Voyage 1 Limited

Cornerways

Inspection report

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Date of inspection visit:
26 July 2016

Date of publication:
30 August 2016

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

This inspection took place on the 26 July 2016 and was unannounced.

Cornerways is a care home, which is registered to provide care (without nursing) for up to eight people with autistic spectrum conditions and learning disabilities. There were eight people in residence during our visit.

The home is a detached building in Winnersh Wokingham and is close to local shops and other amenities. People have their own bedrooms and have use of communal areas that include an enclosed private garden that is accessible for wheelchair users. The people living in the home need care and support from staff at all times and have a range of care needs.

The home has 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.

People received their medicine safely. The registered manager had taken action during our visit to ensure people's medicine remained within the labelled packaging as dispensed. The recruitment and selection process helped to ensure staff of good character supported people. There was a sufficient number of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse. However, some staff had been unsure of who to go to if the organisation did not listen to concerns about people's safety.

Staff had received health and safety training that included basic first aid and infection control and were supported to achieve health and social care qualifications. People's nutritional needs were met with support from external professionals when nutritional risks were identified. People were helped to see their GP and other health professionals to promote their health and well-being.

People were provided with effective care from a staff team who had received support through supervision and training. Their care plans detailed how they wanted their needs met and these were regularly reviewed to ensure they were person centred. Risk assessments identified risks associated with personal and health related issues. They helped to promote people's independence whilst minimising the risks.

The service had taken the necessary action to ensure they were working in a way that recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and consent issues, which related to the people and their care.

People used a range of communication methods. These included non-verbal to limited verbal communication. Individual methods were supplemented by the use of pictures and objects of reference to indicate their needs and wishes, which were clearly understood by staff.

People received good quality care. Staff treated people with respect and kindness and provided a service that was person centred. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

There were effective systems to regularly assess and monitor the quality of service that people received. Various formal methods included visits by one of the organisation's operations managers.

The registered manager also completed health, safety, and environmental audits. However, a person's privacy was jeopardised when a wheelchair sensor was not repaired until six weeks after initially being noted within an environmental audit. This was rectified at the time of our visit when action was taken by the provider to minimise the risk of recurrence.

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.

People were supported by staff of good character who knew how to protect them from abuse.

People received their medicine safely.

There were sufficient staff with relevant skills and experience to keep people safe.

Is the service effective?

Good

The service was effective.

People's needs and preferences were met by staff who had received the training they needed to support them.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet. They were helped to see their GP and other health professionals to promote their health and well-being.

Is the service caring?

Good

The service was caring.

People benefitted from a staff team who supported them to sustain family relationships and were committed to ensuring their needs were met.

The relationships between staff and people receiving support demonstrated dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished. These were reviewed continually to promote person centred care.

Is the service well-led?

Good

The service was well-led

The manager was open and approachable and promoted a positive culture.

Staff had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

There were audits completed by external agencies such as the local authority and assessments by health care professionals.

Processes were in place to monitor the quality of the service and the running of the home. These included audits of health and safety and reviews of people's care and support plans.

Cornerways

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 the 26 July 2016. It was carried out by one inspector and was unannounced.

Before the inspection the registered manager completed 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

During our inspection, we spoke with three people and a person's family. We also observed care and support in communal areas of the home and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with the registered manager, operations manager and five staff. We also received feedback from two local authority social care professionals and health care professional.

We looked at three people's records and records that were used by staff to monitor their care. In addition, we looked at two staff recruitment files. We also looked at staff training records, duty rosters and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

People were protected against the risks of potential abuse. We could see that they felt confident approaching staff and were given every opportunity to express any concerns they had. Risks associated with their care and support had been identified and managed appropriately with the aim of keeping people safe, yet supporting them to be as independent as possible within the community and home.

Staff were able to provide a robust response in relation to their understanding of safeguarding. They had received safeguarding training and where aware of the provider's whistleblowing policy. However, they were not all fully aware of who they could go to if they had a concern about a person's safety and were not listened to by the registered manager or provider. The organisations whistle blowing policy was available for staff to refer to and informed that they could report concerns to the local safeguarding authority or Care Quality Commission. We discussed this with the registered manager who stated, "safeguarding would be a set agenda" at team meetings to ensure staff knew whom they could go to externally should they not be listened to within the organisation.

People were given their medicines safely by staff who had received training in the safe management of medicines. Staff competency assessments were completed annually that included three practical assessments before they were signed off as competent to support people with their medicine. Staff were aware of individuals preferred method of receiving their medicine and of the maximum dose of medicines given as required, such as pain reliever. The medication administration records were accurate and showed that people had received the correct amount of medicine at the right times. The service used a monitored dosage system (MDS) to support people with their medicines. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. However, some medicines could not be stored within an MDS pack and were dispensed within alternative packaging. We noted that part of one person's prescribed medicine had been removed from the original package/labelling and placed within an unmarked box. The registered manager took immediate action to ensure the medicine was stored within the original packaging, as labelled and dispensed by the pharmacist.

