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

Summary of findings

Overall summary

This inspection took place on 13 March 2018 and was unannounced.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 Chaddesden 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 seven 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.

The home had a safe and welcoming atmosphere. Staff were visible and continually interacting with the people they supported. People told us they felt safe at the home and there were enough staff to meet their needs. Staff knew how to minimise risks to people and ensure they had their medicines when they needed them.

Staff were well-trained, skilled and knowledgeable about how to provide effective care and support. People were involved in choosing, planning and preparing their own meals and records showed people's nutritional needs were identified and met. Meals were varied and wholesome.
The kitchen was open for people to access in the company of staff.

People's healthcare needs were well-managed at the home. Staff had developed innovative ways of supporting people to reduce their anxiety when having healthcare appointments and procedures. The

premises were homely and comfortable with user-friendly signage to make it easier for people to find their way around the home and identify particular rooms.

People said the staff cared about them and encouraged them to be independent. Staff communicated with people in the way people wanted including signing, using pictures, and verbally. 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 at the home supported this practice

Activities were central to people's quality of life at the home and staff ensured people had the opportunity to take part in one-to-one and group activities both in the home and the wider community. These included work and educational opportunities and social and leisure activities based on people's preferences.

The home was well-led by the new registered manager who had made improvements since being in post. Staff said there was a culture of openness at the service and the managers were supportive. People and relatives were involved in how the home was run and their views listened to and respected. The results of the home 2017 quality assurance survey showed a high level of satisfaction with the service provided.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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 was unannounced and took place on 13 March 2018.

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 caring for someone who uses this type of care service. Our expert by experience for this inspection had expertise in the care of people with learning disabilities.

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 four people using the service and two relatives. Due to communication difficulties some 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, a senior support worker and two support workers.

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

Good

Is the service safe?

Our findings

People told us they feel safe living in the home. One person said, "Yes [I feel safe], it's my home, with friends and staff." A relative told us, "I think the staff, day to day, seem pretty good and look out for everyone, checking people. We think [family member] is safe."

Staff were trained in safeguarding and understood the provider's safeguarding policies and procedures. They told us the people they supported showed distress and unhappiness in different ways and this was explained in their support plans. They said if they had concerns about a person's well-being they would raise it with the registered manager or person in charge.

Each person had personalised risk assessments for the activities they might need support with. Examples of these included meal preparation, travelling in a vehicle, and emotional support. This meant staff had the information they needed to keep people safe while at the same time respecting their freedom. Records showed people were involved and their views taken into account when risk assessments were written. Risk assessments included 'do's and don'ts' so staff were clear about their responsibilities, and what not to do, for example, 'Never use physical intervention except in an emergency.'

The premises were risk assessed to identify hazards and action taken to minimise risks to people. Each person had personalised risk assessments to check the environment at South Avenue was suitable for them. Some people's bedrooms were on the first floor with access via a staircase and they had risk assessments for this. For example, one person's stated, '[Person's] bedroom is on the first floor. [Person] has never had any difficulty climbing or descending the stairs, however staff should be mindful that [person] does not carry large objects ie washing basket.' This helped to ensure people were safe to use the stairs.

People told us there were enough staff employed to meet their needs and keep them safe. One person said they sometimes had to wait for staff support but they didn't mind this. Relatives said they thought the home was well-staffed.

Staffing levels varied depending on people's needs. Some people had extra one-to-one support, mainly for community activities, and this was recorded in their care files. The registered manager told us staffing levels were under constant review and she had recently increased the number of waking night staff as one person needed support with repositioning and two staff were needed to do this safely.

Records showed staff were safely recruited, in line with the provider's staff recruitment policy, to ensure they were safe to work with people using care service.

People told us they received their medicines when they needed them. For example, one person said they received their medicines in the morning and evening which was the right time for them. Another person, who was prescribed as required pain relief, told us, "[The staff] give me a pill for pain." A relative told us their family member received their medicines as prescribed.

Records showed people had 'decision making agreements' for their medicines to ensure they were involved in taking them. These were personalised. For example, one person's stated, '[Person] has always taken their meds on top of yogurt. This is not classed as covert as [person] is aware that their tablet is there and must be reminded of this prior to administration.' This was an example of staff ensuring that a person understood their medicines routine.

