

Voyage 1 Limited







Voyage 1 Limited - 1-2 Canterbury Close

Inspection report

1 – 2 Canterbury close
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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

The inspection took place on 19 December 2014 and was unannounced. We last inspected the service in November 2013 and found they were meeting the regulations we looked at.

Canterbury Close is a care home for people with learning disabilities. It can accommodate up to 10 people in two purpose build properties. It is close to Rotherham and local amenities. At the time of our inspection there were 9 people living in the home.

The service has a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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 and associated Regulations about how the service is run.

People we spoke with told us they felt safe at the home. One person said, "I feel very safe here, I am settled I don't want to move anywhere else."

Staff we spoke with were knowledgeable regarding safeguarding vulnerable adults procedures and were able to explain the action required should an allegation of abuse be made.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to

recruitment of staff were followed and all required information was obtained to help the employer make safer recruitment decisions.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. We observed the meal time and people told us that they

enjoyed the food and there was always an alternative if they didn't like what was on the menu. One person said, "The food here is good. I can choose what I want to eat, today I have had soup for lunch."

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People had access to activities that were provided both in-house and in the community. One person told us they were going to shopping on the day of our inspection. There was a mini bus available for people to use so they were able to access the community.

We observed good interactions between staff and people who used the service and the atmosphere was happy, relaxed and inclusive. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. People we spoke with told us they had not had to raise any complaints or concerns since they had lived at Canterbury Close.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress. This ensured actions were completed to improve service delivery.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Medicines were stored and administered safely. The systems for monitoring medication ensured medication was given as prescribed.

There were enough qualified, skilled and experienced staff to meet people's needs. We identified people's needs had changed and saw the provider was assessing these needs to be able to provide additional staff at night.

Good



Is the service effective?

The service was effective.

There was a programme of training for all staff to be able to understand the care and support required for people who used the service.

All staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People's nutritional needs were met. The food we saw provided variety and choice and ensured a well-balanced diet for people living in the home. The registered manager was also looking to improve the menu further by providing some new menus for staff to be able to follow to give better variety.

Good



Is the service caring?

The service was caring

People told us they were very happy with the care and support they received. The staff we spoke with had a good understanding of people's care and support needs and knew people well. One person told us, "We have a good laugh together."

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service is responsive

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and a relative or advocate. We saw people's plans had been updated regularly and when there were any changes in their care and support needs these had been addressed.

People were able to be involved in activities in accordance with their needs and preferences.

Good



Summary of findings

Satisfaction surveys were provided to obtain people's views on the service and the support they received. A complaints process was in place.

Is the service well-led?

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the registered manager and the deputy to ensure any triggers or trends were identified.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 23 December 2014 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain any relevant information. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and commissioners who told us they found the service to provide a good standard of care and found the registered manager was always

responsive to any issues or concerns to ensure they were resolved. We contacted Healthwatch Rotherham and the Clinical Commissioning Group to gather further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four support staff, the deputy manager and the regional manager. The registered manager was not at the service on the day of our inspection. We spoke with three people who used the service and two relatives. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We looked at other areas of the home including some people's bedrooms, communal bathrooms and lounge areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the home. One person said, "I feel very safe here, I am settled I don't want to move anywhere else."

People who used the service said they liked living at Canterbury Close. Relatives we spoke with told us they were satisfied with the service provided and had no concerns about the way their family members were treated.

Before our inspection, we asked health and social care professionals for their opinion of the service. Officers we spoke with were positive about the service provided and told us the staff were always responsive and available and at present had no concerns about the service they provided.

The provider had safeguarding vulnerable adults policies and procedures in place to guide practice. Staff we spoke with had a clear understanding of the procedures in place to safeguard vulnerable people from abuse and were very knowledgeable on the procedures to follow. Staff also knew how to recognise and respond to abuse correctly. One staff member said, "If I suspected anything I would report it immediately." Staff were also aware they could contact the local authority to raise safeguarding concerns if it was required.

Notification's we had received showed staff knew how to respond to safeguarding issues. They had followed the provider's policies and the local authority's procedures. Staff we spoke with were also aware of whistleblowing procedures. They told us if they felt the managers were not responding appropriately to any allegations they would not hesitate to whistle blow to ensure people were protected.

People identified at being at risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out. We saw people go out with staff during our inspection. One person we spoke with told us, "I am going out shopping this afternoon for Christmas presents, the staff always help me with this."

We looked at two people's care and support plans. Care and support plans detailed people's needs, priorities, goals, lifestyle, what was important to them and how care and support will be managed. Each plan we looked at had an assessment of care needs and a plan of care. The

assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported appropriately as part of their daily lifestyle to support their independence as much as possible.

