Voyage 1 Limited

South Avenue

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

Overall summary

This inspection took place on the 30 November 2015 and was unannounced.

South Avenue is a residential care home for up to eight people diagnosed with learning disabilities, autistic spectrum disorders, and physical disabilities. It is situated close to the centre of Chellaston in Derby. The home has eight bedrooms, all with en-suite facilities, over two floors with stairs for access. Downstairs there is a large lounge/ dining room, a conservatory, and a quiet lounge. The ground floor of the home and the adjoining garden are wheelchair accessible.

At the time of this inspection there were six people using the service.

The service had a registered manager. This 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.

Summary of findings

The home had a happy, family atmosphere and people using the service and the staff got on well together. The focus was on providing person-centred support and this was evident through our conversations with people using the service and staff, and in the records we looked at.

People were encouraged to be independent and we saw them helping each other, assisting with meals, and finding their way around the home unaided. Several times a day people congregated in the kitchen to make drinks. Those who could make their own did so, and others contributed in other ways with staff support. This was a shared activity and we saw that people enjoyed this.

People were safe and comfortable in the home and one person was able to tell us they felt safe living there. All the people who used the service appeared relaxed and happy. Staff were attentive to people and supported them in a kind and non-obtrusive way. They understood how all the people using the service communicated and how they might express any concerns they might have.

People were encouraged to eat healthily and get involved in meal choice and preparation. Their likes and dislikes were set out in their support records as were their methods of choosing the foods and drinks they wanted, for example, verbally or by using body language. We observed lunch being served and saw that people enjoyed their meal and had the support they needed to eat independently.

Staff were vigilant about people's health care needs and took action if they thought someone might be in pain. This was evidenced during our inspection when staff took one person for an emergency dental appointment due to suspected dental pain. Staff ensured people had access to health professionals with a specialist knowledge of the health care needs of people diagnosed with learning disabilities. This helped to ensure they got expert help with any health issues they might have.

Staff were caring towards the people they supported this and the people using the service were also caring to each other. We saw one person encourage another person to eat their breakfast in a caring and patient manner. Staff included the people using the service in their own family lives. One staff member called round for one of the people using the service so they could walk the staff member's dog together. Other staff brought their children in to visit the people using the service. These actions contributed to the caring atmosphere in the home.

People were encouraged to express their views and become actively involved in making decisions. Staff supported people to do this by using pictures, symbols, and touch. These methods helped to ensure that all the people using the service had a say in life at the home.

Records showed that people received personalised care that met their needs. For example, a support plan for one person contained information for staff on what might cause the person to be distressed, how the person came across when they were distressed and what staff should do to support the person. This helped ensure the person was supported appropriately at all times.

People had access to a range of activities including listening to music, shopping, trips out in the home's vehicles (one of which was wheelchair accessible), computers, and voluntary work. If people were unable to let staff know verbally which activities they would like staff observed them to see what they enjoyed. For example one person had indicated they liked the sensation of the wind and the rain on their face so staff took them out when the weather was right. Another person was visibly happy when music was played so staff accompanied them to the cinema or theatre when musicals were on.

The home welcomed feedback from people using the service, relatives, and health and social care professionals. The quality assurance programme, which included a survey and an open day, had led to changes at the home. For example, the key worker system and communications with relatives had improved in response to people's suggestions. The registered manager was approachable and supportive of the people using the service and the staff.

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 in the home and staff knew what to do if they had concerns about their well-being.

If people were at risk in any areas of their lives, staff supported them in order to maximise their safety.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safety recruited to help ensure they were appropriate to work with the people using the service.

Medicine was safely managed in the home and administered by trained staff.

Good

Is the service effective?
The service was effective

Staff were appropriately trained to enable them to support people effectively.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood people's rights in relation to their care and support.

People had a choice at mealtimes and were encouraged to eat healthily.

People were supported to access health care services and maintain good health.

Good

Is the service caring?
The service was caring

Staff were caring in their approach and had a good understanding of people's needs and how best to support them.

People were involved in making choices about their care and support.

Staff understood how to respect people's privacy and dignity, protect their human rights, and provide care that met their needs.

Good

Is the service responsive?
The service was responsive.

People received personalised care from staff who understood their individual needs.

People were mostly supported to take part in activities that were meaningful to them.

Staff listened to people and advocated for them to help ensure they received the service they wanted.

Good

Is the service well-led?
The service was well-led.

The registered manager was approachable and committed to improving the service.

Good

Summary of findings

People and their relatives had the opportunity to share their views about the service and changes were made as a result of their input.

The registered manager and the provider's representative carried out audits and checks to ensure the home was running smoothly.

