Care Quality Commission

Voyage 1 Limited

235 Rugeley Road

Inspection report

235 Rugeley Road
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Staffordshire
WS7 1NS
Tel: 01543 686460

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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

We inspected this service on 22 October 2015. The inspection was unannounced. Our last inspection took place in January 2014. This was a desk top review to follow up on concerns raised about consent we identified at our inspection on 12 November 2013. The desk top review confirmed that the provider was meeting the required standards.

235 Rugeley Road is registered to provide accommodation and nursing care for up to 10 people.

There was a registered manager in post. 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.

There were processes in place to protect people from harm. Staff knew how to recognise abuse and understood the actions they should take to report concerns. There were risk assessments and management plans in place to support people safely. Medicines were stored, recorded and administered correctly which ensured people had

Summary of findings

the medicines which were prescribed for them. There were arrangements in place to recruit and train staff so that they were suitable to care for people living in the home.

The provider recognised the requirements of the Mental Capacity Act 2008. There were arrangements in place to gain consent from people and support them, when they needed, with decision making.

People were supported to enjoy sociable mealtimes and take part in hobbies and activities which interested them.

Staff were kind, caring and showed an interest in people. Staff understood people's right to privacy and promoted their dignity by offering support and delivering personal care in a discreet way.

The provider understood the importance of gaining information about people's likes and dislikes so that their care could be delivered in the way they preferred. People and their relatives were involved in the review of their care to ensure it met their individual needs.

Staff felt well supported by the registered manager. There were managerial arrangements in place to monitor the quality of the service and listen to people's views.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People were supported by staff who understood how to protect them from abuse and avoidable harm. There were a sufficient number of suitably recruited staff to keep people safe. People's medicines were managed and administered safely.

Good

Is the service effective?
The service was effective. People were cared for by staff with the knowledge and skills to support them. Staff understood and worked within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People received food and drinks of their choice.

Good

Is the service caring?
The service was caring. Staff were kind and caring with people. Staff promoted people's privacy and dignity. People were supported to maintain their important relationships.

Good

Is the service responsive?
The service was responsive. People received care which recognised their preferences because staff understood their likes and dislikes. People were encouraged to take part in hobbies and social activities to prevent them from becoming socially isolated.

Good

Is the service well-led?
The service was well-led. People were happy with the care they received Staff felt well supported. There were arrangements in place to monitor the quality of the service and share information with staff.

Good

235 Rugeley Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 October 2015 and was unannounced. There were 10 people living in the home at the time of our inspection.

The inspection was undertaken by one 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.

We looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home.

The registered manager was on holiday when we visited the home. We spoke with six people who used the service, two relatives, one member of the nursing staff, three members of the care staff and the operations manager. We did this to gain views about the care and to check that the standards were being met.

We looked at three care plans to see if the records were accurate and up to date. We also looked at three recruitment records and information relating to the management of the service including quality checks, training records and staff rotas.

Good

Is the service safe?

Our findings

People and their relatives told us they were safe. One person said, "I'm safe here". A relative told us, "Yes, [The person who used the service] is definitely safe. As soon as you walk in, you can tell the carers and nurses are committed. I have 100% faith in them". We observed that people looked relaxed in the company of staff which demonstrated they felt at ease. Staff told us they had been trained to recognise the different forms of abuse. Staff spoke with confidence about the actions they would take to report their concerns. One member of staff said, "I would report straight to the manager or report myself so there wasn't a delay".

We saw that risks associated with people's care were identified. Some people needed support to move with specialist equipment. There were plans in place to guide staff on the best way to manage risks to keep people safe. We read in their care plans that the safest way to do this had been identified for each person and we observed staff used the equipment safely. Some people presented with behaviour which challenged their safety and that of others. Staff told us what they would do support the people to ensure they and others were protected from harm. For example, they told us they had identified possible triggers for people's behaviour and ensured they avoided doing things which the person would find stressful. One member of staff said, "It's usually better to let [The person who used the service] do want they want. As long as they're safe, it stops them from getting upset". This meant these people would be supported with consistency when they were anxious.

We saw that the provider monitored the safety in the home and ensured people would be supported safely in the event of an emergency. The maintenance records we looked at described the checks which were undertaken and when necessary the action that had been completed when necessary. There were personal emergency evacuation plans (PEEPS) in place in case of an emergency. We saw the PEEPS contained information, which was updated regularly, about people's mobility and the level of support they would need to leave the building quickly.

There was information provided to staff on how to report any accidents or incidents which occurred. We looked at the incident reports and saw there was a process in place to look at what had happened, what may have caused it and the action taken to reduce risks in the future. The system for analysing incidents included identifying trends which might lead to a change in the person's risk assessment. This demonstrated that the provider was using the information to improve safety for people.

People told us there were always staff around if they needed them. We saw the staff responded to calls for assistance promptly. One person said, "I press the bell and they come quickly". We saw that the staffing levels were planned around people's individual care needs. One member of staff told us, "We usually have enough staff. If anyone's off sick we cover the shifts ourselves, we don't use agency". This meant people would be cared for by staff they knew.