There were risk assessments in place, to cover activities and health and safety issues, including, moving and handling and use of public transport for community activities. The risk assessments were supported by plans of care which detailed how staff should respond to any issues.

We identified one person's health had deteriorated; staff had identified this and were providing more support. Although this person was receiving the care they required, we saw this was not being clearly documented in their support plans. We discussed this with the deputy manager who agreed to implement better methods of recording the support provided to ensure the person's dependency levels were accurately assessed so adequate staff were provided to meet their needs.

Medicines were stored and administered safely. We saw there were systems in place for monitoring medication to ensure these were given as prescribed and followed by staff. These systems helped minimise errors ensuring safe practice. Staff told us the systems were embedded in practice and ensured if an error had occurred it was identified very quickly.

Through our observations and discussions with people, relatives and staff members, we found there were enough staff with the right experience or training to meet the needs of the people living in the home. We identified people's needs had changed and saw the sleeping night staff was regularly being woken to provide support to meet people's changing needs. The provider was in the process of assessing people's needs to be able to provide additional staff at night. In the interim the provider had implemented an on call system; so if the sleeping staff were woken they would not have to work the following day and the on call staff member would be called to work. The provider hoped to have approved the additional night staff to be in place by April 2015.

We found robust recruitment and selection procedures were in place and the deputy Manager told us appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable

Is the service safe?

people. The records we looked at confirmed this. Staff we spoke with also explained the recruitment process they had gone through, which further evidenced correct procedures were followed.

Is the service effective?

Our findings

People spoke highly of the service provided. One person said, “The food here is good. I can choose what I want to eat, today I have had soup for lunch.”

People’s nutritional needs were assessed during the care and support planning process and people’s needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people’s likes, dislikes and any allergies had also been recorded. We sat with people at lunch time and observed the meal, this was relaxed, inclusive and an enjoyable experience for people. Staff offered choices, cooked different meals for people ensuring they received something they enjoyed. We saw that special dietary requirements were met this included fortified and pureed diets. Staff we spoke with were very knowledgeable on the dietary needs of people who used the service.

The deputy manager told us that the registered manager had identified that the meals could be improved as staff were using a lot of jar and tinned food. They said that staff were to be given a few simple menus that could be cooked fresh with input for people who used the service if they wished. The staff told us they were looking at what meals to provide by asking people what they would like to try.

Staff we spoke with said there were many opportunities for staff training, which they were encouraged and supported to attend. We looked at the electronic training records these showed all staff had up to date training and received regular updates in line with the providers’ policies and procedures.

The deputy manager told us all new staff completed an induction before they started work in the home, followed by shadowing an experienced member of staff until they felt competent. This was confirmed by a member of staff we spoke with who had worked at the service a year. This meant people could be assured that staff had the competencies and skills to meet their needs.

Staff told us they received regular supervision and were given opportunity to discuss any issues or share

information. Staff we spoke with said the registered manager and the deputy manager were always approachable if they required some advice or needed to discuss something.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. We saw staff give people time to be able to make decisions and supported them to make decisions. For example people were given choices at meal times and food was shown to people for them to be able to make a decision. People’s capacity was clearly detailed in their plans of care. Staff had received training in the MCA and the deputy manager told us this was the provider’s policy to update this yearly. This ensured staff were kept up to date with any changes or new guidance.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The deputy manager told us they were aware of the new guidance and they had reviewed people who used the service to ensure new guidance was being followed. They told us applications had been submitted to the supervisory body for all the people who lived at Canterbury close.

We saw evidence that care and support plans were regularly reviewed to ensure people’s changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people’s care and welfare. These included health professionals, GP’s district nurses, opticians and dentists. People also had a health action plan which provided information for staff on past and present medical conditions. A record was included of all healthcare appointments. We saw that one person had been referred to a specialist as their needs had changed this was clearly documented in their health action plan. This meant staff could readily identify any areas of concern and take swift action.

Is the service caring?

Our findings

The staff we spoke with had a good understanding of people's care and support needs and knew people well. One person who used the service told us, "We have a good laugh together."

Relatives we spoke with told us the staff were kind and considerate. One relative told us, "I am very happy with Canterbury Close, staff understand my relative's needs and are very good." Another relative said, "When my relative went into hospital a member of staff was with them, which really helped as they were very anxious. They also keep you informed of any changes, the manager is very good."

Other relatives told us, "I can't praise the staff highly enough, they look at the whole person, the care is individualised and person centred. We have no concerns what so ever."

We looked at care and support plans for two people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them.

The staff we spoke with told us the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. Staff demonstrated a good understanding of people's care and support needs.

