Voyage 1 Limited

Voyage 1 Limited - 87 Pinkneys Road

Inspection report

87 Pinkneys Road
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Ratings

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

Overall summary

This inspection took place on 11 and 12 March and was unannounced. We last inspected the service on 25 April 2014. At that inspection we found the service was meeting all the essential standards that we assessed.

Voyage 1 Limited – 87 Pinkneys Road is a care home without nursing that provides a service to up to three people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were three people living at 87 Pinkneys Road. They had all lived there for almost 20 years. All people had complex needs and were not able to communicate with us verbally or tell us their views. We used feedback from relatives and health and social care professionals, and our own observations, to determine their experiences living at the service.

Summary of findings

The home had a registered manager. 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. On the days of our inspection the registered manager was on leave. The company's operations manager was present for the inspection in place of the registered manager.

Recruitment practices for employing the provider's own staff were robust and all required checks were carried out. People were protected from abuse and their human rights were protected. Risks to individuals were managed well so that people were protected from avoidable harm. A relative and care managers we spoke with felt people were safe at the service.

Staff were well trained and available in enough numbers to meet the needs and wishes of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and staff administering medicines were only allowed to do so after passing their training and being assessed as competent. A relative told us they thought staff had the skills they needed when providing support to their family member.

People were treated with respect and their privacy and dignity was promoted. Staff were caring and put the needs of people they supported at the centre of their work. Staff sought people's consent before working with them and where people were not able to make their own decisions, they were made in their best interests.

People were supported with eating and drinking and staff ensured diets were nutritious and took account of individual people's likes and dislikes. People were able to participate in activities of their choice and were supported to be involved in local community activities.

Staff were happy working at the service and told us they were a close team that worked well together. The registered manager oversaw and managed practice at the service and encouraged an open and inclusive culture. Health professionals felt the staff at the service worked well with them and one told us staff were always quick to make referrals and seek advice when needed. A relative told us: "Everything is great. They are always very caring and have always been very good."

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider had not made sure that recruitment checks had been carried out on agency workers to ensure they were suitable to work with the people living at the service. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe. The provider allowed agency staff to work at the service without making sure all required recruitment checks had been carried out. They had not ensured agency staff were of good character and suitable to work with the people living at the service.

There were sufficient numbers of staff and medicines were stored and handled correctly.

Requires Improvement

Is the service effective?

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 high standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions where possible. The staff had a good understanding of their responsibilities under the Mental Capacity Act 2005. Appropriate applications had been made under the Deprivation of Liberty Safeguards.

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

Good

Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

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

Good

Is the service responsive?

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

People led an active daily life, based on their known likes and preferences. The service was responsive and proactive in recognising and adapting to people's changing needs.

Staff were skilled at looking for, and responding to, any concerns raised by people living at the service.

Good

Is the service well-led?

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

Staff were happy working at the service and all felt there was a good team spirit.

Good

Summary of findings

Staff felt the registered manager supported them and that the training and support they received helped them to do a good job.	

Voyage 1 Limited - 87 Pinkneys 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 was carried out by one inspector, it took place on 11 and 12 March 2015 and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This 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. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the registered manager 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 the operations manager for the provider, the deputy manager, two senior care workers, one care worker and two agency workers. The people who use the service had complex needs and were not able to tell us their experiences. We observed people taking part in activities in the lounge/dining room and their rooms during the day. We carried out an observation of activities during the lunchtime meal.

We looked at two people's care plans, two staff recruitment files, agency recruitment and training information sheets, the staff rota and staff training records. We saw a number of documents relating to the management of the service. For example, utility safety certificates, records of equipment servicing, provider quality assurance reports and a correlation of the satisfaction survey from 2014.

Following the inspection we received feedback from a relative, an occupational therapist and two care managers.

Requires Improvement

Is the service safe?

Our findings

People were not protected because the provider had not made sure that agency staff were checked for their suitability to work at the service. We looked at the information folder the service holds about agency staff who worked at the service. There were 10 agency workers named in the folder but there was only recruitment information from the agency about seven of them. There was no information about an agency worker who was working at the service on the first day of our inspection.

