

Voyage 1 Limited

The Lodge

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 26 and 27 April 2016 and was announced. We gave the registered manager 24 hours' notice of our inspection as this is a small service and we needed to be sure staff would be available. We last inspected the service in May 2014. At that inspection we found the service was compliant with all essential standards we inspected.

The Lodge is a care home without nursing that provides a service to up to five people with learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were four people living at the service. Those four people have lived together at the service for over 17 years.

The service had a registered manager as required. 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. The registered manager was present and assisted us with our inspection.

People were protected from the risks of abuse and from risks associated with their health and care provision. People were protected by robust recruitment processes and could be confident that staff were checked for suitability before being allowed to work with them. There were sufficient numbers of staff on each shift to make sure people's needs were met.

People benefitted from staff who were well supervised and received training to ensure they could carry out their work safely and effectively

People's rights to make their own decisions were protected. Managers and staff had a good understanding of the Mental Capacity Act 2005. They were aware of their responsibilities related to the Act and ensured that any decisions made on behalf of people were made within the law and in their best interests.

People received appropriate health care support. Their health and well-being were assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were stored and administered safely.

Staff showed skill when working with people and it was obvious they knew them well and people were treated with care and kindness. Staff were aware of people's abilities and encouraged them to be as independent as possible.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. People's rights to confidentiality were upheld and staff treated them with respect and dignity.

People received support that was individualised to their personal preferences and needs. Health and social care professionals told us they thought the service provided personalised care that was responsive to people's needs.

People and their relatives knew how to raise concerns and felt they were listened to and taken seriously if they did. Staff recognised early signs of concern or distress from people living at the service and took prompt and appropriate action to reassure them when needed.

People benefitted from living at a service that had an open and friendly culture. People and their relatives felt staff were happy working at the service. Health and social care professionals felt the service demonstrated good management and leadership and worked well in partnership with them.

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 was safe. People were protected from abuse because staff knew how to recognise signs of abuse and knew what action to take when necessary. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with them. There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good 

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and DoLS applications had been made where required.

People were supported to eat and drink enough. Staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good 

The service was caring. People benefitted from a staff team that was caring and respectful. Staff worked well with people, encouraging their independence and supporting them in what they could do.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible.

Is the service responsive?

Good 

The service was responsive. People received care and support that was personalised to meet their individual needs.

People led as active a daily life as possible, based on their known likes and preferences. Staff knew them well and were quick to respond to people's changing needs.

People and their relatives knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

Is the service well-led?

Good ●

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere.

Staff were happy working at the service and there was a good team spirit. They felt supported by the management and felt the support they received helped them to do their job well.

Healthcare professionals felt the service demonstrated good management and leadership and worked well in partnership with them.

The Lodge

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 announced inspection was carried out by one inspector and took place on 26 and 27 April 2016. We gave the registered manager 24 hours' notice of our inspection as this is a small service and we needed to be sure staff would be available.

We looked at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with all people living at The Lodge but what they told us did not always relate to how they felt about living at the home. We spoke with the registered manager, the operations manager, six care workers (three in depth) and one relative. We observed interactions between people who use the service and staff during the two days of our inspection. As part of the inspection we requested feedback from six healthcare professionals and one social care professional. We received feedback from three healthcare professionals and one social care professional.

We looked at two people's care plans, associated documentation and medication records. We looked at the staff training log, staff supervision log and the recruitment file for the one member of staff employed since our last inspection. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service. For example, the utility service certificates, fire risk assessment, food safety checks and the complaints and incidents records.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. A relative told us they felt their family member was safe at the service and added: "Absolutely." Health and social care professionals felt people were safe at the service and that risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with reducing mobility or risks related to specific health conditions such as difficulty swallowing. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out weekly. For example fire safety and fire equipment checks. Health and safety checks of the premises were also carried out. For example, weekly hot water temperature measurements and checks related to the reduction of risks of legionella. Specialised equipment such as the overhead hoist and the electrical profiling beds were up to date with their latest service checks. Staff said any maintenance issues were dealt with quickly when identified. The week prior to our inspection the provider had carried out reviews of the service's fire risk assessment and legionella risk assessment. The registered manager had received the fire risk assessment report and had drawn up a plan to have the identified work completed. They were waiting for the legionella risk assessment report and planned to draw up an action plan to ensure any deficits or issues found were dealt with promptly.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded in people's care plans, reported to the operations manager and reported to us as required. The registered manager and operations manager looked at any incidents and took steps to prevent a recurrence if possible.

People were protected by robust recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. The staff file included all recruitment information required by the regulations. For example, proof of identity, confirmation of a criminal record check, full employment histories and evidence of their conduct in previous employments.

