Voyage 1 Limited

Rusthall Respite

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

We inspected Rusthall Respite on 12 December 2016. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Rusthall Respite provides a respite service for up to five adults who have a learning disability. At the time of the inspection they were providing personal care and support to one person.

The service had a registered manager 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 had systems in place to protect people from the risk of harm. Staff understood how to keep people safe and knew the people they were supporting very well. People's finances were managed and audited regularly by staff. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

The service met the requirements of the Deprivation of Liberty safeguards. However people were not supported in line with the principles of the Mental Capacity Act 2005. The provider was not recording written consent from people. We have made a recommendation on recording consent for people.

Care was personalised and delivered to a good standard. People received good support to make sure their nutritional and health needs were appropriately met. People's needs were assessed and care and support was planned and delivered in line with their individual care needs.

The service had good management and leadership. The provider had a system to monitor and assess the quality of service 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. Staff knew what to do to make sure people were protected and had a clear understanding of how to safeguard people they supported.

Risk associated with people's care was identified and managed. Staff understood how to manage risk and at the same time actively supported people to make choices. People's finances were managed and audited regularly by staff.

There were enough staff to keep people safe. Recruitment checks were carried out before staff started working for the provider.

People's medicines were managed consistently and safely.

Is the service effective?

Good

The service was effective. Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

Staff understood how to support people who lacked capacity to make decisions. People were not supported in line with the principles of the Mental Capacity Act 2005. The service was not recording written consent.

People were supported to eat a nutritional and balanced diet

Is the service caring?

Good

The service was caring. People looked well cared for and staff treated people with respect and dignity.

We observed care and saw people received very good person centred support and enjoyed the company of staff. Staff knew the people they were supporting very well.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Is the service responsive?

Good

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People using the service were encouraged to express their views about the service. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner.

Is the service well-led?

Good

The service was well-led. Staff told us the service was well managed and they were supported in their role.

Staff spoke positively about the registered manager and said they were happy working at the home.

The provider had systems in place to monitor the quality of the service.

Rusthall Respite

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 12 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a small respite service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch, social care professionals and the local borough safeguarding team. Before the inspection the provider 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.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with one person who used the service at the time of the inspection and three relatives. We also spoke with the registered manger, the operations manager and one support worker. After the inspection we spoke with the senior support worker. We looked at four care files, staff duty rosters, three staff files, a range of audits, minutes for various meetings, medicines records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

One person who used the service and relatives we spoke with told us that they felt the service was safe. One person told us, "I feel safe." A relative said, "Yes, definitely. I don't feel any reason [relative] is not safe." Another relative told us, "Safety is good." Before the inspection we contacted health and social care professionals for feedback about the service. One health and social care professional told us, "There are sometimes issues with balancing the needs of the individuals using the service and I know the manager takes steps to ensure these can be met safely."

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults. Staff were aware of the different types of abuse and could tell us the procedure they would follow to report suspected abuse. One staff member told us, "I would tell [registered manager] or operational manager". Another staff member told us, "I would need to report to [registered manager]." Staff were aware of their responsibilities in reporting any safeguarding matters and could confidently tell us the service policy on whistleblowing. Staff were confident in how to raise concerns with their manager and other health and social care professionals if required. Safeguarding policies were available at the service and were in different formats so that they were accessible to people, staff and their relatives.

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected. Risks that were considered included physical health, going out in the community, eating and drinking, finances, medicines, night support, personal care, dressing, activities and living skills. For example, one person had been assessed at risk with their diagnosis of Irritable Bowel Syndrome (IBS). IBS is a common, long-term condition of the digestive system. It can cause bouts of stomach cramps, bloating, diarrhoea and/or constipation. The risk assessment gave staff guidance such as certain foods that would eliminate symptoms of the condition. One relative told us, "If [person] wants to go out they are risk assessed."

Any accidents or incidents were recorded. Actions taken were recorded and families, social workers and health professionals were documented as being informed when necessary.

The provider had processes in place to ensure people's finances were kept safe. Financial records of the people using the service did not show any discrepancies. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked regularly and we saw records of this. The registered manager told us and we saw records that an audit of finances was completed regularly. This minimised the chances of financial abuse occurring.