The service had a contract for the removal of clinical waste and staff had access to protective clothing such as disposable gloves and aprons. The washing machine had a thermal disinfection sluice up to 75°C and a chemical disinfection sluice to promote infection control. Staff had received infection control training and were committed to providing a clean and comfortable home for the people who lived there. A social care professional stated, "when visiting the home it has always been clean and well presented". However, we noted tiles within one person's bathroom were not properly sealed and a bath chair cover within the communal bathroom was worn and looked unclean. Both risked harbouring bacteria that placed people's health at risk. Although the registered manager had reported these as concerns, dates for repair had not been identified. The registered manager made further enquiries on the day of our visit and informed us the following day that action had been taken to seal the tiles and replace the bath chair cover.

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Fire safety, legionella and monitoring of hot water outlets to minimise risk from

scalding were undertaken. Incident and accident records were completed and actions taken to reduce risks were recorded.

The provider had effective recruitment practices, which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

There were sufficient staff to support people safely within the home and community. On the morning of our visit, there was five support staff plus the deputy manager and registered manager to support the eight people who lived there. On call contact numbers were available for staff to summon help or assistance in the event of an emergency.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

The registered manager spoke proudly of developing the staff team and referred to previous and current staff who were encouraged to undertake professional qualifications within health and social care. The current staff team spoke positively about the support they received to meet their training needs. This included mandatory health and safety training and specialist training such as autism, epilepsy and diabetes. One staff member said, "it's really enjoyable working here, it's like one big family." Staff told us that they had access to e-learning and made reference to two new courses they could access, end of life care and pressure ulcers. An electronic record of staff training was maintained, which flagged up when refresher training was due. Staff also told us that they attended regular staff meetings that included quizzes on subjects that kept them up to date with current best practice.

People's rights to make their own decisions where possible, were protected. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People using the service were subject to authorisation under the Deprivation of Liberty Safeguards. The registered manager had a good understanding of the MCA and staff had received MCA training.

Staff described their role as, "looking after their (people who use the service) best interests and making sure they can access healthcare appointments such as the wheelchair clinic, chiropodist/reflexology, optician, dentist and community nurse. These were recorded with details of follow-up appointments written in the home's general diary as a reminder.

People had a health book that detailed information such as "my medication" and "things you must know about me". They also had a "my care passport" that provided detail about the care they wanted to receive and of decisions they had made. For example, one person had chosen to stop using thickeners, as prescribed by their GP in their drinks. The record informed that a best interest meeting was held which concluded that the person had capacity to make decisions and therefore thickeners were removed from the person's prescription.

People were supported to maintain a healthy diet through choice and to meet particular health care needs. This included supporting two people who were diabetic and a person who experienced swallowing

difficulties. The person with swallowing difficulties told us that they had not been feeling too well and that this had affected their appetite. A screening tool was used to monitor and identify individual nutritional risks. The assessment for this person showed that they had been assessed by a community nurse who recommended monitoring and referral to a dietitian should weight loss continue. The person was fully aware of the recommendations and acknowledged the support they received from staff to encourage them to eat a healthy diet.

The building was comfortably furnished and had fixtures and fittings that were suitable to meet people's individual needs. For example, tarmac had been added to the grounds to improve wheelchair entry to the home and push openers were fitted at the entrance of each wheelchair user's bedroom for them to open their door independently. One person showed us their bedroom and ensuite wet room for showering and said they were happy with the space it provided. There was sufficient space for the person to move around with ease and to access their personal belongings when using their wheelchair. People could access the garden via a ramp from the communal rooms such as sunroom and lounge, which people used frequently throughout our visit. The service had their own vehicle that had a tailgate for ease of access for wheelchair users.

Good

Is the service caring?

Our findings

People's relatives said, "Staff are wonderful, very caring and considerate". Staff knew people's communication skills, abilities and preferences to support individual's to make choices and express their views about the service. A professional said, "When I have visited Cornerways staff appear to have a good knowledge of people's needs and treated them with dignity and respect. The feedback from family and independent advocates has always been positive."

The various methods of communication that people used included verbal, body language, pictures of reference and for one person use of a light writer (a speech generating device). Staff demonstrated throughout our inspection their commitment to ensuring people were treated with respect and were attentive and caring whilst they supported people to make choices in their lives. For example, one person said, "I sometimes attend residents meetings, but if I don't want to go I just say no." The person told us that staff always helped them to pick their clothes, adding, "I can't see them, but they always ask me what I want to wear."

During our visit, we noticed that the bedroom door of a person who preferred to stay in bed until late, automatically opened each time a wheelchair user went by. We were informed that this was due to a fault with a wheelchair sensor that had been reported for repair approximately six weeks beforehand. Additionally in that time, no action had been taken by the registered manager to promote the person's privacy and dignity whilst awaiting repair. However, the registered manager had taken immediate action during our visit to arrange a temporary repair. They also spoke with the person to agree a way to ensure their independence was promoted during the temporary fix, whilst waiting for the full repair or replacement of the door sensor / opener.