South Avenue

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 30 November 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or supporting someone who uses this type of care service. Our expert by experience's area of expertise was the support of people diagnosed with learning disabilities.

Before the inspection we reviewed the 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 also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with two people using the service. Due to communication difficulties the other people using the service were unable to share their views verbally with us, so we spent time with them and observed them being supported in communal areas and at lunch time. We also spoke with the registered manager, deputy manager, and four care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

Good

Is the service safe?

Our findings

People were safe and comfortable in the home. One person told us, "Of course I'm safe here – this is my home and the staff are my friends." All the people who used the service appeared relaxed and happy. Staff were attentive to people and supported them in a kind and non-obtrusive way. They understood how all the people using the service communicated and how they might

express any concerns they might have.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. One staff member told us, "If I thought someone was at risk I would tell the person in charge or the manager immediately and all concerns are always reported to Derby City Council."

Records showed that when a safeguarding incident occurred the registered manager took appropriate and swift action. Referrals were made to the local authority and other relevant agencies and CQC was notified of these. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

We looked at how risk was managed in the home. We saw, for example, that the kitchen was a popular place for the people using the service. One person told us they were allowed to go into the kitchen at any time and we saw them doing this. However another person was not safe to use the kettle. To address this staff made this person's hot drinks and the person helped by using body language to agree to each stage of the process, for example adding a tea bag and the hot water. This helped to ensure that everybody could use the kitchen safely.

If people were at risk this was highlighted in their care files. This meant that staff could see straight away if a person was at risk as a result of any health or care needs they had. Where people were at risk, support plans and risk assessments were in place so staff had the information they needed to help reduce the risk. These covered areas such as maintaining hygiene, indoor and community activities, and fire evacuation.

The staff we spoke with had a good understanding of how to protect people from risk while at the same time respecting and supporting their freedom. One staff member explained how staff had taken a particular and consistent approach to one person expressing themselves through behaviour that may challenge us, which could put themselves and others at risk. Records showed this had resulted in a reduction in those incidents which helped to keep people using the service and staff safe.

The premises were well-maintained and free of clutter which helped to ensure they were safe and suitable for people with limited mobility and/or sensory needs. Records showed staff were trained to provide this type of support, had clear guidance to follow, and the equipment necessary to enable people to move about the home safely.

During our inspection we saw there were enough staff on duty to keep people safe and meet their needs. We observed that staff had the time they needed to support people safely. If people needed assistance this was provided promptly and at no time were people left unsupported in the home.

Some people had one-to-one staffing at certain times of the day, or if they went out into the community. The staff team was established, some staff members having worked in the home for a number of years. This meant they had a good understanding of people's needs. If extra staff were needed they came from the provider's other nearby homes and in most cases they already knew the people using the service which helped to ensure continuity of care.

When staff were recruited the registered manager followed the provider's recruitment process to make sure this was done safely. Records showed that no-one worked in the home without the required background checks being carried out to ensure they were safe to work with the people using the service.

Medicine was safely managed in the home. Records showed that all the people using the service had support plans in place for their medicines. These included information on how they liked to take their medicines, what they were for, and any side-effects they and the staff needed to look out for. Medicines were stored safety in purpose designed storage facilities. Some people were on PRN ('as required') medicines and written protocols were in place for this so staff knew when to administer them.

Good

Is the service safe?

Each person using the service had an annual review with their GP to ensure any medicines they were on were necessary and effective. Staff told us this process of review had led to some people's medicines being reduced as other ways were found to manage any behaviours that may challenge us. This meant that people did not have to cope with the unwelcome side-effects of some medicines and therefore had a better quality of live.

Medicines were administered by trained staff. Records showed they had been trained via e-learning (computer-based training), the home's contract pharmacist, and the local authority. All staff who administered medicines had annual competency checks to help ensure their skills were up to date. The home's contract pharmacist inspected its medicines systems in July 2015 and found them to be safe and of a good standard.

Good

Is the service effective?

Our findings

During our inspection we observed that staff knew the people they supported well and worked confidently with them. They were knowledgeable about people's day to day needs and knew their likes, dislikes, and how they preferred to be supported.

One of the people using the service had joined staff on food hygiene and first aid training courses and they told us they had enjoyed these and it was useful for their voluntary work.

All staff had completed an induction and undertook on-going training through e-learning, distance face to face learning, and shadowing more experienced staff. Training records showed

staff had completed a range of courses designed to provide people working in social care with the skills they needed. These included training that was specific to the service including courses on autistic spectrum disorders, epilepsy, and supporting people with behaviours that may challenge us.