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect.

During our observation there was a relaxed atmosphere in the home staff and people who used the service were laughing and joking together it was a very inclusive atmosphere. Staff we spoke with told us they enjoyed supporting the people living in the home. One person told us, "The staff are lovely, they really care."

We also observed people were treated with respect and their dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy. We saw people were discretely assisted to their rooms for personal care when required, staff acknowledged when people required assistance and responded appropriately.

We asked the deputy manager if the service had dignity champions to ensure people were respected and had their rights and wishes considered. They told us designated staff were dignity champions and that it worked well ensuring staff maintained people's dignity and the champions kept up to date with any relevant training that was required. We spoke with a member of staff that was on duty who was the safeguarding champion, they explained their role and said they had enjoyed the new responsibilities and was being supported by the registered manager to carry out the role.

Is the service responsive?

Our findings

Relatives we spoke with told us, “The staff meet my relative’s needs, they keep me informed of any changes or concerns and always respond to any issues appropriately.”

People told us the staff were very good, One person said, “The staff look after me very well, I cannot fault the care provided. I like living here.”

We found people’s needs had been assessed. We saw records confirmed people’s preferences, interests, likes and dislikes and these had been recorded in their support plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People’s needs were regularly assessed and reviews of their care and support were held when required.

Staff we spoke with were very knowledgeable about people’s needs. They were able to explain what care and support was required for each individual. Staff were able to explain how they had identified that one person’s condition was deteriorating and they had made referrals to relevant professionals, for help and advice on how best to cope with the persons changing needs.

The people who used the service told us there were a range of social activities. One person told us, “I go out regularly with staff.” We saw people also had holidays if they wished and these were planned by staff with them. The home had a mini bus they used to be able to take people out on activities and outings.

The deputy Manager told us there was a comprehensive complaints’ policy, this was explained to everyone who received a service. They told us they had received no formal complaints in the last year. However they were able to explain the policy and procedure to follow if required. Staff we spoke with were also aware of how to deal with complaints. Relatives we spoke with told us if they had any concerns they would raise them with the staff or manager. They told us if they raised any issues they were always listened to and the issues were resolved. One relative told us, “I have no concerns I am extremely happy with the care provided.”

People were supported to maintain relationships with their family. Relatives we spoke with confirmed they were kept up to date on their family member’s progress by telephone and they were welcomed in the home when they visited. One relative told us, “Staff go the extra mile and ensure people that live at Canterbury close have good relationships with their relatives, they assist relatives with days out to make a visit very pleasant and enjoyable for everyone.”

We observed staff gave time for people to make decisions and respond to questions. The deputy Manager told us residents meetings were held and gave people the opportunity to contribute to the running of the home. We saw minutes of meeting these were in easy to read format and showed involvement of people who used the service.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since 2004. 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 and associated Regulations about how the service is run.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the company's regional manager. The reports included any actions required and these were checked each month to determine progress.

The deputy manager told us the registered manager and themselves completed daily, weekly and monthly audits which included environment, infection control, medication and care plans. The regional manager also carried out monthly audits, these audits had recently been reviewed and followed CQC's new methodology to ensure they met our key lines of enquiry. There was a detailed action plan put in place for the registered manager and staff to follow to ensure any improvements identified were completed. For example, we saw the bathrooms had been identified as needing work, this had been actioned and one bath was being repaired on the day of our visit.

Staff we spoke with said they enjoyed working at the home and felt they were able to share their thoughts and opinions at staff meetings and in staff questionnaires. They told us they felt they could freely voice their opinion to the registered and deputy manager and they were listened to. All staff spoke of strong commitment to providing a good quality service for people living in the home. They also said they were confident about challenging and reporting poor practice, which they knew would be taken seriously.

Staff received regular supervision (one to one meetings with their line manager) and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff also told us the managers were always available and they listened to any concerns they raised and had always responded appropriately.

Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for November 2014. The staff we spoke with told us the registered manager and the deputy manager had an open door policy therefore staff or people who used the service and their relatives were able to contact them at any time. One relative we spoke with said, "The manager is very good, they make themselves available, listen and sort things out when required."

The provider sent out yearly quality monitoring questionnaires to people who used the service and their relatives. The deputy manager told us these were due to be sent out at the time of our visit. They told us any actions from the feedback would be included in an action plan to ensure they were addressed. Relatives we spoke with said they had received questionnaires in the past, but didn't always complete them as they would speak with the registered manager and staff regularly.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any triggers or trends were identified. We saw that any safeguarding was dealt with appropriately and the policies and procedures followed. There had been no whistle blowing concerns raised within the last year, although staff were aware of the procedures should they need to use them.