Staff were trained in medicines administration and had regular competency checks. Medicines were stored securely in the home and all medicines records we saw were in good order and regularly audited by the managers.

The premises were clean and tidy. Staff were trained in infection control and food hygiene. They followed the provider's policies and procedures which covered a range of areas including hand hygiene, laundry management, cleaning of the environment, and handling spillages. We saw staff supporting a person to wash their hands after they had used the toilet independently. This was an example of staff encouraging a people to reduce the risk of infection to themselves and others.

When things went wrong records showed that staff took appropriate action. For example, if a safeguarding incident occurred staff ensured the person in question, and any staff involved, had the support they needed. They also informed families, the local authority and CQC, and updated care plans and risk assessments as necessary. This reduced the risk of untoward incidents happening again.

Good

Is the service effective?

Our findings

The home's assessment process ensured people interested in coming to live at South Avenue had plenty of time to visit and make up their minds before they moved in. The managers used good quality assessment documentation to identify people's needs and choices including those relating to culture, equality and diversity. If a person decided they wanted to live at South Avenue they came in on a phased basis to get used to their new surroundings. The assessment and moving in process helped to ensure the person made the transition smoothly and staff understood their needs from the outset and could meet them.

Staff were well-trained, skilled and knowledgeable about how to provide effective care and support. Records showed they completed an induction and other additional courses including first aid, fire safety, and food hygiene. Staff had one-to-one supervisions and attended meetings where professional development and training was discussed. Staff told us they were satisfied with their training and said they could ask for extra training if they felt they needed it. The registered manager confirmed this and said the provider was supportive of staff development and provided additional training on request.

People were encouraged to be involved in choosing, planning and preparing their own meals. For example, we met one person who was in the kitchen making their lunch with a member of staff. The staff member asked the person closed questions to establish the type of meal they wanted, and let them point out their chosen items and flavours.

Records showed people's nutritional needs were identified and met. Meals were varied and wholesome. Staff said they encouraged 'everything in moderation' and supported people to eat healthily where possible. People's preferences were set out in detail in their care records. For example, one person's stated, 'I like to have porridge for breakfast with fruit on top, normally blueberries, but I choose what I have on top when offered a choice by staff.' Staff said people were offered a fruit basket to choose from at each meal.

Menus were decided on a weekly basis and each person had the opportunity to choose one main meal each week using their preferred communication method, for example, signing, pictorial or verbal. This was documented in their support plans. At the time of our inspection none of the people using the service were on special diets but staff said these could be catered for where necessary.

The kitchen was open for people to access in the company of staff. When people wanted a drink or a snack between meals they went to the kitchen with staff to get these. This added to the relaxed, homely feel at South Avenue.

A relative told us their family member's healthcare needs were well-managed at the home. They told us staff had taken over responsibility for these they were 'pleased because it has gone really well'. They told us staff had worked with their family member to support them to take a more positive approach to their appointments and this had had a good outcome for the person.

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Records showed people healthcare needs were assessed and met. Staff worked with health care professionals, including GPs, dentists, and learning disability consultants, and followed their advice. For example, one person was referred to a speech and language therapist assessment for support. The therapist wrote 'communication guidelines' which were incorporated into the person's support plans so staff could communicate with them more effectively.

Staff had developed innovative ways of supporting people to reduce their anxiety when having healthcare appointments and procedures. For example, they produced pictorial guidance for one person to explain a healthcare procedure to them. This included information for staff so they knew to use the person's preferred language to talk them through the procedure while it was being carried out.

The premises were homely and comfortable with user-friendly signage to make it easier for people to find their way around the home and identify particular rooms. Each person had a personalised 'environmental assessment' to ensure the home environment was suitable for them. These took into account the décor, lighting, noise levels, obstructions, spaces to 'escape' to, and sensory considerations and the impact each might have on a person and whether changes needed to be made.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people at the home received lawful care.

People had decision making profiles in place so staff knew how to support them with these. They gave example of the areas where people could make decisions on their own, and the areas where they might need support from relatives or staff. They included information about when was a good time for a person to make a decision, for example, 'The best time for [person] to make a decision is when they are feeling happy and there are not too many people around.' This helped to ensure that staff supported people appropriately with decision making.

Good

Is the service caring?

