

Voyage 1 Limited

Wood Dene and Ross Dene

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Wood Dene and Ross Dene is a registered service that provides support for up to 16 people living with a learning disability. The home has accommodation over two buildings located in the same grounds. At the time of our inspection there were 14 people using the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People received personalised support, if and when they needed this, . Risks were minimised and managed whilst maintaining people's independence in and out of the home. Staff received training and support which helped them be effective in their roles. People had choice and control of their own lives. The service provider's policies and systems were up to date and effective. We observed a very relaxed atmosphere throughout the home. The registered manager ensured the quality of the service was monitored, and improvements were made when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wood Dene and Ross Dene

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 was a comprehensive inspection which took place on 19 July 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience who had experience with supporting people with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR 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.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with three people who used the service, three members of staff including the registered manager. We spent some time observing support given to people in their home. We spoke to three relatives on the phone after the inspection. We also spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Wood Dene and Ross Dene. One person said, "Yes I'm safe." A second person said, "I like living here this is my home I don't want to leave." All the relatives we spoke with told us they felt their family member was safe. One relative told us, "Yes [name of person] very safe, it's like a second home to him it's home from home."

We reviewed what the provider told us in the PIR. They said, 'All new employees are required to go through Human Resources recruitment process which consists of shortlisting applications suitable for the service, Disclosure Barring Services checks (DBS) and reference requests prior to being offered a position, a six month probation period where a new employee is closely mentored. Throughout their six month probationary period all new staff are given regular supervision and are met with at week one, eight, 16 and then 24 during their probationary period. All mandatory and service specific training is completed by all staff. All new members of staff receive a two day in-depth induction which covers the company's policies and procedures on day one, the people we support on day two and a four week shadowing period to ensure the new members of staff are competent / confident in all the areas'. We saw evidence during the inspection which confirmed this was the case.

People were supported in and out of the home. This was managed through the risk assessments which were appropriate in the support plans. Risks were actively reviewed with the person and advocates where appropriate.

People were protected from abuse and harm by staff who understood the principles of safeguarding and understood when and how to report any concerns to the registered manager. They had confidence in the registered manager and told us they felt they would act appropriately in relation to any concerns brought to them. We found staffing levels were adequate for the support people needed in each of the houses.

Medicines were managed safely and stored securely. We found records relating to medicines administration were up to date and completed with no gaps. Stocks of medicines were checked at each handover, meaning any errors would be identified in a timely way. We discussed with the registered manager the need to ensure all opened medication was labelled appropriately. We evidenced a cream had not been labelled. This was addressed by the registered manager on the day of inspection.

The home was clean and there were no odours present. The home was at the time of inspection undergoing redecoration.

Is the service effective?

Our findings

People and relatives we spoke with all told us staff were skilled in supporting them or their relative. People felt that staff were all well trained and no one felt they could identify any gaps.

We reviewed what the provider told us in the PIR. They said, 'Regular key worker meetings are carried out with the individuals chosen keyworker team. Monthly service user meetings are held to discuss the likes, dislikes, ideas around activities, as well as staff giving individuals any service updates. All people we support have a communication plan, personalised weekly activity planner and person centred plan on their needs and preferences. Support Guidelines are comprehensive with involvement from each Individual, as well as family and other professionals. Support guidelines hold decision making profiles and the people we support's wishes and preferences are detailed to the way they wish to be supported. We work closely with health professionals & community teams e.g. epilepsy nurses, psychology and community nurse'. We saw evidence during the inspection which confirmed this was the case.

We saw evidence to show people were involved in making decisions about their care. People's capacity to make specific decisions was well documented, with procedures in place to ensure people received appropriate support to make choices when they lacked capacity to do so.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Six people using the service had a DoLS in place at the time of our inspection and another two were pending.

We observed lunch and saw people had being given choice and that most of the food was fresh and made from scratch, it was presented well and people were actively encouraged to suggest changes to the menus. There was a policy of "plan, buy, make" where people were encouraged to make a meal with staff, they went to buy the ingredients and then they cook and get to eat it. This was used as positive strategy for people who needed to be more active in taking part in working on their independence.