Sufficient staff were available to support people. Relatives told us there were enough staff available to provide support for people when they needed it. One relative told us, "Always enough staff. Always two or three of them." Staff told us they were able to provide the support people needed. One staff member told us, "We are recruiting but generally enough staff to support. Staffing goes up depending on level of need." Another staff member said, "Never a lack of staff." The registered manager told us staffing levels were determined according to people's individual needs. Any vacancies, sickness and holiday leave were covered by bank staff. Staff rotas showed there was sufficient staff on duty.

People had their medicines managed safely and as prescribed. Medicines were counted upon arrival and departure from the service. Records confirmed this. People had their medicines recorded on medicine administration records (MAR). We checked people's MARs and found these were complete and accurate. Each person had a medicine care plan, which detailed their specific needs. Medicines administered followed the provider's procedure for the person as outlined in their care plan and the prescriber's instructions. We saw when people had PRN (as and when required) medicines there were clear protocols in place to tell staff what the medicine was for and when it was likely to be needed. Medicines were audited regularly to ensure any errors were identified and appropriate action taken to mitigate the errors.

The service had a robust staff recruitment system. Records confirmed that appropriate checks were carried out before staff began work, references were obtained and criminal record checks were carried out to check that staff did not have any criminal convictions. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people who used the service.

The premises, décor and furnishings were maintained to a good standard. The accommodation for people who used the service was purpose built and patio doors provided easy access outside in the case of an emergency. There was an en-suite with a shower and toilet facilities. This was clean and stocked with liquid soap and paper towels.

The service had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including room and fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective.

Good

Is the service effective?

Our findings

One person who used the service and relatives told us the staff were very good and supported them well. One person said, "It's nice." A relative told us, "I can't really fault it." Another relative said, "[Staff] know [person] really well."

New staff were supported with an induction programme. Newly employed staff had embarked upon the Care Certificate. The Care Certificate is a training programme for all staff to complete when they commence working in social care to help them develop their competence in this area of work. The induction included meeting all staff and people who used the service, shadowing more experienced staff, reading care plans and risk assessments, and a range of training sessions. Records confirmed this. One staff member told us, "I did an induction booklet. I had to answer questions in the booklet. I did e-learning over a week. I shadowed for a month before I did anything on my own."

Staff we spoke with told us they were well supported by the registered manager. They said they received training that equipped them to carry out their work effectively. Staff training records showed staff had completed a range of training sessions in a classroom environment and e-learning. Training included manual handling, allergen awareness, fire safety, equality and inclusion, safeguarding adults, first aid, infection control, medicines, nutrition awareness, person centred care, and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff also received training specific to the needs of the people they were caring for which included learning disabilities, diabetes, autism and epilepsy. One staff member said, "I like the fact it is renewed yearly."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "We have supervision monthly. We chat about the service and any issues." Another staff member said, "We have it monthly with [registered manager]. We discuss how things are going. Any concerns we have. It's nice because it gives you time to discuss anything." Supervision records showed topics discussed such as safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), nutrition, people who used the service, performance and training. Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out. One staff member said, "Annual appraisal was done at the beginning of the year."

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. The registered manager told us and records confirmed they had applied for DoLS authorisations for people staying at the service. Where people had been assessed as not having mental capacity to make decisions, the registered manager and staff were able to explain the process followed in ensuring best interest meetings were held involving relatives and other health and social care professionals. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner. This meant that the CQC were able to monitor that appropriate action had been taken. This meant the home was meeting the requirements relating to consent, MCA and DoLS. However care records showed the service did not have signed consent from people which meant there was no record establishing that people agreed to care and support provided by the service.

We recommend the provider seeks information and guidance from a reputable source to introduce recording written consent for people.

We heard staff gaining verbal consent from the person who used the service throughout the day of the inspection. For example, staff asked the person if they wanted to go out for lunch and what activities they would like to do. We saw that people could access all shared areas of the home when they wanted to. We saw the person going back and forth to their bedroom, the lounge, kitchen, and dining room. People could go to the local community with support from the staff. The service had a care plan for people called 'how consent is communicated.' This care plan gave guidance to staff about how to gain consent from people. For example, one care plan stated, "[Person who used the service] is able to give consent by smiling. [Person] also screams and walks away if they do not want to do something." This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible.