The recruitment information provided by the agency about their staff was limited. For example, confirmation that a check had been made to see if the candidate had a criminal record and confirmation that references had been obtained. There was no other evidence provided to the registered manager so they could ensure that all the required recruitment checks had been carried out. For example, there was no confirmation the agency had checked to see if the agency workers were barred from working with vulnerable adults. The agency did not provide photographs of their staff. This meant staff at the service could not verify the agency workers, arriving to work at the service, were who they were supposed to be. As the service was using one to two agency workers per day time shift, this meant people were being cared for by agency staff who had not been fully checked to make sure they were of good character and safe to work with the people living at the service

This was a breach of Regulation 21 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The recruitment files for staff employed directly by the provider showed that all recruitment checks had been carried out as required. The operations manager told us there were currently a number of staff vacancies at the service but that recruitment was underway.

The registered manager calculated staffing levels based on the needs of the people and what individual activities were planned during the day. Usual staffing consisted of three care staff in the morning, two in the afternoon and one waking care staff overnight. The operations manager explained agency staff were always overseen by permanent Voyage 1 Limited staff and were not booked to staff the service overnight. This was confirmed by staff we spoke with and we saw there were enough staff available throughout the two days of our inspection. The relative we spoke with told us there were always enough staff on duty when they visited and felt the staff were skilled when working with their relative. They told us: "They know [name] well and have always been very good."

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. Staff were aware of the company's whistle blowing procedure and who to talk with if they had concerns. They described different types of discrimination and were able to tell us how they tried to promote equality principles when out in the community with people. For example, by not wearing uniforms. The care managers and relative felt people were safe at the service and well looked after.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals, related to their physical disabilities. For example reduced mobility and swallowing difficulties. 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 environmental risks, such as hot water temperatures, infection control and slip and trip hazards as part of their routine health and safety checks. The provider monitored other risks and we saw an up to date fire risk assessment and legionella risk assessment.

Equipment in use was seen to be in good working order and well maintained. Hoists had been serviced in October 2014 and were on a six monthly servicing contract. Fire safety equipment had been serviced in December 2014. Where issues had been identified they had been dealt with. For example, the adapted bath had developed a leak and had been serviced. A temporary repair had been carried out and finances for a new bath had been approved by the head office.

Emergency plans were in place and all people had a personal evacuation plan, which was kept in their care plan, and in the emergency fire evacuation case. Accidents

Requires Improvement

Is the service safe?

and incidents were recorded and reported to us and people's care managers as required. The registered manager investigated all accidents and incidents and kept a clear record of the cause and actions needed to prevent a recurrence where possible. The investigations and causes were analysed and monitored so that any patterns could be identified. If any accidents or incidents were linked to staff not following procedures or policies, staff management and disciplinary procedures were followed.

People's medicines were stored and administered safely. Two care staff were involved with the administration of medicines, both checking the right person received the right drug and dosage at the right time. Only staff trained and assessed as competent were allowed to administer medicines. Staff training records showed staff had received medicines training, this was confirmed by the staff we spoke with. Medication administration records were up to date and had been completed by the people administering the medicines. For medicines that were prescribed to be administered only as needed, such as pain killers, each person had a sheet for individual as needed medicine. The sheets included details of the medicine, reasons for the medicine to be given and the maximum dose. This meant staff had guidance to ensure the medicine was administered appropriately. We saw the local pharmacist carried out an annual check and all people had an annual review of their medicines carried out by their GP. We observed the lunchtime medicine round and saw staff following safe practices and the company's policies.

Good

Is the service effective?

Our findings

People received effective care and support from staff who knew how people liked things done and were well trained.

The care plans set out how people liked things done and their likes and dislikes in most areas of their lives. Each care plan had details of how people had been involved in planning and agreeing their care, although no people were able to sign their consent. The people had all lived at the service for almost 20 years and their likes, dislikes and preferences had been learnt by the staff over this time. Staff had drawn up the care plans using their in depth knowledge of the people. All people had ways to indicate they did not agree to something that was happening and that method was detailed in their care plan so that all staff could be aware. The care plans also included how to provide maximum choice for each person. All people were non-verbal and had limited communication, often using body language or a look to make choices. Staff told us they followed the communication care plans and had found them especially useful. During lunch we saw staff communicating with each person, they were quick to pick up on communication from people as the meal progressed. We saw staff reading minute signals from people when they had had enough or wanted more, such as a turn of the head or an eye signal. Staff, including the agency staff, were aware of what they had to do when communicating with each person.

New staff were provided with induction training. This included introduction to the people living at the service, induction to the premises and to the company's policies and procedures. Induction training followed the Skills for Care Common Induction Standards (CIS). Practical competencies were assessed for topics such as moving and handling and the administration of medicines before staff were judged to be competent. New staff told us their induction was thorough and they had never been asked to do something they were not confident to do or had not received training for. They described how they had shadowed established staff members and not been allowed to work with individual people unsupervised until established staff assessed they were skilled to do so.