The service was staffed with a core number of staff each shift. There were three care workers during the day up until 3pm, in the afternoon and evening there were two care workers. The night shift was covered by one waking night staff with an additional member of staff sleeping on the premises and available if needed. Additional staffing was then provided depending on the activities taking place and the needs of the people at the service. We saw staff were available when people needed them and they did not need to wait. Staff told us there were usually enough staff on duty at all times and commented that the manager helped when

needed. Additional one to one staffing was being provided due to someone's increasing needs. The service was in negotiation with the funding authority to obtain funding for the additional hours needed and already being provided.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how they liked things done. People told us staff knew what they were doing when they provided support. One person said: "They do what I ask them to." Health and social care professionals felt the service provided effective care and supported people to maintain good health. One professional added: "Yes, very much so." Another told us: "The support team are very knowledgeable and when there are gaps in knowledge they seek learning opportunities. Following an individual being diagnosed with dementia, the whole support team attended a dementia training session."

The care staff team was made up of the registered manager, two senior care workers, seven care workers and two bank care workers. Care staff and people living at the home worked together on meal preparation, cleaning and laundry.

New staff were provided with induction training which followed the Skills for Care common induction standards. The registered manager was aware of the Skills for Care new care certificate that replaced the common induction standards in April 2015. No new staff had been employed since then but training was in place for any new staff to be provided with induction based on the care certificate in future. Ongoing staff training was overseen by the registered manager. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety at work, first aid, manual handling and safeguarding adults at risk. Other mandatory training included medication administration, equality and diversity, infection control, food safety and health and safety. Additional training was provided relating to the specific needs of the people living at the service. For example training in swallowing difficulties, pressure area care and dementia. The training records showed all staff were up to date with their training. Practical competencies were assessed for topics such as administering medicines and manual handling before staff were judged to be competent and allowed to carry out those tasks unsupervised. Staff we spoke with felt they had the training they needed to deliver quality care and support to the people living at the service.

Staff were encouraged to study for and gain additional qualifications. The registered manager held the registered manager's award. Of the remaining 11 members of the care team, four held a National Vocational Qualification (NVQ) level 3 in care and one held an NVQ level 2.

People benefitted from staff who were well supervised. Staff told us regular one to one meetings (supervision) took place six times a year with their line manager. Staff also confirmed they had yearly performance appraisals of their work carried out with the registered manager.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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. The registered manager had a good understanding of the MCA and staff were aware

of their responsibilities to ensure people's rights to make their own decisions were promoted.

People can only be deprived of their liberty so that they can 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. The requirements of the DoLS were being met. The registered manager had made appropriate DoLS applications to people's funding authorities as and when necessary. Applications to renew existing DoLS authorisations were being made in good time to ensure people were not being deprived of their liberty unlawfully.

People were able to choose their meals, which they planned with staff support. There were always alternatives available on the day if people did not want what had been planned. Snacks and drinks were also available at all times and people were free to decide what and when they ate. People were weighed monthly and the staff made referrals to the GP where there was a concern that someone was losing weight, or were putting on too much weight. Where nutritional input was a concern, food and fluid intake was recorded and the care plans showed staff were working with dietitians and speech and language therapists where indicated. People told us they enjoyed the food at the service and we saw there were enough staff available to help them with meals when needed.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. People all had health action plans. A health action plan holds information about a person's health needs, the professionals who support those needs, and their various appointments. People had an annual health check from their GP as part of their health action plan.

Health and social care professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional added: "The support team have always been very proactive in contacting the correct professional when they assess a risk. District nurses if signs of a pressure area. Physio and OT [occupational therapist] if wheelchairs or equipment are unsafe and require reviewing."

Is the service caring?

Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. Staff were quick to identify if someone was upset and dealt with any concerns promptly and calmly. People were comfortable with staff and were confident in their dealings with them. Throughout our inspection it was obvious staff and people living at the home worked well together in partnership as they went about their daily activities.

People's care plans were geared towards what people could do and how staff could help them to maintain their independence safely and wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

We saw staff working with people encouraging their independence and supporting them in what they could do. At lunch time staff provided assistance only where needed. Where people were not able to manage, assistance was given quietly and respectfully. One person went out to work and chatted with us about how much they enjoyed their job and being independent.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do. One person had experienced a rapid decline in health over the last year and was not able to communicate in the way they had previously. Even though the person was not able to always make their wishes known, staff used their extensive knowledge of the person's likes and dislikes when working with them. For example, at meal times staff prepared food the person was known to like and they went out to an activity the person had previously enjoyed. A relative told us: "They are treating [Name] with love. I cannot imagine [Name] being anywhere else." When asked if they thought their family member was treated with dignity and respect a relative answered: "Oh yes, definitely." Relatives were involved in people's lives and participated in annual reviews. People told us staff knew how they liked things done and confirmed staff were polite and nice to them.

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service. Visits from health and social care professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors.

Health and social care professionals felt staff were successful in developing positive, caring relationships with people using the service. They also confirmed the service promoted and respected people's privacy and dignity with one professional adding: "When visiting to assess an individual staff make sure a private space is available." One professional commented: "The support team have very good relationships with the individuals living in the home. They show caring and compassionate attitudes."