There was a recruitment process in place to ensure staff were suitable to work within a caring environment. We looked at three recruitment records and saw that all of the pre-employment checks were completed before staff were able to start working at the home. Checks included information about past work experience, references and clearance from the disclosure and barring service (DBS). The DBS provides information about criminal convictions. One member of staff told us, "I'd had a background check done shortly before I applied here but it was repeated before I could start work".

The arrangements in place to manage people's medicines were safe. One person told us, "The nurse always brings my tablets". We saw that the way staff administered, recorded and stored medicines was in line with best practice for care homes. There was guidance in place to ensure people who were prescribed medicines such as for pain relief, on an 'as required' basis. We saw that staff were provided with guidance to ensure they understood how to recognise if people, who were unable to tell them, were in pain or discomfort. Staff explained to us how people would demonstrate their discomfort, for instance by becoming restless. Staff undertook daily audits of the medicines to ensure everyone had received their medicines as prescribed. This meant any gaps would be identified and rectified quickly.

Good

Is the service effective?

Our findings

A relative told us, "The staff definitely have the skills and knowledge to look after [The person who used the service]. Since they moved here a few months ago, you wouldn't believe the difference." Staff told us they were supported to understand, through training, how to care for people effectively. One member of staff said, "We're offered regular training. We did safe moving and handling yesterday".

New staff were given time to learn about people and they way to care for them. There was an induction training programme in place which provided staff with support from experienced staff and the opportunity to become familiar with people's care records and the provider's policies. One member of staff told us, "I had lots of information when I did my induction and shadowed the staff until I was ready to do more on my own".

There were arrangements in place for staff to review their performance and discuss their future development. Staff told us the supervision sessions also provided them with an opportunity to discuss any concerns they had. One member of staff told us, "We don't have to wait for supervision. I usually just say, 'have you got a minute? It's never been a problem".

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that must be in place to support people who are unable to make important decisions for themselves. Some of the people who lived in the home lacked the mental capacity to make decisions which affected their health, safety and well-being. We saw that people's capacity and ability to make decisions was considered through all aspects of their care. We heard staff asking people for their consent before providing care. When people were unable to communicate verbally, staff recognised what they would do to indicate if they were happy or not. For example we read in one person's care plan that when they were happy they would make eye contact but close their eyes if they were unhappy. We spoke with the person and saw this was accurate. We saw that guidance was provided to staff on how to support the decisions of people who did not have the capacity to offer consent. Staff documented when they made best interest decisions on behalf of people. The best interest decisions included agreement to use sensor mats to keep people safe, if they were prone to falls. Some of the people who used the service were being deprived of their liberty as they did not have the capacity to understand their risks. The provider had sought and received the legal authority to do this, to keep people safe.

We saw that people were supported to enjoy their meals in a sociable environment. Staff had their meal sitting with people and chatted with them whilst they ate. People told us they liked the food and could choose what they wanted to eat. One person did not want their lunch because they'd had a late breakfast and we heard staff offer them a sandwich later in the afternoon. When people were unable to tell staff what they would like, we saw they were shown photographs of food, for example cereal and porridge for them to choose at breakfast time. Some people needed their food prepared and presented in a way that met their needs. Staff were able to tell us who had special dietary requirements or required specialist equipment to receive their food. Assessments had been undertaken and professional advice sought to ensure people received their food and drinks in a way that supported their safety. One member of staff said, "We prepare the food so we know who needs to have their food mashed or pureed". Another member of staff said, "We had training provided by the hospital about using specialist equipment as well".

People were referred to other healthcare professional to support their health and wellbeing. A relative told us, "If they're unwell, staff phone me or another relative. They take them to the doctor's and dentist." People's care plans contained 'hospital passports' which provided important information about people and the care they needed if they were admitted to hospital.

Good

Is the service caring?

Our findings

All of the people and relatives we spoke with told us they were happy with the care that was provided. One person said, "I like the staff". A relative told us, "We can only praise them. Their attitude is 'don't worry, we can deal with it'."

Some of the people who used the service were not able to tell us about their experience of care so we observed how people and staff interacted together. We saw that staff were kind and compassionate with people and we saw staff engaged well with people. We saw staff offered non-verbal support and reassurance through gestures such as placing a hand on their arm whilst chatting. People's expressions and body language indicated they were happy and content. Staff were receptive to people's moods and could tell when people needed additional support. For example, one member of staff said, "We know when [The person who used the service] isn't so good. We know them so well we can just tell".

Staff demonstrated patience with people. One person did not want to remove their coat after a trip to the shops. We saw the member of staff sat quietly with them and gradually coaxed them to remove it without putting them under any pressure. Some people were receiving care on a one-to-one basis which meant they had a member of staff with them at all times. We saw that staff chatted to people as they supported them and people looked happy to be in their company.

Each person had their own bedroom. Some people invited us to see their bedrooms and we saw they were personalised to their own taste. People could spend time in their bedroom whenever they wanted to. We saw, and people told us, that staff recognised their right to privacy by knocking and waiting before entering their private space. One person told us, "They always knock before they come in".