People's dietary needs and preferences were discussed with them or with people who knew them. Menus were developed and displayed in the dining room. Staff encouraged people to eat a healthy balanced diet. Some people had very specific dietary requirements. For example, one person who used the service had a specific medical condition and had to a follow a diet of gluten, wheat, and dairy free food. Records showed this was clearly documented in the person's care plan and staff when asked, knew this person's needs. We also saw this person had their dietary information clearly marked in the kitchen with their specialist food stored. The person with the specific dietary requirement told us, "I love my food. It's nice. I had chicken roast yesterday. Breakfast was cereal and toast." A relative told us, "They get a choice of food and have never complained."

People had access to a GP and other health care professionals when needed. Most people using the service were registered with their own GP. People's health care professional's contact details where recorded in their care file. Before each admission to the service, relatives were required to advise the service of any new and on-going health care issues. This information was recorded on a health information sharing form. The health information sharing form also included confirming the contact details of the person's GP, changes to medicines, and changes to diet. People had a 'Hospital Passport', which was a document in their care file that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. One relative told us, "They [staff] took [person] to hospital and stayed with him. They notified myself and the care manager."

Good

Is the service caring?

Our findings

One person who used the service and relatives told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "We all listen to each other." A relative said about the service, "It's brilliant." Another relative told us, "I'm impressed with the staff and how they build up relationships." The same relative said, "They [staff] are very caring." A third relative told us, "[Person who used the service] always seems happy there."

Relatives told us they had been consulted about their relatives care and support needs. One relative told us, "I know about the care plan. I talked about [person's] diet. They [staff] did ask me." Another relative said, "They send me a copy of the care plan. They are asked their likes and dislikes."

We observed care being provided and saw the person who used the service was treated with kindness and compassion. For example, we saw two staff members playing a puzzle game with the person. The staff members were encouraging and had the person laughing and smiling. We also overhead a staff member ask the same person what was their favourite part of the film they had just finished watching. The person replied, "Happy endings."

People's privacy and dignity was respected. Personal care was provided in their own en-suite bedrooms. Staff told us they knocked on people's door's before entering their rooms and we saw this during the inspection. One staff member told us, "Their rooms are their rooms. They can close the door. Medication is done privately in their room." Another staff member said, "You ask before you do anything. Knock on the door and wait to be invited in. Always respect that curtains are shut when doing personal care."

People made choices about where they wished to spend their time. During the inspection we saw the person using the service was offered choices about what they wanted to eat and drink and where they wanted to spend their time. One staff member told us, "We do a house meeting when they come in. Ask what they want to eat and do." Another staff member said, "We ask what they like. We give them options and suggestions." A relative told us, "I know when they come here they have a meeting about choices like with food, cinema and bowling." Another relative said, "[Person] has a choice which is very good. Always offer them choices." Before the inspection we contacted health and social care professionals for feedback about the service. One health and social care professional told us, "My service users are often taken out to their choice of activity making it person centred."

People were supported by staff that encouraged their independence. One staff member told us, "We always try everyday depending on their needs. We encourage them to make there own breakfast and keep their room tidy. Anything to develop their daily living skills." Staff were available in the communal areas of the service to support people when they wished.

People's cultural and religious needs were respected when planning and delivering care. For example, where possible, staff respected people's wishes when wanting to visit their place of worship. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual,

and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "As far as I am concerned I wouldn't treat them any differently." One staff member said, "It would be exactly the same care. Everyone has the right for care needs." Another staff member told us about supporting someone who identified as LGBT, "It doesn't make a difference."

Good

Is the service responsive?

Our findings

Relatives told us their relatives received personalised care that was responsive to their needs. One relative said, "[Staff] understand any behaviour issues the people have." Before the inspection we contacted health and social care professionals for feedback about the service. One health and social care professional told us, "The service is always responsive. They do their utmost to support and provide a service at short notice and in emergency situations."

People had their needs assessed by the registered manager before they moved into the service to establish if their individual needs could be met. Records confirmed this. Relatives told us they were also asked to contribute information when necessary so that an understanding of the people's needs was provided. One relative said, "When [person] was new we had a face to face meeting and went through their needs."

