

Voyage 1 Limited

Roselea

Inspection report

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Date of inspection visit: 15 January 2015

Date of publication: 14/04/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Roselea is a care home registered to accommodate up to 12 people with a range of learning and physical disabilities. The accommodation includes self-contained flats on the top floor for people who are able to live more independently. Eleven people were using the service at the time of our inspection.

This inspection was unannounced.

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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to training of staff. We completed this inspection at a time when the Health and Social Care Act 2008 (Regulated

Summary of findings

Activities) 2010 were in force. However, the regulations changed on 1 April 2005, therefore this is what we have reported on. You can see what action we told the provider to take at the back of the full version of this report.

We have made a recommendation about how the service monitors Deprivation of Liberty (DoLS) authorisations.

Staff received training, supervision and appraisal. We found the service required improvement to effectively meet people's needs. Staff were not sufficiently well trained in providing care and support to people with epilepsy. The service had in place deprivation of liberty safeguards (DoLS) for people. However, we found one had lapsed. This meant one person was being deprived of their liberty without authorisation. However, action had been taken by the registered manager on the day of our visit.

People were safe because the registered manager and staff team understood their role and responsibilities to keep people safe from harm. They knew how to raise any safeguarding concerns. Accidents and incidents affecting people were closely monitored and appropriate action taken to reduce the likelihood of a reoccurrence. People were supported to take appropriate risks and promote their independence. Risks were assessed and individual plans put in place to protect people from harm. People were protected from the risks associated with medicine because the provider had clear systems in place and staff had received the appropriate training.

There were sufficient skilled and experienced staff to meet people's needs. Staff underwent employment checks before working with people to assess their suitability.

People were supported to eat and drink to maintain an appropriate body weight and remain hydrated. Where people were at risk of poor nutrition or hydration, measures were in place to monitor this. Arrangements were made for people to see their GP and other healthcare professionals when they needed to do so.

People living at the service and staff had positive and caring relationships. People were involved in making decisions about how they wanted to be looked after and how they spent their time. People's confidentiality was not always respected.

People received person centred care and support. People were actively involved in a range of activities both within their local community and at the service. People were encouraged to make their views known and the service responded by making changes.

The registered manager and deputy manager provided good leadership and management. The vision and culture of the service was clearly communicated. The quality of service people received was continually monitored and where shortfalls were identified they were addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns. Staff recruitment procedures ensured unsuitable staff were not employed.

People were kept safe and risks were well managed whilst people were encouraged to be as independent as possible and engage in new activities.

Medicines were well managed and people received their medicines as prescribed.

Good



Is the service effective?

The service was not always effective.

People were not always cared for by staff who had received sufficient training to meet their needs.

The service did not always meet the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink, with their individual needs accommodated. Where there was a risk of poor nutrition or dehydration this was monitored and managed effectively.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

Requires Improvement



Is the service caring?

The service was not always caring.

People's confidentiality was not always protected.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Requires Improvement



Is the service responsive?

The service was responsive.

People's needs were at the centre of the service provided with staff knowing each person's likes and dislikes.

People participated in a range of activities within the local community and in their own home.

Good



Summary of findings

The service made changes to people's care and support in response to feedback received.

Is the service well-led?

The service was well-led.

There was a person centred culture at the service that also promoted people's independence.

The registered manager and deputy manager were well respected and provided effective leadership.

Quality monitoring systems were in place and used to further improve the service provided.

Good



Roselea

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 15 January 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors.

This home was previously inspected on 23 September 2013. At that time we found there were no breaches in regulations. The provider registration details changed on 11 September 2014 from Voyage Limited to Voyage 1 Limited.

Prior to the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Return (PIR). 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.

We contacted seven health and social care professionals, including community nurses, social workers, doctors and therapists. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection.

Four people were able to talk with us about the service. Not every person was able to express their views verbally. Therefore we spent some time watching how people were being looked after. We did this to help us understand the experience of people who could not tell us about their life at Roselea.

We spoke with 7 staff, including the registered manager, deputy manager, senior care staff and care staff. We also spoke with a relative and two healthcare professionals who were visiting people.

We looked at the care records of each person living at the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, best interests and the staff handbook.