Staff told us they were satisfied with the training and support they received. One member of staff told us, "When I started here I had e-learning and face-to–face training and that included supporting people with learning disabilities and autism. I felt I had enough to get me started and since then I've done further course to increase my skills."

If staff needed specialist training this was provided. For example a healthcare professional was booked to come to the home to train staff in the use of vestibular stimulation activities and exercises. The registered manager said these would be used to improve the quality of life and function of people diagnosed with autistic spectrum disorders.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were and related assessments and decisions had been properly taken.

Records showed that best interests decisions had been made where necessary in conjunction with families and health and social care professionals. For example one person's right to refuse medical attention was being reviewed at the time of our inspection to see if this was in their best interests. Another person's right to refuse their medication had been agreed as they understood the consequences of doing this.

We looked at how people were supported to have sufficient to eat, drink and maintain a balanced diet. One person using the service told us, "I can have a hot drink when I want. I can have a snack if I'm hungry, I can help myself. At lunchtime I look in the fridge and see what I want to eat."

We observed lunch being prepared. One person sat in the kitchen with a staff member. They watched what the staff member did and occasionally helped. The staff member told us, "[Person's name] likes to be involved when we are making lunch and sometimes stirs things in the saucepan and helps out in other ways."

When lunch was served some people ate at the dining table in the main lounge and one person ate in the conservatory with a member of staff. The registered manager told us people could choose where they sat and this differed from day to day. People who needed them had adapted plates and cutlery to make it easier for them to eat independently. Staff provided one-to-one support for those who needed it as required. The registered manager told us that staff did not eat with the people using the service at lunchtime, due to their other duties, but did at tea-time when 'the home comes together'. This gave people the opportunity to engage in a shared activity with staff.

Records showed that people's nutritional needs were identified and met and if they were at risk action was taken to reduce this. For example, one person had been assessed

Good

Is the service effective?

by an occupational therapist and a speech and language therapist as they were at risk of choking. Staff had completed first aid e-leaning which helped to ensure they knew what to do if the person choked.

People's likes and dislikes were set out their care records as were their methods of choosing the foods and drinks they wanted, for example, "Three choices work better when offering [person's name] food. He will usually push or take the item he would like to have." This helped to ensure that people were able to choose the food they wanted from the home's menu.

Staff were vigilant about people's health care needs. For example, during our inspection staff took one person using the service to the dentist for a check-up. This was because staff had noticed they were moving their head away when staff brushed their teeth. One staff member explained, "(Person's name] can't tell us is they're in pain so we look for signs and their body language indicated there might be a problem." This issue was successfully resolved with a visit to the dentist and a course of antibiotics.

One person using the service told us that most of the people saw dentists and doctors in the community although they did come to the home for one person. Records confirmed this and showed people receiving a flexible and effective service.

All the people who used the service had a 'medical profile' that described the health care support they needed. They also had a 'health action plan' which set out how staff could support them to stay healthy.

Staff ensured people had access to health professionals with specialist knowledge of the health care needs of people with learning disabilities. For example, a speech and language therapist visited the home once a month to advise staff how to work effectively with a person with communication needs and behaviour that may challenge us. They also provided staff training sessions at the home.

We talked with staff and looked at records to see how people's healthcare needs were met. We found further evidence of good practice when staff and the home had worked in conjunction with health care professionals to support people's healthcare needs. For example, if any of the people using the service had to go into hospital staff contacted a learning disability nurse employed there who oversaw people's care during their stay. Staff also told us that one of the local GPs had a good understanding of the needs of people with learning disabilities and was supportive of people using the service, as was a local learning disability nurse who had assisted one person with a specific care plan. These working relationships between staff and health care professionals helped to ensure the people using the service had their healthcare needs met effectively.

Good

Is the service caring?

Our findings

One person using the service told us the staff were caring. They told us, "All the staff are lovely. They are kind, funny, and helpful and they talk to me if I've got a problem." Staff had a caring attitude and got on well with the people they supported.

We saw that staff members were affectionate towards the people using the service and gave them hugs if they wanted them. The people using the service were also affectionate and caring to each other. We saw one person encourage another person to eat their breakfast in a caring and patient manner.

The registered manager told us staff included the people using the service in their own family lives. On staff member called round for one of the people using the service so they could walk the staff member's dog together. Other staff brought their children in to visit the people using the service. These actions contributed to the caring atmosphere in the home.

One staff member told us, "We [staff and people using the service] are a good team, we all get on well and if we have problems we resolve them, I love it here, no two days the same and everyone's generally really happy." Another staff member said, "It makes me happy seeing them [the people using the service] happy. I took [person's name] out today and he was so happy and kept laughing. It made my day."

