Voyage 1 Limited

Fen Road

Inspection report

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19 October 2017

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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

Fen Road is registered to provide accommodation for up to 10 people who require personal care. There were seven people with a learning and physical disability living in the home at the time of the inspection. People were accommodated in two bungalows and all bedrooms were single rooms.

This inspection took place on 18 and 19 October 2017 and was unannounced and was the first inspection since Voyage became registered as the provider of this service..

There was a registered manager in place. 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.

Staff had taken action to minimise the risks to people. Risk assessments identified risks and identified how to reduce them where possible. Staff were competent to administer medication. They were following the correct procedures when administering, recording and storing medication so that people received their medication as prescribed. Staff were aware of the procedures to follow if they thought anyone had been harmed.

Staff were only employed after the completion of a thorough recruitment procedure. There were enough staff on shift to ensure that people had their needs met in a timely manner. However, the numbers of staff meant that there were not always opportunities for people to take part in activities outside of the home. Staff received the training they required and they were supported in their roles to have the right skills to meet people's needs.

The CQC is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider had completed capacity assessments and DoLS applications.

Staff were kind and caring when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity was respected and promoted.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People were provided with a choice of food and drink that they enjoyed and they were given the right amount of support to ensure their nutritional needs were met.

Activities were mainly limited to ones that took place within the service. When staffing numbers allowed, staff supported people to maintain their interests and their links with the local community.

Care plans gave staff the information they required to meet people's care and support needs. People

received support in the way that they preferred and met their individual needs.

There was a complaints procedure in place and family members felt confident to raise any concerns either with the staff or registered manager.

There was an effective quality assurance process in place which included obtaining the views of relatives and the staff. Where needed action had been taken to make improvements to the service being offered.

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.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Action had been taken to assess and minimise risks to people's safety.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

The service was effective

Staff were acting in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards codes of practise.

Staff were supported and trained to provide people with individual care that met their needs.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with respect and staff were aware of people's likes and dislikes.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good

The service was responsive.

Care plans contained up to date information about the care and support that people needed.□

People were encouraged to maintain hobbies and interests.

People were aware of how to make a complaint or raise any concerns.

Is the service well-led?

Good

The service was well-led.

Staff felt confident to discuss any concerns they had with the registered manager.

Staff were supported in their role with regular training, supervision as well as being reminded of their responsibilities.

An effective quality assurance process was in place to identify any areas for improvement.

Fen 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 home under the Care Act 2014.

This inspection took place on 18 and 19 October 2017 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the home, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the home, what the home does well and improvements they plan to make. We reviewed notifications the provider had sent us. A notification is important information about particular events that occur at the home that the provider is required by law to tell us about. We contacted local authority commissioners, GP, health care professionals and Healthwatch to obtain their views. We reviewed the information to assist us with our planning of the inspection.

During our inspection we spoke with four family members of people living at Fen Road. We also spoke with the registered manager, four care staff and the operations' manager. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

Good

Is the service safe?

Our findings

A fire risk assessment had been commissioned by the company who owned the buildings in February 2017. The risk assessment had identified improvements that were needed to the building. However, the remedial work needed had not all been completed. We highlighted this to the registered manager who arranged for the work to be completed as soon as possible. We also alerted the local fire safety officer to our findings. The fire safety officer visited the service and told us that they had completed an audit and were satisfied that the main areas for improvement had been completed.

Personal evacuation plans were in place for each person. This meant that in the event of an emergency staff were aware of what assistance each person needed. A 'disaster' plan was also in place to be used in the event of an emergency or untoward event such as a fire or flood. The records showed that firefighting equipment and emergency lighting had been tested regularly.

People were supported by a staff group that knew how to recognise when people were at risk of harm. Staff told us and records we saw, confirmed that staff had received training in safeguarding and protecting people from harm. Staff were able to tell us the correct procedure to follow if they suspected anyone had suffered any harm, including what outside agencies they would contact with any concerns. The records showed that safeguarding issues were reported to the relevant agencies. One member of staff told us, "If I had any concerns about someone I would observe their behaviour, talk to the staff on shift and the [registered] manager." Safeguarding information was displayed in the office and this helped prompt staff if they needed any reminders for this.

Risks to people both at home and in the community had been assessed and where possible reduced. We found the risk assessments to be detailed and that they contained the information the staff required so that they were aware of what action they should take. For example, one person was prone to choking so the risk assessment included actions staff could take to avoid this happening. It also included the action that staff should take if the person was choking.

There was an accident procedure which was being followed by staff.The registered manager told us that accident forms were completed by the member of staff who witnessed the accident and they were then reviewed by the registered manager and the operations' manager. Where necessary the accident was investigated and any appropriate action was taken to prevent a recurrence. Staff confirmed that any learning from accident investigations was also shared during staff meetings. This meant that staff were aware of the action they needed take to minimise the risk to people.