Is the service safe?

Our findings

People who were able to talk with us told us they felt safe. Other people reacted positively to staff and seemed at ease in their home.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse.

The staff knew about 'whistle blowing' to alert senior management about poor practice. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with told us they had completed annual safeguarding training.

The registered manager showed us how they had responded to allegations of abuse. This included sharing information with the local authority and the Care Quality Commission (CQC).

All accident and incident records contained a debrief form where preventative measures and an action plan were recorded to help ensure that people were safe and risks were minimised. All incidents arising from, or resulting in, anxiety or distress for people were reported to the provider and a behavioural therapist.

Financial procedures were in place and followed by staff to safeguard people's monies.

People were kept safe because there were comprehensive risk assessments in place. These covered all areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, some people could access the community independently and their ability to do this safely had been assessed. A relative told us it was important to the person to have this level of freedom. There were also risk assessments in place to ensure people received the care and support needed to ensure they were not at risk as a result of eating. This included an assessment and plan to reduce the risk of one person choking and for another person, an assessment and

plan to ensure they ate sufficient food. Staff were knowledgeable regarding these individual assessments and plans. We saw staff providing care and support in accordance with these assessments and plans.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. A person living at the home was included in recruitment procedures when they wished to be. Recruitment procedures were understood and followed by staff, this meant people in the service were not put at unnecessary risk.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. There were five care staff providing care and support on the day of our visit. The registered and deputy manager were also present throughout the day. The registered manager was at the service three days each week and at another Voyage care home two days per week. We were told this arrangement was due to cease in February 2015 when a permanent manager would be employed at the other home, allowing the registered manager to be based at Roselea on a full-time basis. The deputy manager told us they were well supported and could contact the registered manager at any time.

Staff leading a shift arrived fifteen minutes before the shift and stayed fifteen minutes after the end of a shift to ensure a full handover of information. Staff told us five or six staff were sufficient to provide care and support for the 11 people. Staff told us there was a strong staff team with less experienced staff working with experienced staff to gain confidence and skills. The service employed bank staff to cover for planned and unplanned staff absence. The registered manager was able to increase the staffing as needs changed and use staff flexibly to plan activities for people.

There was a daily planner so that people had sufficient staff to take them to activities in the community. A minibus was available for staff to use. The registered manager told us staffing levels vary according to people's planned activities

Is the service safe?

but quite often additional staff were on duty to ensure people have access to the community. This meant people were able to access the community for activities when they wanted.

There were clear policies and procedures in the safe handling and administration of medicines. These were followed by staff and this meant people using the service

were safe. Staff accompanying people on activities outside of the home took any medicines people were prescribed for their epilepsy with them. A staff member who returned from supporting a person on an activity told us, “The shift leader makes sure a member of staff trained to give the emergency medication supports people who need it, how to do it is detailed in their plan which we also take”.

Is the service effective?

Our findings

The service had a programme of staff training, supervision and appraisal in place. The registered manager told us individual staff supervision and performance appraisal was delegated to named senior staff. Staff members told us they received regular supervision. Staff records showed that supervision was held regularly with staff.

Training records showed the provider ensured staff received a range of training to meet people's needs. Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The service had employed nine new staff in the six months before our visit. These new staff had all received induction training.

Staff gave mixed feedback regarding some of the training provided. One staff member said, "We could do with more training on understanding behaviour and NCVI". Other staff told us they had completed a two day Non-Violent Crisis Intervention (NVC I) training annually and had an update six monthly to be able to safely manage behaviours that challenge. A staff meeting was held during our visit and we saw staff discuss and practice NCVI approaches. This gave staff the opportunity to ask questions and improve their understanding of these approaches. These NCVI approaches were used to allow staff to remove themselves from potentially aggressive situations. Physical restraint was not routinely used in the service.