Records showed that people were encouraged to express their views and become actively involved in making decisions about their care. Each support plan began with a section where staff had to describe how the person in question had been involved in decisions, either by their words or their actions, or by others on their behalf.

Staff ensured that those who were unable to share their views verbally had as much of a say as anyone else by advocating for them and supporting them to make choices in their own way.

We talked to staff about how they involved people in making day-to-day decisions. Staff gave us examples of this. They told us they had supported one person to choose outings by putting photos of their favourite places on the person's handheld computer. The person could then use these to indicate where they wanted go out to. Another person had been supported to choose their new bedding by touch. And some people had been involved in choosing new sofas for the home from a catalogue. These methods helped to ensure that all the people using the service had a say in life at the home.

Support plans also showed how staff ensuring people made choices about how they were supported. For example, one person's support plan advised staff that '[Person's name] has involvement in every step of her personal care.' Staff said they sought agreement from the person when any one of their support needs were to be met. One staff member said, "[Person's name] can determine her personal care in a number of ways. For example, she knows the different colours of her flannels and if she chooses a particular one we know it means she wants help to wash her face."

The provider's policies and procedures gave staff guidance on how to respect people's privacy and dignity, protect their human rights, and provide care that met their needs. We saw these were followed during our visit.

Staff were discreet when they provided personal care and assisted people at mealtimes. People's bedrooms were respected as their own space and the décor and furnishings reflected their individual tastes and interests.

Records showed that some people using the service preferred staff of a particular gender to assist them with their personal care and this was provided. Other people's preferences for particular staff were as far as possible respected. For example, staff told us "If [person's name] didn't want a particular staff member he would push them away and we accept that and ask someone else to support him.

All the people using the service could spend time alone if they wished to. This was explained in their support plans. For example, one person's plan stated, 'My time in my room is very important to me, I will often go there, put on my music and sort out my [belongings] … this time allows me to relax.' People also had access to a quiet lounge as well as the main lounge and the conservatory. This meant they could have solitude if they wanted this.

We saw that some people had their names on their bedroom doors but others did not. We asked one person using the service about this. She told us, "It's down to

Good

Is the service caring?

choice. I wouldn't want my name on my door so I haven't got it there." Where appropriate people had keys to their own rooms so they could lock them themselves rather than having to ask staff to do this for them.

Good

Is the service responsive?

Our findings

One person told us the care provided was responsive to their needs. They gave us an example of this. They told us, "Every morning everyone has a bath except me. I like a bath at night because I always had that as a kid. I tell staff to come up after about 10-20 minutes and they wash my hair for me."

Records showed that people received personalised care that met their needs. They had an assessment prior to admission and this formed the basis of their support plans. Those we looked at were individual to the people using the service and focused on their strengths and preferences. They included information about their health and social care needs, likes and dislikes, and cultural needs. People's preferences with regard to their lifestyles were included. This helped staff to provide care in the way people wanted it.

We looked at the support plan for one person who sometimes had behaviour that may challenge us. It contained clear information for staff on what might cause the person to be distressed, how the person came across when they were distressed and what staff should do to support the person. There was also a section on 'what not to do' so staff could avoid unintentionally making the situation worse.

A staff member told us, "It takes a long time to get to know [person's name] and win their trust so the support plan is crucial. We've all followed it and been consistent as a result the incidences of challenging behaviour have fallen and [person's name] has mellowed and seems much calmer." This was an example of responsive care having positive results.

Records showed that another person had become more independent since coming to the service. They had been encouraged to become responsible for some aspects of their personal care and to make choices about their lifestyle. They told us, "I can get up when I want, I like to go to bed at 10.30pm. Sometimes after lunch I go to my bedroom and watch TV or a DVD." They invited us to see their bedroom, which was personalised with many items belonging to the occupant and decorated to their taste.

We looked at activity records and talked with staff about the activities people enjoyed. These included listening to music, shopping, trips out in the home's vehicles (one of which was wheelchair accessible), computers, and voluntary work. We heard one staff member ask two people how much money they wanted for shopping the following day which showed they were involved in making decisions about this activity. And staff and the people using the service were also heard planning a forthcoming birthday celebration for one person.

Some people were not able to indicate verbally which activities they would like to take part in. Staff said they got to know by observing them and seeing what they liked. They told us one person liked the sensation of the wind and the rain on their face so they took them out when the weather was right. Another person was particularly musical so went out to the cinema or theatre when musicals were on. They also liked the sounds of being in a café or restaurant. Staff said this person showed through their body language they were happy so they knew which activities they enjoyed. They also went to a sensory session twice a week and had a collection of tactile objects which they used for activities with their keyworker.