We found that there were enough staff to keep people safe. Staff told us they had adequate time to assist people with activities such as personal care, administration of medication and assistance with eating and drinking. The registered manager stated that the number of staff on shift was based on the funding the local authority provided. They also stated that people's needs had recently been assessed to see what level of staff support people needed.

There were effective recruitment practices in place. Prospective new staff had to complete an application form and face to face interview. Staff confirmed that they were only employed after they completed pre-employment checks including references and checks for criminal convictions with the Disclosure and Barring Service.

The registered manager told us that they had carried out a complete overhaul of the medication system to ensure that it was being managed and administered safely. Systems had been put in place to ensure that there was no overstocking of medication. We discussed with the registered manager the importance of recording medication that was carried forward from the previous month's supply so that there was a clear audit trail of medication in stock. Regular audits were being carried out to check that the medication was being administered as prescribed. Staff told us they had received training and completed competency assessments in the safe administration of medication. The medication administration records showed that medication was being administered as prescribed. The records of temperature in the medication cupboard showed that at times it exceeded the maximum temperature for the storage of medication. The registered manager had identified this and was able to show us evidence that an air conditioning unit had been ordered for the area. The local GP told us, "The management seems to be very proactive in ensuring that medicines are correctly prescribed and I have not come across any instances where medicines have not be correctly administered."

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to receive care and treatment when this is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When best interest decisions had been made these had been recorded. When needed, DoLS applications had been submitted to the local authority. Staff were aware of the requirements of the MCA and the relevant codes of practice. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures.

Staff told us that the provider's training programme equipped them for their roles. One member of staff told us, "The training has helped, especially moving and handling as I hadn't done that before." The registered manager told us that new staff completed an induction including training in health and safety and courses specific to meeting people's needs, such as learning about people's individual needs including autism awareness and epilepsy awareness. The training provided was a mixture of e-learning and face to face courses. The registered manager had completed training which allowed him to carry out competency tests for the staff team. Staff told us that there induction included working shadow shifts alongside experienced members of staff. This meant that new staff got to know people and how they liked their support to be provided before working on their own with them.

There was an induction/orientation list for agency staff to complete before the start of their first shift. An agency file was in the home and this included information about agency staff profiles and completed induction and orientation checklists. There was not a profile in place for an agency member of staff working on the day of the inspection. However they had worked at the home on a regular basis and knew people well.

All of the staff that we spoke with told us that they felt supported in their roles. Staff confirmed that they received regular supervisions and, when applicable, an annual appraisal.

People were supported to maintain a healthy diet. When necessary people who required support to eat their meals were assisted by staff. When needed, people had been referred for eating and drinking assessments to see what support they required with their food and drink. Specialist diets such as soft or pureed food was catered for still taking into consideration people's likes and dislikes. The local GP stated, "Where I have been aware of any issues around eating and drinking the management and staff seem to have been sensible and caring in their approach."

Some people had their nutritional needs met by staff administering feed through a tube in their stomach (Percutaneous endoscopic gastrostomy (PEG)). Staff were trained and assessed as competent to administer the PEG feed. This ensured that where people had their nutrition in this way they were helped to maintain adequate intake of food and drink

Discussion with people and records showed that people had been supported to access health care professionals as needed. People had been referred to occupational therapists, physiotherapist, dieticians and speech and language therapists when necessary.

Good

Is the service caring?

Our findings

One relative of a person living at Fen Road told us, "They care for [family member] as she should be cared for. For the first time in 22 years I've actually felt that I could go on holiday as I knew [family member] was getting the care they needed." Another relative said, "The staff are very caring here, they are very good at contacting me and keeping me up to date." The local GP told us, "The staff and management appear to be caring and thoughtful in their approach."

Staff told us that they promoted people's dignity and privacy by ensuring they always knocked on people's bedroom doors before entering. They also said they always ensured that any personal care was carried out with doors and curtains closed to promote people's privacy and dignity.

Staff knew people well and were able to describe the needs of people to us. They explained what support people needed and how they preferred for this to be carried out. This information matched what we saw in people's care plans. Staff used the knowledge of people's likes to make people happy. We saw in one person's care plan that they liked having nursery rhymes sang to them. We observed the staff doing this and the person smiling and responding positively to them.

Staff told us that they promoted people making choices. Although it was difficult for people to communicate their choices staff knew people well and were aware of what their body language meant. For example, if one person didn't want to get out of bed when asked by the care staff they would roll onto their side.

We saw staff treated people with compassion and respect. We observed one staff member administering medication through a person's PEG tube. The staff member was reassuring and explained what they were doing. We observed care staff assisting one person to move from a standing frame into their wheelchair. They explained what they were doing and gave the person reassurance as they hoisted them. However, we also that saw staff moved people in their wheelchairs without always explaining what they were doing. This could cause people anxieties and also create confusion especially where people did not communicate verbally.

People's care plans were written in a way to promote their respect, privacy, dignity and encourage them to make choices. For example, staff were instructed to show one person two choices of clothing so that they could make a choice by looking at the one they wanted to wear. One relative told us, "[Family members] keyworker is very caring. She always make sure he gets to his rebound therapy."