Staff told us they had received training in epilepsy and described how to administer emergency medicine for seizure control. Staff told us this training was done as e-learning on the computer. One staff member said, "It's OK, but there's no examples of different types of seizures to help new staff recognise them". A visiting healthcare professional told us they had concerns regarding staff recognition and response to epileptic seizures. The healthcare professional attended a staff meeting and provided additional information on meeting people's needs. The healthcare professional told us they were concerned the training arranged by the provider did not give staff the knowledge and skills to meet people's needs. They said they had raised this with the previous registered manager and offered additional training but that this offer

had not been taken up. We spoke with the registered manager regarding this; they said they would be looking into using this training. This meant people were at risk as staff had not received sufficient training.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that staff were supported to complete Health and Social Care Diploma training. Senior care staff were expected to achieve level 3 diploma training with other staff achieving level 2. Training records showed staff either held or were working towards these qualifications. Health and Diploma Training is a work based award that are achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Information in people's support plans showed the service had assessed people in relation to their mental capacity, and that people were able to make their own choices and decisions about their care. Staff told us they had Mental Capacity Act 2005 (MCA) training and were aware of how this impacted on the support given to people. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Staff understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. Staff understood the principles of capacity and best interests. One staff member said, "Best interests means what the person themselves would choose if they were able to, not what we think is best". The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We looked at whether the service was applying DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there were restrictions on their freedom and liberty, these were assessed by professionals who were trained to assess whether the restriction was needed. The registered manager had a good understanding of MCA and DoLS and knew the correct procedures to follow to ensure people's rights were protected. Nine of the people at the service had an

Is the service effective?

authorised DoLS in place. These had been submitted to CQC as notifications. A notification is information about important events which the provider is required to tell us about by law.

However, one person's DoLS authorisation had lapsed. The DoLS application had been authorised until September 2014 and had not been renewed. This meant that person was being deprived of their liberty unlawfully. We brought this to the attention of the registered manager and deputy manager. We viewed this as an oversight, this was rectified by the deputy manager submitting a new application to the appropriate body before we left the premises.

People chose every Saturday what they wanted to eat for the week ahead and shopped to purchase the items. Laminated picture cards of different meals were used to assist people in choosing menus. The menus were varied and included a number of choices throughout the week. We observed staff offering people food and drink.

There were individual plans to guide staff on how to support people with eating and drinking. These included plans to minimise the risk of one person choking and plans for one person to eat sufficient food. This person required additional snacks throughout the day to maintain their weight and staff recorded this in their daily record. However, there was no information in the kitchen about the risks to people of choking and how their meals should be prepared, for example, cut up for them. Meals were prepared by care staff who were familiar with people's needs. Bank staff used occasionally may be unaware of people's precise nutritional needs and that one person was at risk from choking. Care staff told us there must always be

a member of staff present when people were eating and drinking to monitor their safety. We observed people at lunchtime and they were supported in line with these arrangements.

People living at the home had complex needs and required individual care and support to meet their communication and health needs. Each person had a health action plan in place which contained a summary document called "Things I need to do to keep healthy". People also needed care and support to help them when experiencing anxiety or distress. Individual plans were in place for these areas and specialist input from other professionals had been obtained. Individual emergency plans were in place to provide guidance for staff on keeping people safe. Healthcare professionals told us people were supported to maintain their health. During our visit, different people were visited by a community nurse, GP and an optician.

There were areas in people's care plans, which showed specialists had been consulted over people's care and welfare. These included health professionals and General Practitioners. There were detailed communication records and hospital appointments. People had health action plans that described how they could maintain a healthy lifestyle. This included any past medical history. People had access to other health professionals. Records were maintained of the appointments and any action that staff had to take to support the person.

We recommend the provider reviews the system used for monitoring DoLS, to ensure people are not deprived of their liberty without authorisation.

Is the service caring?

Our findings

People's confidentiality was not always respected. The provider had a policy in place on confidentiality. However, during our inspection a staff meeting was held. The meeting was held in a communal area in the house. Three people who used the service were sat in this communal area. Confidential information concerning the needs of the people living at the home was discussed at the meeting. We spoke with the registered manager about this. They agreed this had compromised people's right to confidentiality. We were told this would not happen at future meetings.

People who were able to talk with us told us staff were caring. One person said, "The staff are nice to us and I like them". A relative we spoke to said the care provided was good. Staff spoke positively about the people living at the home and said the care provided was good. One staff member said, "We try to provide the best care and support we can".