During the morning of our inspection one person played a game of cards with staff for a short time in the conservatory. Another person went out for a health appointment. When they returned they became anxious, it was just before lunchtime and they were taken into the conservatory to listen to some music which helped them feel calmer. After lunch five people were going out for a drink to a nearby pub, at the last minute one person decided not to go and happily stayed behind with staff. Those that went to the pub were back within an hour.

These were the only activities we saw. The registered manager told us activities for the coming week were planned at a regular Sunday morning meeting and people did different activities every day. Records confirmed this. However during our inspection there appeared to be a lack of stimulating activities for when people were in the home. We discussed this with the registered manager who agreed to review the activities on offer to help ensure there were enough of them and they were appropriate for the people using the service.

We also observed that one person spent most of the morning alone in the corner of the lounge. A member of staff stood nearby watching them but there was little interaction between the person and the staff member.

Good

Is the service responsive?

Records showed this person had one-to-one staffing during waking hours due to their support needs. Their support plan stated, 'It is sometimes better to start an activity yourself and see if [person's name] might become interested'. However during our inspection we did not see the staff member attempt to start an activity with this person or engage with them in any other way. We discussed this with the registered manager who said this person frequently declined to engage with staff and 'pushed them away'. We understood this, but asked the registered manager to monitor the situation to ensure the support being provided was appropriate and responsive.

One person said they would speak out if they had a complaint. They told us, "I will talk to the manager on duty if I am worried."

Staff told us that some people using the service would be able to raise concerns verbally if they needed to. One staff member said, "Some of the people we support can tell us or tell their families if they aren't happy but others can't so we advocate for them." The staff member gave an example of one person who was attending a regular community activity. "He wasn't enjoying it so I said let's try a few more times but he still wasn't enjoying it so he stopped going and we helped him to choose something different instead."

The provider's complaints procedure was in the statement of purpose and service user guide. The service also had a designated whistle-blowing telephone line that staff or anyone else connected to the service could use. This was advertised in the home. People's support plans explained how they might show distress or unhappiness so staff could identify if something was wrong and work with the person and others to resolve the issue.

Good

Is the service well-led?

Our findings

The home had a happy, family atmosphere and people using the service and the staff got on well together. The focus was on providing person-centred support and this was evident through our conversations with people using the service and staff, and in the records we looked at.

People were encouraged to be independent and we saw them helping each other, assisting with meals, and finding their way around the home unaided. One person using the service showed us round the accommodation and talked with us about its various features. Another person showed us room which had a sporting theme they had helped to choose themselves. Staff put people using the service first and as far as possible involved them in the inspection process.

People who communicated non-verbally were fully included in the life of the home and staff used a range of skills, aids and adaptations to do this. Records showed that relatives were also involved if they wished to be. Staff had regular contact with them and invited them to review meetings and other events at the home. One staff member told us, "[Person's name's] mother knows him better than anyone so if we need advice she's the person we'd go to first." This showed that staff recognised the importance of involving relatives in their family member's support where applicable.

The atmosphere was homely. For example, several times a day people congregated in the kitchen to make drinks. Those who could make their own did so, and others contributed in other ways. For example, one person listened for the kettle to boil so they could signal that the water was ready. This was a shared activity and people enjoyed themselves, laughing with each other at the shared banter. In the afternoon four people returned from the pub in high spirits and staff joked with them leading to more laughter.

The registered manager had been in post for two years and had substantial experience of working with people with learning disabilities. Staff told us the registered manager was supportive of both them and the people using the service and did shifts in the home which had a positive impact on teamwork.

The registered manager told us, "It's good for staff and service users to see managers working on the floor and it gives us a better insight into how the service is running which helps with our quality assurance." The registered manager knew all the people using the service well. We saw they were happy to approach her and came into her office on a number of occasions and were always greeted warmly when they did this.

The home's quality assurance programme centred on an annual survey sent to people using the service (where appropriate), relatives, visiting health and social care professionals, and staff. This was followed by an open day at the home where people were encouraged to further share their views.

Records showed that the last open day, in August 2015, had resulted in positive feedback and some ideas and suggestions from those attending. This information had been evaluated and was included in the home's annual development plan which staff were following. The provider also carried out quarterly audits of the service to help ensure it was running well.

The quality assurance programme had led to improvements at the home. Records showed positive changes had been made to the key worker system and communications with relatives had been improved. Some areas of the home had been re-decorated. Additionally, improved team working and support plans had led fewer incidences of behaviour that may challenge us. This showed that the registered manager and staff listened to the people who used the service and their relatives and made improvements where necessary.