Our findings

People said the staff cared about them and encouraged them to be independent. They told us how staff supported them to go out and about and to visit their families. A relative commented on how caring the staff were. They said, "[My family member] is happy to be with [the staff] and loves seeing them."

Staff were caring and kind. We talked with a senior carer about an incident when a person had become distressed. This staff member showed insight into why this had happened based on their knowledge of the person. They had empathy for the person and treated them with kindness, respect and compassion.

People had 'relationship maps' which showed the significant people in their lives including family, work colleagues, support workers, and friends. This helped staff support people to stay in contact with those who were important to them. A relative told us they could visit the home when they wanted. They told us, "The atmosphere is always good."

People were valued for their individuality and their support plans reinforced this. For example, one person's stated, '[Person] has their own unique qualities, abilities, interests, preferences and challenges [and must have] their own personalised approaches and methods.' Support plans also emphasised the importance of staff being non-judgemental, for example, '[Person] might present some behaviour which might be strange to you, but is normal for them. [Person] may not be able to adjust, so you need to get to know [person] and support them.'

People told us staff communicated with them and supported them. One person said their keyworker was on duty that night and they liked 'to laugh' with them. Another person told us the staff were 'all nice'. A relative said their family member had favourite staff members who helped them with their personal care and took them to appointments.

Staff communicated with people in the way people wanted. We saw one person talking with staff in a relaxed and humorous way. Conversation flowed naturally and included a discussion about the previous week's disco, food rationing during the war, and how to use a calendar to count the days until Easter.

Staff encouraged another person to communicate using photos. They told us they showed the person photos of places and if they wanted to go to them the person held onto the photo, but if they didn't they put the photo down. We the person making choices in this way.

A relative told us their family member's communication needs were are met at the home. They said, "I think [person's] speech and communication is improving being around young people. We are surprised what [person] can tell us about when they come home at weekends."

Staff had keyworking responsibilities which meant they oversaw the care and support of particular people and were responsible for ensuring all their needs were met. This enabled staff to build one-to-one relationships with people. One staff member told us about the person they keyworked. They were

knowledgeable about this person and talked about their likes, dislike, hobbies, interests and strengths.

People were actively involved in making decisions about their care and support. One person said they had seen their support plans and agreed with them. They knew the name of their keyworker and understood their role. A relative told us they were involved in choices and discussions about their family member's care and support.

Staff told us people were involved in their support plans. They said they spoke with people about what they wanted and didn't want, and involved relatives in planning and reviewing people's care needs.

People told us their privacy and dignity was respected. For example, one person said they liked to have 'alone time' in their room watching TV or listening to the radio. Staff understood this and supported the person to spend time by themselves when they wanted to.

Staff treated people with respect and maintained their dignity. For example, if people wanted staff of a particular gender to assist them with their personal care this was in their support plans so staff were clear about the person's preferences. Relatives said the premises enabled their family members to spend time alone or socialise with others depending on their preferences.

Good

Is the service responsive?

Our findings

Staff provided personalised care that was responsive to people's needs. They communicated with people to ensure the care and support provided was what the person wanted. One relative told us, "[Family member] can't directly ask, their communication is basic, but they can convey[what they would like. Regular staff are responsive and understand my [family member]."

People had a 'This is me' one page profile that told staff about them, their likes and dislikes, and preferences. For example, one person was described as 'funny and sociable' and advised staff to 'ask me about the many activities I enjoy.' It stated what they found funny and interesting and also what they didn't like, for example people invading their personal space. This information helped to ensure staff supported the person in the way they wanted. People's preferred mode of communication was made clear to staff. For example, 'use simple and clear words when talking to me, always face me', and 'symbols and picture cards are really helpful to my understanding'.

Activities were central to people's quality of life at the home and their records made it clear to staff how to support them with their activities programme. For example, one person's records informed staff, 'I like to know what I am doing for the day and have a communication board in my room. I like to complete the board for the day with staff support, this tells me what I am going to do and who will be supporting me.'

Relatives told us they were involved in helping to choose the activities they knew their family members liked. One relative described the varied activities their family member took part in and said staff were ensuring these continued.