In the lobby area of the service there were large individual canvas prints of each person. People seemed proud of these with several people pointing to show the print of themselves. The atmosphere in the home was calm and relaxed. We saw people were treated in a caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people. People recognised staff and responded to them positively, often with smiles, which showed they felt comfortable with them. We saw a number of positive interactions and saw how these contributed towards people's wellbeing. Activities were not rushed and staff worked at the person's own pace.

Staff had received training on equality and diversity. People's care records addressed equality and diversity. We saw the provider had planned to meet people's cultural and religious needs and specific food requirements. We spoke with the deputy manager about this who told us, "I've taken the lead on this, as it's important to ensure people's cultural needs are met".

Meetings were held with people to seek their views regarding their care and support. The minutes of meetings held in December 2014 and January 2015 showed people were asked about activities, menus, their views on staff and the maintenance and cleanliness of the house. The minutes of the meeting included pictorial representations to make them easy to read and were written in plain language. We saw one occasion where people's views were recorded along with decisions made. This was at the meeting in December where it had been suggested and agreed a Christmas buffet would be arranged. People told us this event had taken place. However we did not see any other examples where views expressed by people at these meetings had been recorded.

People's care records included a communication plan which described how people's communication needs were met. Staff were able to explain how these needs were met. We saw staff speaking to people in a calm and sensitive manner and using appropriate body language and gestures.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. We asked staff what the keyworker role involved, they told us they were responsible for liaising with a person's family, professionals involved in their care and ensuring individual plans were followed by all staff. Staff told us this system allowed them to get to know the people they were keyworker for better. However, one person using the service told us they did not know who their keyworker was.

Staff knocked on people's doors and either waited to be invited in, or if the person was not able to answer, paused for a few moments before entering. We saw people's bedroom doors and doors to bathrooms and toilets were closed when people were receiving care. We saw staff protecting people's dignity and assisting them to cover themselves when wearing revealing clothes.

People who did not have any direct involvement from family members were supported to access advocacy.

Is the service responsive?

Our findings

The service used a range of person centred planning tools to assess people's individual needs and plan to meet those needs. These tools included; a one page profile summarising how the person should be supported, an assessment of things important to and important for the person, a breakdown of a good day for the person, a relationship map showing those important to the person and a communication profile giving information on the person's communication needs. Information on how people had been involved in developing these was included in people's care records.

Staff told us this information provided a good overview of people's likes, dislikes, hobbies and interests. A person centred review was held on an annual basis with each person to review progress and set objectives. These reviews were comprehensive and involved people identified on their relationship map as important to them. However, it was not clear how people themselves were involved in these reviews. Two people were unclear if they had been involved in their care review meeting. We spoke with the registered and deputy managers, who said people had been involved but agreed the records of the meetings did not provide evidence of people's involvement.

People were involved in a range of individual activities. On the day of our inspection three people went out to separate activities, two people with staff support and one with a relative. One person told us, "I like getting out and doing activities". Staff we spoke with told us there were enough activities for people. One staff member said, "There's lots of activities, people are out all the time".

Activities that people were involved in were recorded in care records. The registered manager told us they were developing a pictorial activities board. Activities people had completed included, shopping and visiting leisure facilities, and assisting with meal preparation.

Roselea is located in the small village of Slimbridge. Health and social care professionals raised some concern regarding the location of the home and the possibility of people being socially isolated. We spoke with the

registered manager about this who told us people used the facilities in the village including the local church and pub and that it was easy to access other towns and cities. Staff told us people could use public transport and the home's minibus to access community facilities. Care records showed people were supported to use community facilities. One professional also raised a question regarding ambulance response times. They felt if an ambulance was called it may not get to the service quickly enough. The deputy manager explained they had a good knowledge of the local area and had worked at the service for many years. They said people had needed ambulances and they had been able to get to the service promptly. This showed people were not at risk from social or physical isolation.

One person had moved to the service just over 12 months ago. This person's care records contained a transition plan. This showed how staff at Roselea had worked with the person and the staff at their previous home to ensure a smooth transition to their new home.