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including their likes and dislikes, diet, medicines, daily living skills, personal care, allergies, finances, going out in the community, consent, physical health, activities, and promoting independence. The care plans were written in a person centred way that reflected people's individual preferences. For example, one support plan stated "[Person who used the service] needs support for her food to be cut up in small pieces. [Person] also needs staff to put the food on a spoon [person] will then feed themselves." Care files also included a profile section which included topics on what was important to the person, how to support them well and what people like about them. The care file included information on a 'typical day' for the person and information about their home life.

Records showed care plans had been reviewed regularly or as the person's needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. Care plans were reviewed whenever people had respite at the service. One relative told us, "If the care plan needs updating I've met with [registered manager] and discussed with her." Daily records were completed by staff and provided detailed information on people and how they had spent their day and what kind of mood they were in.

The registered manager told us after each person finished their respite stay a report was given to their relative. The report was called "My stay at Rusthall Respite." The report provided information to relatives which included activities, food, medicines and if the person enjoyed their stay. Some comments from the reports included "[person who used the service] helped staff cook dinner which was sausages, mash and veg with onion gravy", "[person who used the service] listened to and danced to his music" and "[person who used the service] had a good weekend overall. No PRN medication needed to be given." One relative told us, "They [staff] give me a full daily report at the end of the respite."

People were encouraged to maintain their normal routines and activities whilst staying at the service which included going to their day centre. The service also arranged activities with people for things they wanted to do. During the inspection the person who used the service chose to go out for lunch. The same person

during this respite stay had visited the cinema, disco, safari and gone bowling. The person told us, "I do arts and crafts. I like going to the cinema and bowling. I do what I want." A relative said, "This weekend they were doing arts and crafts. What is good are the outdoor activities. They take [person] shopping and out for lunch."

Relatives we spoke with told us they knew how to make a complaint. They told us they would talk to the registered manager or the provider. One relative said, "I would go to [registered manager] in the first instance." Another relative told us, "I would go above [registered manager] and the care manager. Never had cause to complain." A third relative said, "I would go back to social services and talk to the manager."

There was a complaints process available and this was available in an easy to read version which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint. The complaints process was available in the communal area so people using the service were aware of it. The registered manager told us there had been no formal complaints since the last inspection. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for people to follow should a concern be raised.

Good

Is the service well-led?

Our findings

One person who used the service and relatives spoke positively about the registered manager. One person said, "She's [registered manager] cheerful and happy." A relative told us, "She's [registered manager] consistent." Another relative said, "She's [registered manager] good. Never had any problems." A third relative told us, "Very approachable. Any issues I have no problem contacting her. She is firm but fair with staff."

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "I think she is a good manager. She is approachable. We respect what she says. She is caring about us and really supportive." Another staff member said, "She's a good manager. She listens to you. She helps us." Before the inspection we contacted health and social care professionals for feedback about the service. Some comments we received about the registered manager included, "The manager appears to be capable and responsive", "I think the service is well-led with the present manager. She is approachable, supportive and always ready to help when she can" and "I would say that [registered manager] has always gone that extra mile to help me with very challenging service users."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics on infection control, Deprivation of Liberty Safeguards (DoLS), audits, safeguarding, policies and procedures, training, recruitment, fire drills, health and safety, encouraging independence and people who used the service. One staff member said, "We talk about the service, what's working well and about people we are supporting." Another staff member told us, "Staff meetings we have monthly. We discuss what has gone well and not gone well."

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of a quarterly audit. The audit included checking care plans and risk assessments, complaints, activities, staff and house meetings, medicines, safeguarding, finances, accidents and incidents, premises and health and safety. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care.

The operations manager also undertook quarterly audits to monitor the quality of the service. Records showed this included checking people's files, finances, induction, staff interviews, complaints, staff and house meetings and CQC notifications. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. For example, an audit had identified that two staff members has not completed a medicine competency assessment in the last twelve months. Records showed this was then actioned, dated and signed by the registered manager. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The quality of the service was also monitored through the use of annual surveys to people who used the

service, their family members, health and social care professionals and staff. Surveys included questions about communication, care provided, and what is and not working well. Surveys were sent November 2016 and the registered manager was still collating the information. We saw that positive comments were received for the surveys returned. Comments from the staff survey included, "Enjoy working somewhere where I am supported", "Feeling like I make a difference in people's lives" and "It is a really enjoyable place to work." Comments from the relative's survey included, "Support and care is very good", "I can call and talk to them whenever I need to" and "Kind, caring and makes their lives happy."