Ongoing staff training was mostly electronic refresher courses on the computer. The company had a number of mandatory training topics updated on a regular basis. For example: staff were required to update their fire safety and safeguarding adults training yearly; manual handling every 18 months; equality and diversity and medication training two yearly and food hygiene and health and safety every three years. The training records showed, and staff confirmed, they were up to date with their training. The relative we spoke with felt staff had the skills they needed when looking after their family member. They told us: "They do very well, they know [name's] needs inside out."

People benefitted from staff who were well supervised. Staff had regular one to one meetings (supervision) with their manager every eight weeks to discuss their work. The supervision meetings had a set format which included their performance and training needs. Staff had the opportunity to discuss any other topics if they wanted to. Staff felt they were well supported by the managers and found the regular supervision meetings useful. Staff also confirmed they had yearly performance appraisals of their work carried out with their manager.

Staff were encouraged to undertake additional training and work towards additional qualifications. For example, one member of staff was completing their level 2 health and social care diploma and was being supported to enrol for the level 3 diploma when they completed their probationary period.

Staff had access to best practice information from the Skills for Care organisation and Voyage 1 Limited were members of the British Institute for Learning Disabilities. The operations manager was aware of the new Care Certificate for support workers in social care and health in England. The Care Certificate sets out new training requirements being introduced on 1 April 2015 and will replace the current Common Induction Standards for new staff starting after that date. The operations manager explained that Voyage 1 Limited were working on developing a Care Certificate training programme to be introduced as soon as possible after 1 April.

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 the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. Staff had a good understanding of the MCA and their responsibilities to ensure people's rights to make their

Good

Is the service effective?

own decisions were promoted. Each care plan contained "Decision Making" sections. In those sections were details of specific decisions relating to people's everyday life as well as larger decisions. For example, there were instructions to staff on how to provide choice to individual people on what to wear so they could make their own decision, as well as how to help them make more complex decisions such as where to go on holiday. The decision making sections were personalised to each person and incorporated their own individual ways of communicating. For example, using pictures, signs or photographs. Daily decisions and choices were written in the daily records recorded by staff each shift. In circumstances where people had been assessed as not having the capacity to make a decision, this was well documented in their care plans along with the reason why the decision made was in their best interests. We saw care managers, and where available relatives, had been involved in those best interest decisions.

The requirements of the Deprivation of Liberty Safeguards were being met (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager had assessed that the three people living at the service were being deprived of their liberty and had made the appropriate applications to their funding local authorities (the supervisory body). The supervisory body had authorised all three applications, which were due for review in July 2015.

People were involved in menu planning every week. Staff supported people to make choices from their known preferences and used food pictures as aids where possible. There were always alternatives available on the day if people did not want what had been planned. People were weighed every month and the records and care plans showed, where someone had lost weight over two consecutive months, a referral to a dietitian had been requested via the GP. Where there were concerns regarding someone's food and fluid intake the staff kept detailed records of what they had eaten and drunk so that the dietitian or doctor could have that information. We saw people were enjoying their lunch and there were enough staff available to help them where needed. One person indicated they did not want the meal that had been prepared and was offered, and chose, an alternative.

People received effective health care support. All people 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. All people had an annual health check from their GP as part of their health action plan. All people were supported to attend routine check-ups. For example with dentists and chiropodists. Care managers confirmed people's health needs were looked after and advice sought when needed.

Good

Is the service caring?

Our findings

People were treated with care and kindness. The relative we spoke with told us staff had always been very caring and they had always been very happy with the care provided. People were relaxed with the staff and staff communicated well with them.

People's wellbeing was protected and all staff were prompt to try to identify any causes of concern expressed by people. One person had recently had some behaviour changes, thought to be health related. They were being investigated by the GP and local community nurse. At one point during the day the person became distressed and staff quickly responded by taking the person to their room and setting up activities that were known to have a calming effect. We visited the person in their room a short while later and they were smiling and enjoying listening to their music.

People were supported to be as independent as possible. For example, one person was able to feed themselves as long as they were provided with the correct utensils and food was cut up beforehand. We saw the person was then able to eat their lunch independently. Finding inventive ways to enable people to participate in personal choices, as well as more general choices relating to their home, also aided independence. For example, staff described how one person used touch and would be able to choose furnishing materials if provided with samples to feel.

