

Voyage 1 Limited

Rookery Cottage

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

The inspection took place on 13 November 2017 and it was unannounced.

Rookery Cottage is a care home which is registered to provide care (without nursing) for up to six people with a learning disability. The service is a large detached building within Reading close to local shops and other amenities. People who use the service have their own bedrooms and use of communal areas that include an enclosed private garden. The people living in the service needed care and support from staff at all times and had a range of care needs. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection five people were living at the service.

The service had 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.

The registered manager was on leave at the time of our visit, therefore the deputy manager supported our inspection. We spoke with the registered manager after their leave to discuss the inspection.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Appropriate records were in place and stored correctly.

The provider had employed skilled staff. They were knowledgeable and caring, making sure people received appropriate care and support. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans reviewed regularly or as changes occurred.

People received care and support that was personalised to meet their individual needs. People were able to continue their usual daily activities and access the local community to enhance social activities. Staff understood the needs of the people and we saw care was provided with kindness and consideration.

The recruitment and selection process helped to ensure people were supported by suitable staff of good character. There were sufficient numbers of staff on each shift. The service ensured there were enough qualified and knowledgeable staff to meet people's needs at all times.

People received their prescribed medicine safely and on time. Storage, handling and records of medicine were accurate.

People's rights to confidentiality, dignity and privacy were respected. Staff supported and encouraged

people to develop and maintain their independence wherever possible. Relatives were complimentary of the service and the way their family members were supported.

People were given a nutritious and balanced diet and hot and cold drinks and snacks were available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed.

People were supported in the least restrictive way possible to have maximum choice and control of their lives. The policies and systems in the service supported this practice.

We observed a calm and relaxed atmosphere during our inspection. People were treated kindly and with respect. Staff were happy in their jobs and there was a good team spirit. The registered manager had quality assurance systems in place to monitor the quality of care being delivered and the running of the service.

Further information is in the detailed findings in the full report.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rookery Cottage

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 checked 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 13 November 2017 and was unannounced. The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received 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 one person who uses the service. We received feedback from four relatives. We spoke with the deputy manager. We observed interactions between people who use the service and staff during our inspection. We received additional feedback from two members of the care staff team in the form of completed questionnaires. We contacted five community professionals for feedback. We receive feedback from one professional.

We looked at two people's care plans, monitoring records and medication sheets, staff training records and the staff supervision log. We looked at records relating to the management of the service including recruitment records, the compliments/complaints log and accident/incident records. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check certificates, gas safety certificate, fire risk assessment, fire safety checks, legionella risk assessment and quality assurance records.

Is the service safe?

Our findings

The service continued to provide safe care and support to people. People were protected from the risks of abuse. Safeguarding systems and practices were in place to ensure people's safety. Relatives told us they felt their family members were safe at the service. One commented, "[Family member] is looked after well." 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. We saw people were comfortable and at ease with the staff. One person commented, "Yes, I feel safe. I like it here."

People were protected from risks associated with their health and the care they received. The service assessed the risks and took action to mitigate them. People's support plans had detailed guidelines to ensure staff supported them appropriately. They included personal care, emotional and behavioural support and consent. Care plans provided guidance for staff on how to minimise the risk without restricting people or their independence. Risks were kept under review and staff reported any changes promptly.

The management assessed personal and environmental risks to the safety of people, staff and visitors and took action to minimise those risks. They carried out safety checks of the premises and equipment regularly. For example, wheelchair, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance and fridge and freezer temperatures as part of their daily work. Emergency plans were in place and were followed including emergency procedures in case of a fire or flood. There was an on-call system in place should staff require further assistance from management.

The number of staff required was determined by the needs of the people using the service. There were sufficient numbers of staff on the shifts. The deputy manager explained if they needed to cover any shifts, they would ask staff from one of the provider's other local services to assist or contact the agency staff.

There had been one new staff member employed since our last inspection. Recruitment procedures were robust and helped to ensure suitable staff were employed. They included a Disclosure and Barring Service check to confirm that candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.

People's medicines were stored and administered safely. Only staff, trained in administering medicines and assessed as competent, were allowed to do so. The medicines administration records were accurate and showed that people had received the correct amount of medicine at the right times.

The service supported people who may become distressed and show behaviour that challenges and staff responded well to incidents. The management recorded incidents and accidents as well as any action taken to reduce risks. They reviewed this information for trends to look for ways to reduce the risk of reoccurrence. Regular contact and communication within the staff team provided opportunities for the service to learn

from past events and put measures in place to ensure everyone's safety.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by a staff team that knew them well and understood their needs. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The relatives and one person using the service confirmed this. The care plans were kept under review and amended when changes occurred or new information came to light.

People received care from staff who had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. The service provided training in topics they considered mandatory including safeguarding, fire safety, manual handling and medicines. Staff had an opportunity and were encouraged to study for additional qualifications. Relatives thought the staff had the training and skills they needed when providing support to their family members. A community professional thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

People were supported by staff who had regular supervisions (one to one meetings) with the registered manager or the deputy manager. Staff felt supported and enjoyed their work. Staff were confident they would receive support from the management when needed. Staff felt supervisions were carried out regularly and whenever they needed. All staff had annual appraisals. Staff felt the team worked together and communicated with each other well within the service.

Every week the staff and people made a menu for the next week putting people's meal preferences together. The menu was displayed in the kitchen using big pictures of each meal to help people see the options. One person told us they enjoyed the food at the service. They were able to make choices about what they had to eat. People could participate in meal preparations together with staff. The staff were aware of people's dietary needs and preferences. During our inspection we observed snacks and drinks were available whenever people wanted them.

