manager and operations manager told us they would raise this with senior managers and give consideration as to how they could capture feedback at the home from people at the end of their short stay.