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on a full assessment and we saw each plan included details of how the person had been involved in drawing up their plan. Where they were able, people had added their signatures to their plan to say they agreed to its content. The care plans were kept under review and amended when changes occurred or new information came to light. Care plans were formally reviewed annually in a meeting attended by the individual, their care manager and people important to them. Health and social care professionals felt the service provided personalised care that was responsive to people's needs.

Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other healthcare professionals. For example, profiling beds and pressure relieving mattresses. Whenever new equipment was obtained staff were trained in its use to ensure they always had the skills needed to provide care to people at the service. This was confirmed by one healthcare professional who commented: "When we have introduced new equipment the manager has arranged for the team to be present to learn how to use it." The same professional added that the staff were: "always accepting of new recommendations."

One person had experienced a rapid decline in health over the last year, with their needs changing every few weeks. We saw from their care plan that at each change in the person's needs the staff had sought advice and help for the person to deal with each new concern. Staff had adapted throughout the process to ensure the person's needs were met. One healthcare professional commented that for this person: "...support has been adapted to meet his increased needs... [staff have] adapted their support following recommendations from health workers." Throughout the two days of our inspection we saw that staff worked skilfully and affectionately with this person. They always treated him as the individual they had known over the years, using their in depth knowledge to ensure things happened as he would wish. The person's relative told us "Everything is being done for him that can be. I have such confidence in them."

People were supported to maintain relationships with their family and friends. One relative told us how the staff would pick them up and bring them to visit their family member on occasions when they couldn't get a lift from friends or family.

People had access to a busy activity schedule. Each person had their own individual daytime plan, selected from different activities in which they were interested. One person went out to work three times a week. Others kept busy with pre-arranged activities and at other times decided what they wanted to do, either inside the home or outside. People could choose what they wanted to do and were also able to try out new activities when identified. Two people had spent the weekend before our inspection in Blackpool with staff. They showed us their photographs and souvenirs and talked about how they had enjoyed the weekend.

People were involved in the local community and visited local shops, library, cinema, clubs, pubs, restaurants and other venues. People sometimes used public transport and the service had access to a

vehicle when needed.

People knew what to do and who they would talk to if they had any concerns. Staff were aware of the company complaints procedure and knew what to do if anyone raised a concern. All people had named key workers and spent time with them on a regular basis and could raise concerns in an informal setting if they wished. There had been no formal complaints about care made to the service since our last inspection and no one had contacted us with concerns.

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. Staff told us they got on well together and that management worked with them as a team. All interactions observed between staff and people living at the service were positive, friendly and respectful.

Staff told us managers were open with them and communicated what was happening at the service and with the people living there. Staff meetings were held on a monthly basis where any changes or plans were discussed. People living at the home were able to attend those meetings if they wished, but usually they didn't want to.

The provider carried out an annual survey of people who use the service, their relatives, staff and health and social care professionals. The last annual survey took place in July 2015 and the next was due in July 2016. Any issues raised in the survey had been dealt with and improvements needed had been added to the home's ongoing improvement plan.

People benefitted from monitoring of the service that ensured the premises remained suitable for the people living there. Present plans included looking at replacing a walk in shower for a wet room based on a suggestion from one of the people living at the home. People and staff confirmed they were consulted about any proposed improvements to the premises. People felt they were included in decisions regarding changes at their home.

The provider had an effective audit system in place. The system included monthly visits to the home by the operations manager. During those visits they looked at the premises, furniture and fixtures to ensure they were clean and in good repair. They looked at a selection of documents, monitoring records, medicines, finances and maintenance records. They also spoke with people living at the home to see if they were happy or wanted to raise any concerns.

The registered manager and senior staff undertook other audits at the home as part of their role. For example, audits of people's finances, care plans and risk assessments. Staff carried out other health and safety checks on a daily or weekly basis, for example, food safety checks. At the last food hygiene visit to the home by the local authority, they were awarded a rating of 5 (very good). All monitoring records and audits seen were up to date.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues when working at the service and said they felt they were provided with training that helped them provide care and support to a high standard. They felt encouraged to make suggestions for improvement and felt their suggestions were taken seriously.

One staff member told us the registered manager: "is a good listener and tries her best to deal with everything." Another said the registered manager was: "a great manager, very understanding and polite. We are always supported."

Health and social care professionals felt the service demonstrated good management and leadership and worked in partnership with other agencies. One professional told us there was a: "very clear structure of manager and senior support workers who can be easily contacted and have a good knowledge of the individuals living at the home." They also added the service had a: "very good relationship with GP, district nursing, learning disabilities team – both health and social care. Will always contact when appropriate and take advice and recommendations on board." Another professional commented that the registered manager: "is a very efficient manager to work with. Requests help when required and always follows advice given for clients."