Staff involved people, their families and other professionals to ensure people received effective health care support. The service communicated with and involved social workers and care managers, the GP, dietitians, psychiatrists and speech and language therapists to make sure people's health needs were met. Records confirmed people had access to health and social care professionals and attend appointments when required. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had a health action plan which described the support they needed to stay healthy and the professionals involved.

People's rights to make their own decisions were protected. Throughout our inspection we saw staff asking for consent and permission from people before providing any assistance. People's decisions were respected. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how they should support people in making decisions. 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.

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 authorisation 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 found that conditions on authorisations to deprive a person of their liberty were being met. The registered manager ensured annual reviews of any DoLS applications were made to the funding authorities for the required assessments and authorisations. They had submitted appropriate applications for DoLS to the local authority.

Is the service caring?

Our findings

The service continued to provide effective care and support to people. People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and responded well to them. Relatives said staff were caring when they supported their family members. One relative added, "Staff are very good with [family member], all are very nice." One person said, "I have lots of favourite staff." This person and relatives said staff knew how their family members liked things done and confirmed they were involved in planning their care.

Staff understood the importance of treating people with dignity and of respecting their privacy. For example, knocking on their doors, asking permission to enter or help with tasks and keeping information private. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, personal interests and dietary requirements. These needs were recorded in detail in people's care plans. Staff said they treated people "equally, but not the same".

People who use the service and staff had friendly relationships. People's families were welcomed to visit the service whenever they wanted to. They confirmed staff were always happy and "never moaned". People received care and support from staff who knew them well. Staff were allocated as dedicated key workers to people to ensure individuals were helped to express their views. This also ensured staff could offer continuous support in the service and keep up to date with people's changing needs, support or wishes. Each person had regular sessions to meet with their key worker and discuss any issues or matters they had.

People were encouraged to be as independent as possible. Staff understood little things or tasks that were important to people and their independence. Staff were there to help if someone needed assistance. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary.

The support plans were drawn up with people, using input from their relatives or representatives and from the staff members' knowledge from working with them in the service. Relatives felt involved and well informed about their family member's life. People's records included information about their personal circumstances and how they wished to be supported. Staff provided care that was individual and centred on each person to ensure people felt they mattered. The service kept any private and confidential information relating to the care and treatment of people securely.

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people. People received support that was individualised to their personal preferences, needs and cultural identities. Care records contained detailed support plans and risk assessments personalised to each person's needs. Support plans clearly explained how people would like to receive their care, treatment and support. For example, the support plan described 'a good day', how it started and triggers to indicate the person did not like something. This information enabled the staff to monitor the well-being of the person and respond appropriately. After reading two care plans, we felt we had a good picture of how people wanted to be supported.

Staff used shift handovers to inform the staff team about any tasks to complete or what was going on in the service. Staff used a communication book to record important information and any actions to take that would help manage risks associated with people's care and support. The registered manager also used weekly bulletins sent to staff to share any information relevant to the service. This ensured important events and actions were not missed and there would not be a negative effect on people's care and support.

The management was aware of and had a policy on the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. We advised the management to review the communication profiles to ensure it was in line with the standard. However, staff were aware of different ways of communicating with people, for example, pictures, objects of reference or Makaton. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. By learning people's language, staff supported people to express their views and be actively involved in making decisions about their care and support.

People had a range of activities they could be involved in and staff ensured they got out of the house regularly. People were supported to follow their interests and take part in social activities like exercises, arts and craft and music sessions. People were involved in the local community and visited local shops and other venues. Where possible the service provided access to local events to enhance social activities for all people. This took into account their individual interests and links with different communities.

Complaints and concerns were taken seriously and were used as an opportunity to improve the service. There had been one complaint since the last inspection and it had been responded to appropriately. People and relatives' felt they could go to the management with any questions or issues and they would be addressed in a timely manner. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. We saw there were a number of compliments thanking the staff for the care and support provided to the people.

Is the service well-led?

Our findings

The service continued to be well-led. It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

There was a pleasant environment at the service where people were respected and involved. We saw people and staff had built good and kind relationships with good communication between each other. We observed friendly and fun interactions and respectful support provided to people. The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge.

Staff were positive about the management of the service and the support they received to do their jobs. Staff felt the management were good leaders and available if support was needed. Staff said there were opportunities to discuss issues or ask for advice and support. The staff team had regular meetings and day to day communications. The team discussed various topics in the team meetings including the support and care of people who use the service, policies and procedure, tasks and actions to complete as well as any issues and ideas.

The provider carried out an annual survey of people who use the service, relatives, professionals and staff. The annual survey for 2017 had been completed in July to find out what was working well and not so well. The registered manager analysed responses and had drawn up an action plan. This fed into a consolidated action plan to work throughout the year. Responses from the surveys were positive and demonstrated the service worked well.

The staff carried out daily checks including those for cleaning, service management and people's care to make sure tasks were completed. Actions had been taken and the service was left in good order. The registered manager carried out checks and audits to monitor the quality of care and support. They analysed information recorded through those checks to identify any trends and patterns that could inform learning to improve the service and prevent future incidents from occurring.

The service promoted a positive culture. People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt they could make suggestions for improvement and it was taken seriously. People, relatives and staff had confidence the management would listen to their concerns and they would be received openly and dealt with appropriately.

Respect, compassion, caring and positive attitudes towards people and work were attributes present in this home. We observed good practice taking place during our inspection that had a positive impact on people's lives. The management promoted open and transparent culture within the service. They communicated with staff on the daily basis and ensured staff were aware of an open door policy. They were very complementary of the staff team. They said, "They are a good team. They treat people individually and use

different approaches. We have fun and we have a laugh."