People's dignity was protected by staff who spoke with them discreetly when enquiring about their personal needs. People were supported to maintain their appearance. People looked well presented in clothes they told us they had chosen for themselves. We saw staff checked that people's faces and clothes were clean when they'd finished eating to maintain their presentation if they were unable to do this for themselves.

Staff knew which relationships were important to people. We heard staff speaking with people and referring to their relatives in their conversations. People told us they kept in touch with their friends and families. One relative told us, "[The person who used the service] comes over to see me every weekend". A member of staff told us, "[The person who used the service] is going to stay with their relative in the next couple of weeks". Relatives told us they felt welcomed by staff and could visit at any time. One relative said, "They make us very welcome and offer a cup of tea. We used to phone to say we were coming but they said there was no need, just pop in at any time".

Good

Is the service responsive?

Our findings

A relative told us, “We feel we have found the right place. The staff know [The person who used the service] and get the best out of them”. People were provided with personalised care which reflected their preferences. We saw where people were unable to provide information about their likes and dislikes for themselves their relatives had been consulted. One relative said, “We had a meeting about [The person who used the services] care plan”. People’s life histories and information about their important relationships were also documented in their care plans. Some people preferred their personal care to be provided by specific staff and they confirmed this preference was met. One person said, “I have a shower every morning. It’s always a female carer, I prefer that”.

People’s care was regularly reviewed to ensure it remained accurate and relevant. We read in the care plans that relatives were invited to participate and contribute in the reviews and were updated about any changes in care. We saw that staff kept daily records about people. The records documented the care people had received and if there were any concerns that other staff should be aware of. Information from the daily records was passed onto staff during the shift handover which ensured incoming staff were kept up to date about people’s needs.

People had been consulted about their preferences for leisure support. A member of staff told us, “We do whatever people want to do. We’re looking for a ‘turkey and tinsel’ break for one person because they’ve said they’d like to do that. If people can’t tell what they’d like to do we try and pick things we think they’ll enjoy”. Some people liked to spend time in the home whilst others preferred to be taken out to enjoy a pub lunch or a trip to the shops. A relative told us, “They take [The person who used the service] out. They went for a meal last week and to the cinema”. Another relative said, “There was a singer a couple of weeks ago. My family and I came. [The person who used the service] was like a different person, singing karaoke”. People told us they had been on holidays to Blackpool and Edinburgh. One person showed us a souvenir they had brought back with them from their holiday. We saw one person was looking at family photos, another spent time in the garden with staff and another person was looking at a TV listing magazine and discussing their favourite programmes with a member of staff who sat with them. Staff told us that several people visited their families. This meant that there were arrangements in place to protect people from social isolation.

People were given the opportunity to share their ideas about what happened in the home at a weekly ‘house meeting’. One person told us, “I go to the meetings”. A member of staff said, “We get a group together and ask them about want they want on the menu and where they’d like to go out”. We saw the menu on display included the initials of the person who had requested the food. One person had requested toad in the hole. Staff said this particular person always requested and enjoyed traditional food.

Relatives we spoke with told us they would feel comfortable approaching the staff and acting manager if they wanted to discuss a concern or complaint. One relative said, “I’ve nothing to complain about but I know they would sort things out for me if I did”. We saw there was information about making a complaint, anonymously if preferred, displayed in the reception area of the home.

Good

Is the service well-led?

Our findings

People and relatives we spoke with told us they were happy with the home. One person told us, "I like it here. I get on with everyone". Staff told us they were very happy working in the home. One member of staff said, "Sometimes I forget I'm at work. I just love the people here". Another member of staff told us, "I love it here. There's a good atmosphere".

Everyone we spoke with was complimentary about the registered manager and the changes that had taken place since their appointment. One member of staff said, "The manager is really, really good". Another member of staff said, "[Name] is a really strong manager and very supportive. We can go to them with anything".

An open and inclusive atmosphere was promoted. People and their relatives were provided with an opportunity to share their satisfaction with the home by completing an annual survey. The operations manager told us this was sent out in November each year and would be posted out shortly. Staff told us they had regular meetings to discuss changes in the home which might affect them. They said the acting manager asked for their views and had made positive changes in the home. Staff said they felt listened to. One member of staff said, "Anything you ask for, it's done. When you get support like that you feel more inclined to want to do well".

The quality of the service was monitored and reviewed regularly. There were audits in place to assess the quality of care and the safety of the environment. For example, we saw there were checks to ensure medicines were recorded correctly and staff were keeping clear and accurate records about people. The information from the audits was used to identify trends or themes. There were action plans in place to reflect areas which the registered manager felt needed further work. A member of staff told us that information was shared with them and said, "Information about incidents and complaints is shared with us so we can see what we can do differently". This demonstrated that the provider was looking at ways the service could be improved.

There were unannounced checks on the home in place, which they referred to as 'Fresh eyes visits'. We saw the visits, organised by the provider, took place at any time including the early hours of the morning. Records related to people's care and finances were checked and staff were asked about the actions they would take if they had any concerns about the safety of people. The provider was fulfilling the statutory requirements of their registration with us by regularly submitting information about important events which affected people and the management of the home.