People had a relationship map that identified family, friends, housemates and professionals who were involved in their care. A one-page profile also detailed what was important to the person and how to support them. A person's family told us that they visited their relative at any time, that the registered manager and staff were always "very approachable", and that "they listen". Adding, "It's just a happy place." A person who uses the service said, "its lovely here" and "yes I would recommend it". The person spoke of support staff provided for them to maintain relationships with relatives and friends and said, "I visit my (name of relative) regularly."

The service had guidelines on personal and professional boundaries for staff. Communication plans identified how the service gained consent from individuals that evidenced preferences such as cross gender care, cultural and religious beliefs.

People's records were securely stored to ensure the information the service had about them remained confidential at all times. Information about each person was only shared with professionals on a need to know basis.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the assessment process prior to the individual living in the home and were involved in developing the person's care and support plans. Care plans were personalised and detailed daily routines specific to each person. A person's relative said, "I had visited Cornerways and met people and staff before (name) came to stay in the home. (Name) made her own decision to come here and we are really pleased."

Support plans were split into sections to describe what was important to the person such as the person's preferred communication method. Other sections described how the person wanted to be supported with personal care and whether this was with prompts from staff supporting them or assistance with areas of personal care. Staff said that they felt there was enough detailed information to support people in the way they wanted to be supported.

Reviews of people's care and support needs were completed at least annually or as changing needs determined. Professionals and people's families were invited to their reviews and were fully involved. A professional stated, "I have completed four support plan reviews over the last twelve months at Cornerways for customers (people who use the service) supported by Voyage Care. The care plans and risk assessments were reviewed on a regular basis and updated in the interim when required."

Staff understood people's requests and showed patience and understanding as they supported them. For example, people were encouraged by staff to join in conversation and participate in daily tasks to promote their independence.

People and their relatives told us that there was always something to do either in the home or in the community. On the day of our visit, people were being supported to attend activities in the community whilst others chose to stay at home doing the things they wanted. For instance, when we arrived people were preparing to go on a picnic to Virginia Waters. Staff told us that the daycentre some people attended was closed for the day, "which was why we (people and staff) had agreed that it would be nice to go on a picnic". One person who did not want to go on the picnic spoke of an IT driving course they were completing on-line using their personal computer.

People told us they had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. People knew their keyworker as they related to activities and holidays that their keyworker supported them with. One person spoke of their upcoming holiday and said, "I'm going on holiday with (name) from (name of another residential care home)". Staff told us that people were supported to go on holiday each year and were looking at ways to support a person who had chosen to go abroad this year.

There was a notice board within the home that was on view for people to see. Information included events/activities such as clubs that people could attend with support and of an advocate who delivered a "talk about loneliness" in March 2016. Three people used the services of an independent advocate.

The provider had a complaints policy that was accessible to people and their visitors. In the 12 months prior to this inspection, the service had received seven compliments and no complaints.

Good

Is the service well-led?

Our findings

There was a registered manager at Cornerways who has been registered with the Care Quality Commission since 1 October 2010. The registered manager was present throughout the inspection process.

People and those important to them had been given full opportunity to feedback their views about the home and quality of the service they received. One to one keyworker meetings and resident meetings were held to enable people to comment about the service. Feedback had been received from people, their families and advocates through care reviews and annual questionnaires. A person's family told us that the registered manager and staff were approachable, supportive and always valued the importance of ensuring they were encouraged and supported to keep in contact with them. They told us they were asked for their view of the services and said, "They ask us to complete a questionnaire, and do this each year."

Internal processes were in place to monitor the quality of service and the running of the home. These included audits of health and safety such as fire, legionella and hot water outlets to minimise the risk of scalding. Staff training and people's care and support plans were reviewed regularly to ensure staff had the knowledge and skill to meet people's needs safely and effectively.

An environmental audit on the 9 June 2016, by the registered manager, had identified areas in need of improvement. This included repair of a wheelchair sensor that enabled a person to access their bedroom independently. However, although the registered manager had followed this up within the provider organisation, no further action had been taken at the time of our visit on the 26 July 2016. We spoke with the operations manager. They specified that the repair, or at least temporary repair of the door sensor should have taken place as urgent, to promote the person's privacy and independence. Adding that they would address 'reporting up' at future managers meetings to learn from this and improve the services, so that actions are prioritised.

The operations manager visits the service monthly to monitor health and safety within the home and people's care and support plans. Audits were also completed by external agencies such as the commissioning authorities. A professional stated, "I have no concerns about this service at all. I visit once a year and complete an audit form with the service." Another professional stated, "When visiting the home it has always been clean and well presented, the staff have always been very helpful and welcoming."

People and their relatives had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. Staff described the manager as open, approachable and supportive, which promoted a positive culture. Staff told us that the manager kept them informed of any changes to the service provided and needs of the people they were supporting.