Wood Dene and Ross Dene were made up of two separate houses in the same grounds. Both houses were spacious and reflected people's individual needs.

Is the service caring?

Our findings

People we spoke with told us they thought the staff were kind and caring towards them. One person told us, "I like it here it's where I live." Another person told us, "Staff are good they listen to you." A relative told us, "They have got to know [name of person] well which helps maintain their anxiety levels."

We reviewed what the provider told us in the PIR. They said, 'Each individual has their own comprehensive and person centred support guideline which includes the person we support, family professional and friends. This enables staff to support the individual in a caring and professional way. Staff encourage the people we support to interact amongst each other. Staff support the people we support to meet their own wishes and goals. Staff promote independence by using each individual's communication method. Verbal prompts are given to the people we support to allow them to develop skills rather than staff doing on behalf of a person'. We saw evidence during the inspection which confirmed this was the case.

There were good interactions between people living at the service and the staff. We observed people laughing with staff whilst they sat in the communal areas. We did not see any poor interaction throughout our inspection. We found staff to be attentive to people's needs throughout. People looked to be relaxed and at ease with staff.

People's privacy and dignity were respected. Staff knocked and waited to be invited into people's rooms. We observed staff asking people before they did anything. For example, asking where people would like to go whether this was in the communal rooms or their own bedroom. One person was asked if they would like to go out in the community. Staff waited patiently for the person to absorb the information.

Is the service responsive?

Our findings

We reviewed what the provider told us in the PIR. They said, 'Individuals are involved in planning and reviewing their care by having regular keyworker meetings to discuss what's working or not working, Actions are set to meet goals. Individuals attend their person centred review. All staff are trained in providing person centred support. Voyage have undertaken the Helen Sanderson Personalised training programme, staff implement its principles into our day to day working practices. Information and guidance on how to make a complaint is accessible for staff and the people we support. For the people we support the guidance on how to make a complaint is in an easy read format. A book to record all complaints, outcomes and actions taken in response to the complaints is accessible in the staff office'. We saw evidence during the inspection which confirmed this was the case.

People felt on the whole they had a good relationship with staff, they spoke about everyone on first name terms and spoke fondly of lots of different staff in the home.

There were opportunities to do many activities, some people attended day services other went out into the community to do voluntary work. Social events were varied and matched each individual's likes and dislikes. Including going out to the pub for cocktails and nights out, swimming, shopping, bird watching, bowling. Everyone we spoke to told us they enjoyed the activities and could do what they wanted.

There were policies and procedures in place to ensure concerns or complaints were responded to appropriately. There had been five complaints since the last inspection. These had been responded to in relation to the policy in the home. People told us if they were unhappy they would speak to a member of staff or the registered manager.

Is the service well-led?

Our findings

There was a registered manager in post when we inspected. 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 reviewed what the provider told us in the PIR. They said, 'Quarterly audits are carried out on the service and an action plan is implemented. A day / shift planner for the forthcoming week is completed. How to access policies and procedures poster is on display in the staff office. Each staff meeting is held by the service manager with an agenda which includes; health & safety, infection control, safeguarding, support guidance updates on the people we support, development plans and training. Devised and implemented strategies and risk management plans prior to any multi-disciplinary team meetings following any safeguarding issues, which have enabled the local authorities safeguarding team to close the investigations / cases immediately. Carry out monthly service reviews and audits around quality assurance to ensure compliance against Voyage Care standards and CQC outcomes'. We saw evidence during the inspection which confirmed this was the case.

We saw the registered manager was a visible presence in the service, and observed they had positive relationships with staff and people who used the service. The registered manager supported staff to ensure the home was run effectively. We saw evidence of an open culture. Staff were comfortable speaking with the registered manager and we were told staff felt able to speak openly about any issues.

There were systems and processes in place to ensure the quality of the service was kept under review and improvements put in place where necessary. The registered manager had good systems in place to maintain and drive standards. Surveys were completed in September 2016 everyone was in agreement that people received good care. One relative said, "Excellent care." Another relative said, "Well run service."