Staff knew the people very well and care plans contained details about people's histories and personal preferences. Staff were knowledgeable about each person, their needs and what they liked to do. Where available, relatives were involved in people's lives and participated in care planning and care manager reviews. The relative we spoke with said that staff "definitely" knew how their relative liked things done and commented: "They are very quick to tell me if things change. We are more than happy."

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 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 personal care was carried out behind closed doors. Staff never entered a room without knocking first.

Good

Is the service responsive?

Our findings

People received care and support that was individualised to their personal preferences and needs. People's needs were regularly assessed and care plans reviewed six monthly or as changes occurred. People's individual likes and preferences were known to the staff and the personal histories and care plans captured details of people's individuality. These details were based on staff experience of working with the people over time. Staff also explained to us that, as people were getting older their needs and preferences were changing. These changes were reflected in the care plans. All staff we spoke with were knowledgeable about individualised care and we saw care plans were designed to always put the person at the centre of the care planning process.

Equipment was provided that met people's needs. For example hoists, wheelchairs and adjustable beds. The occupational therapist we spoke with confirmed they had recently received a referral for an assessment for different transfer aids and an assessment for a different adjustable bed as people's needs had changed. They commented that the staff always made timely referrals and responded quickly to emails or telephone calls requesting additional information. They confirmed that moving and handling instructions for people were always kept up to date.

Each care plan detailed how the people had been involved in the planning and development of their care plans. Due to their complex needs and disabilities, people could not participate fully in the process but we saw staff had documented information setting out how people had been involved as much as possible. For example, by using their individual ways of communicating their preferences. Care managers were involved in formal annual reviews and relatives or advocates were invited to support people and contribute.

People had busy schedules during the week, going to their local day centre, where they were able to participate in activities they enjoyed. When not at the day centre people went out for local walks in their wheelchairs or to the shops in Maidenhead. People had tried wheelchair ice skating and one person enjoyed going to a church lunch group every other week. At the service people relaxed listening to music and watching films. Some people enjoyed massage and sensory sessions. Staff described how they were trying new activities with people and how they looked for and noted whether they enjoyed the activity. For example, one person had tried bowling, but the bowling alley was very noisy and staff felt the person had not enjoyed the activity for that reason.

There had been no formal complaints made to the service since our last inspection and no one had contacted us with concerns. During our inspection we saw people expressing concern or discomfort at numerous times. Staff were always very responsive and quick to take action to identify the cause of the concern and deal with it. For example, at lunchtime one person was sitting at the table and frowning. Staff noticed and worked out the sun was shining in the person's eyes. A staff member drew a curtain the person stopped frowned and went back to eating their lunch.

The relative told us staff were always very quick to act if they thought something was wrong and commented: "They know [name] well." The relative knew who to talk to if they had any concerns but told us: "The occasion has never arisen. [Name] always seems very happy."

Good

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. Staff all told us they got on well together and that management worked with them as a team. A relative told us there was always a good atmosphere when they visited and said the staff always seemed to get on well together.

The service had a registered manager in place who also managed another small service nearby. The staff team also worked across the two services. This meant there was a larger pool of staff, who knew the people at the service well, available to cover sickness and leave.

Staff told us managers were open with them and always communicated what was happening at the service and with the people they support. We saw there had been a staff meeting called to discuss changes to one person's care due to recent changes in their needs. This was so that all staff were aware of the significant changes and actions that were being taken in consultation with external health professionals. This meant staff were able to provide a consistent approach to the person's care and support.

Staff said they had been consulted about possible improvements to the premises for the 2015/16 budget. Staff felt included in taking the service forward. They explained how staff meetings were used to communicate changes or what was happening. Staff also said that staff meetings were used to encourage suggestions and discuss any ongoing improvement action plans.

The company had an audit system based on the Care Quality Commission's 5 questions. The audit was ongoing and repeated every three months. We saw from the audit that any issues identified during the first month had been rectified by the end of the third month by the registered manager. We saw from the current audit that the registered manager had drawn up an action plan and was working on the improvements. The operations manager oversaw the audits and also carried out other audits at the home as part of their role. For example, audits of people's finances, medicines and staff training.

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 all 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 always taken seriously. They said there was a good atmosphere and the people living at the service were central to everything they did. One staff member told us the main responsibilities of their role were making sure people were safe, comfortable, treated well and happy. Another staff member said they had to make sure people always get what they need and added: "I love it here."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers (This was a breach of regulation 21 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.) The registered person had not ensured that information specified in Schedule 3 was available in respect of agency workers employed for the purposes of carrying on a regulated activity. Regulation 19 (1)(a-c) (3)(a-b) and Schedule 3 (1-8).