A relative told us they had raised a concern with staff on the morning of our visit. They said, "When I came in (Person's name) toilet was not very clean, I mentioned this to staff and they cleaned it straightaway". One person told us they had a problem with their shower. They explained the water did not drain away and ran back towards their bedroom carpet. They showed us this and told us the registered manager was trying to get it corrected for them. We spoke with the registered manager who confirmed they were liaising with the provider's maintenance department to resolve this. They did not have details of a date when it would be resolved to give the person.

People had an easy to read complaints procedure in the Resident's Handbook. Records of comments and complaints were held at the service. We looked at the completed complaint records and it was evident that complaints from neighbours were taken seriously and responded to appropriately. Action had been taken and meetings with neighbours about the complaints were recorded in an effort to ensure action was taken and complainants were satisfied. There were no recorded complaints from people or their relatives in the last 12 months.

Is the service well-led?

Our findings

People we spoke with told us they were treated as individuals and encouraged to be as independent as possible. One person said, “I have freedom here” another said, “I can be independent”. One person told us they liked the manager and deputy and thought the service was well led. We saw people were provided with high quality care and support that was person centred. This confirmed the views of health and social care professionals we consulted with before our visit. They had told us the care people received was of a high quality.

Staff we spoke with told us there was a person centred culture within the home. They spoke positively about the registered manager and felt their approach was open and honest. One staff member said, “(Manager’s name) is supportive and has given us back faith in the company”. Another staff member said, “The manager is building a strong team here”. The registered manager and deputy manager spoke passionately about person centred care and support and the service’s vision. The provider information return (PIR) also spoke of the person centred vision and culture of the service.

Concern had been expressed by professionals we contacted before our visit regarding the frequent changes to the management of the home. They felt they had not been able to develop a good working relationship with a manager. Staff we spoke with also shared concerns regarding the frequent change of manager at the home and were hopeful the current manager would stay.

The registered manager told us they could be contacted at any time and the deputy manager was also available to staff. Staff confirmed they were able to contact a manager when needed. Senior care staff were responsible for the home when the registered manager or deputy manager were not present. The registered manager was supported in their role by a local area manager and national teams dealing with different aspects of the service, for example property management, finance, quality and human resources. The registered manager told us they planned to move the office space to a more central place in the house so they could better observe the care and support people received.

Regular staff meetings were held to keep them up to date with changes and developments. We looked at the minutes

of previous meetings and saw a range of areas were discussed. Staff told us they found these meetings helpful. A staff meeting was held on the day of our inspection, which we were able to observe. We saw staff members participating actively in the meeting. The meeting was also attended by a healthcare professional who presented information to staff on managing epilepsy.

All accidents, incidents and any complaints received or safeguarding alerts made were reported by the service electronically and were followed up to ensure appropriate action had been taken. The registered manager analysed these to identify any changes required as a result and any emerging trends. For example putting up the Christmas decorations too early had resulted in a person becoming anxious about the festivities.

Both the registered manager and deputy manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriately notifications made by the service.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures.

Systems were in place to check on the standards within the service. These included regular audits by the managers of; care records, medication management, health and safety, infection control and staff training and supervision. The registered manager and deputy manager completed night safety checks and as a result laundry drying equipment was not used at night as they felt it was a fire safety risk. Quality Assurance visits took place every other month. These visits were carried out by the area manager on behalf of the provider. We looked at the most recent visit and saw the action required had been acted upon. However, the quality audits had not identified that one person’s DoLS authorisation had lapsed.

The provider carried out an annual quality review. The review involved gaining the views of people using the service, relatives and professionals. The last review had been completed in July 2014. An action plan had been drawn up identifying areas to work on. The plan had been reviewed in October 2014 and January 2015, with progress on the areas to work on being clearly recorded.

We saw a report from a quality auditing visit carried out by Gloucestershire County Council dated 1 December 2014.

Is the service well-led?

The deputy manager provided us with a verbal update on the areas identified as requiring further work. We were able to see that most of these areas had improved. However,

there were some areas that had not. For example, a carpet in one person's bedroom required deep cleaning and Wi-Fi internet access was to be improved. We were assured by the deputy manager these areas would be addressed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People who use services were not safe because staff had not received the necessary training to meet people's health needs. Regulation 18 (2) (a).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.