Visiting relatives told us that they could visit when they liked and were always made to feel welcome. This helped people to maintain contact with those family members/friends who were important to them.

Information regarding advocacy services was available to people if they required it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

One person's relative told us how their family member's quality of life had improved since living at the home. They told us, "Within a week [family member] was calmer, their skin was clear and they were putting on weight. They started making eye contact with care staff and they had never done that before." They also told us, "I can sleep at night now, knowing [Name] is being looked after properly."

Care plans included information for staff so that they knew how people preferred to be supported. For example, one person's care plan stated that staff should use gentle stimuli to indicate to the person to a particular situation, such as touching their hand to show they were going to start an activity. Care plans were written in a respectful manner and explained why people may behave in a certain way. For example, one person's care plan explained the way they expressed how they were feeling using body language and what it might mean.

The care plans we looked at did not show that people or their family members had been involved in writing them. However, three family members told us they had reviewed the care plan with the registered manager and had made recommendations for changes. One relative told us, I regularly attend review meetings and I am consulted when decisions are made." The operations' manager and registered manager stated that they had already raised the issue with the provider that there was nowhere in the care plan for relatives to sign. The main care plans were only in a written format and more thought could be given to making them more accessible to people living at the home. This limited people's ability to be involved as much as possible in their care.

Care plans gave staff clear guidance on people's preferences. For example, how people liked staff to support them with personal care. We observed that staff followed care plans such as assisting people with their physiotherapy programme. They also included a one page profile including what was important to the person and what staff admired about the person.

People also had a health action plan which detailed any health support needs and what appointments people had attended and booked. These records helped to identify any further support that people may need with health issues. People also had a hospital passport in place. The passport would accompany people into hospital and give staff clear information that was quick to access about important facts about the person such as how they communicated.

Although people's care plans included a weekly timetable of activities that they enjoyed doing these were not happening on a regular basis. The registered manager stated that the lack of activities in the community was as a result of a lack of funding from the local authority to provide the staff and payment for the activity. For example, one person's timetable showed that they liked to go swimming once a week. However due to staffing and funding restraints only one person could attend one of the two sessions each week. This meant that as other people living in the home also enjoyed going swimming, people only got to go swimming once every three weeks. Each person had a daily diary for each staff to record the activities they had taken part in. However, the in house activities for one person was mostly limited to listening to music. The registered

manager stated that he was aware that other activities had taken place but that staff had not recorded them. One family member told us, "I would like [family member] to get out more, but there isn't enough staff for that."

The registered manager stated that due to the lack of funding for activities they had tried to arrange activities with other homes so that people still got to access the community and spend time with other people. Social events such as a Halloween party had been organised.

There was a complaints procedure in place. The registered manager stated that no formal complaints had been received since they had been in post. However, they were aware of the procedure to be followed.

Good

Is the service well-led?

Our findings

There was a registered manager in the home at the time of the inspection. One relative told us, "Any concerns I have I talk to [registered manager]. He gets them sorted out, I don't want him to leave." One staff member told us, "Since the new [registered] manager has been here you can really see the improvements. The management team deal with any issues." One relative told us that the management of the medication had been "Much better since [the registered manager] took over."

The registered manager was aware of their responsibility to send notifications to the CQC as required by the regulations.

There was a positive culture in the home that was open and inclusive. The registered manager told us that they were always available to talk to staff. Staff confirmed this to be the case. One relative stated that they found the registered manager to be approachable "without exception."

There was an effective quality assurance system in place to ensure that, where needed, improvements were identified and made in the home. The registered manager had a quarterly audit book that they had to complete. The various audits were based on the same key areas as the CQC inspection. These audits showed where the home was compliant and identified areas for improvement. These audits were also discussed with the operational manager during their monthly monitoring visit. The operations manager also completed audits during their monthly monitoring visit to the home. The provider also carried out an annual finance audit of the home. This showed us that the quality of people's care was regularly reviewed.

Regular staff meetings were being held. Staff told us that they could add to the agenda if they wished to discuss anything. They also told us that meetings were used to share information and also to reflect on staff practice.

Relatives and friends had been invited to share their views on the service being provided to the family members. Relatives had been involved in recent reviews of their family members care and support plans. Relatives had also been asked for feedback about the quality of the service provided through the annual service review. The registered manager stated that they were in the process of compiling the report of the findings and where needed an action plan.

Staff understood their role and responsibilities and felt they were very well supported. There were systems in place to monitor that staff received up to date training. This was as well as regular team meetings, supervision and appraisals, when they could raise any concerns; and staff were kept informed about the service, people's changing needs and any risks or concerns.

Care staff were motivated and told us they enjoyed their jobs. Staff were aware of what was expected of them and if they had any concerns about anyone's practice they knew who to discuss it with and were aware of the whistleblowing policy. One member of staff told us, I love this job. I treat everyone as an individual, if they have problems I try and fix it for them. [Registered manager] is very approachable, I feel

supported."