People told us they had the opportunity to take part in a range of activities with staff support where necessary. One person said they did regular voluntary work at a charity. They added, "Today I am going to Derby for lunch with [another person living at the home], I want a cheese pie." Another person said they were going out with staff that afternoon on the bus for a shopping trip.

One person told us about some new activities they would like to try. We discussed this with the registered manager and deputy manager who said they had already had a meeting with the person and these new activities were being introduced. The deputy manager said they were doing a presentation on activities at the next staff meeting so everyone was clear what was available and how best to support people with their activities.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Information in the home was presented, as far as possible, so people could understand it. Details of the fire

procedure, local advocacy service, and CQC rating were in the entrance hall. In the lounge a noticeboard showed the date, the staff who were on duty that day and night, and the day's weather. Staff told us they supported people to be aware of the information provided about the service.

People's concerns and complaints were listened and responded to and used to improve the quality of care. Records showed that managers investigated complaints thoroughly, using the provider's complaints policies and procedures. They involved the complainant, where appropriate, and shared the resolution with them. This meant that people making complaints could be confident they would be taken seriously and their complaints addressed in a fair and positive manner.

At the time of our inspection the home wasn't providing any end of life care. The registered manager said that if they were asked to provide this service she would ensure staff received appropriate training to enable them to support people so they remained comfortable, dignified and pain-free. She told us staff would liaise with people, families, and healthcare professionals to ensure people received the best care possible at the home if that was where they wanted to be, or support them in another setting of their choice.

Good

Is the service well-led?

Our findings

There was a happy and lively atmosphere in the home. People gathered in the lounge with staff having ongoing conversations, interactions and banter. Some people did activities in the home with staff or staff assisted them with chores. Others were in an out of the home taking part in various community activities including shopping and visiting cafes.

Relatives told us the management of the home had improved now a registered manager was in post. They said communication was better and people were having more regular activities. One relative told us, "In view of the dip [in quality] last year, we saw a real attempt to change that. The area manager got involved and improved the management structure." Another relative said communication between staff and family members was improving and staff were more knowledgeable about people's needs.

The registered manager was involved in people's support and had a good relationship with them and staff. We saw her assisting staff with people's one-to-one support in a positive and helpful way. Staff said there was a culture of openness at the service and the managers were supportive. One staff told us that following an incident at the home, "I was supported 100%. The operations manager telephoned me to offer support and the registered manager supported me throughout."

The provider's service user engagement policy, dated February 2017, stated, 'Voyage Care believes the people we support should contribute and influence future developments that the business will provide.' One of the ways the home did this was through an annual survey of stakeholder's views. The results of the most recent survey showed a high level of satisfaction with the service. Six people, six relatives/friends, 19 support staff, and five health and social care professionals took part.

People reported that staff supported them to achieve their goals and encouraged them to try new activities. One person was quoted as saying they were happy at the home because, 'I like spending time with my housemates and having fun days out with them.'

Relatives/friends and health and social care professionals made positive comments about the home including: 'dedicated staff who are very caring and supportive'; 'warm and cosy environment'; 'activities and holidays are good'; and 'bedrooms reflect people's personalities and interests'. Some relatives said they would like their family members to have the opportunity to do more structured activities. We discussed this with the registered manager who said that since the survey each person now had an individual activity timetable and records showed the amount of activities being provided had increased.

Staff also made positive comments about the home including: 'great training/staff development'; 'good team work and positive morale'; 'homely atmosphere'; and 'person-centred'. Some staff said 'handovers' (when information about people were passed on to the next shift) were not always effective. We discussed this with the registered manager who said she was introducing a new system of handovers where staff took it in turns to lead supported by a manager. This would involve staff in the handover process and enable them to develop a style of handover that worked for them.

Since we last inspected the home's policies and procedures, including health and safety, social media, mental capacity, office management, slips trips and falls, and holidays for people had been reviewed and updated. The registered manager had communicated the updated policies and procedures to staff who had signed to say they had read and understood them. Regular supervision sessions and meetings also helped to ensure that staff had a better understanding of providing good quality care.

Relatives told us the registered manager was proactive and had had a positive effect on the service. One relative said, "She identified straight away that activities needed attention." They also said the registered manager was involving people in making improvements to menus and increasing their opportunities for exercise.

The registered manager and provider were aware of their regulatory responsibilities and submitted notifications and other relevant information to CQC as required.