

Voyage 1 Limited

Ten Acre Respite Service

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 4 and 12 August 2016. The home was previously inspected in September 2014, and at the time was meeting all regulations assessed during the inspection.

Ten Acre is a care home providing respite care for younger people with a learning disability. It can accommodate up to four people at any one time. It is registered to provide accommodation and nursing care for people who use the respite service, it is also registered to provide personal care to people living in the community.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People who used the service, and their relatives we spoke with, told us they were happy with how care and support was provided at the home. They spoke positively about the staff and the way the home was managed. A relative told us, "They [staff] treat them (people who use the service) like they are one of their own, it is great care."

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required.

During their stays people were involved in menu planning, shopping and meal preparation. We saw snacks were available throughout the day and people had access to drinks as they wanted them.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated, and their job role, at the beginning of their employment. They had access to a varied training programme that met the needs of the people using the service.

People's needs had been assessed before they went to stay at the home and we found they, and their relatives had been involved in the planning the care. The care files we checked reflected people's main

needs and preferences so staff had clear guidance on how to care for them.

People had access to activities which provided regular in-house stimulation, as well as occasional trips out into the community during their stay.

There was a system in place to tell people how to make a complaint and how it would be managed. We saw the complaints policy was easily available to people using and visiting the service. The relatives we spoke with said they had no complaints, but said they would feel comfortable speaking to staff if they had any concerns. Although no concerns had been raised the registered manager told us if concerns were raised they would be investigated and resolved in a timely manner.

There were systems in place to monitor and improve the quality of the service provided. The registered manager was introducing more robust systems at the time of our inspection and these needed to be embedded into practice.

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.

Relatives felt their family members were safe and well looked after. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

We found recruitment processes were thorough, this helped the employer make safer recruitment decisions when employing new staff. Overall there was sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely.

Is the service effective?

Good ●

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest.

A structured induction programme and a varied training programme was available which enabled staff meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice

Is the service caring?

Good ●

The service was caring.

People were treated with respect, kindness and compassion. Relatives told us staff were always welcoming, caring and kind. Staff demonstrated an awareness of how they respected people's preferences and ensured their privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support that was tailored to their individual needs and preferences.

People were provided with opportunities to take part in things they enjoyed doing. Relatives felt comfortable to raise any concerns with staff or management and were confident that they would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

There was a positive working culture where staff felt well supported and valued by management.

Relatives we spoke with told us the management team were approachable, always ready to listen to what they wanted to say and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly.

Ten Acre Respite Service

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 was 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.

The inspection took place on 4 and 12 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

At the time of the visit there were two people receiving respite care and one person receiving personal care in the community. Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

The provider had completed a provider information return (PIR). The PIR 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

As part of this inspection we spent some time with people who used the service talking with them and observing support. We looked around the service including bedrooms, bathrooms and communal areas. We looked at documents and records that related to people's care, including two people's support plans. We spoke with two people who used the service and two people's relatives.

During our inspection we spoke with two care staff, the registered manager and the operations manager. Following the visit we also contacted two health care professionals by telephone to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

Relatives of people who used the service told us Ten Acre was a safe environment. One relative told us how they had made changes to the environment to ensure people's safety. One relative told us, "They (people who use the service) are kept safe, staff ensure safety is maintained."

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, making sure people were appropriately supported when mobilising ensuring their safety.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. All staff did not hesitate in their answer when asked how they would respond to suspected abuse; they all said they would report immediately to the manager. Staff were also aware of whistle blowing procedures and explained how they would do this if necessary.

During our inspection we saw there were sufficient numbers of staff available to keep people safe and the use of staff was effective. Staffing was determined by people's needs and was flexible as there were different people staying each night with different needs so staffing levels varied each day. Staff we spoke with told us they thought there was adequate staff to meet people's needs.

People's health was monitored while they stayed at Ten Acre and reviewed if any changes had occurred. People identified as being at risk when going out in the community had up to date risk assessments. We saw that some people were supported by staff when they went out during our inspection. We also saw other risks had been assessed for individuals and measures were in place to ensure people's safety. For example one person was at risk of choking, we saw detailed risk assessment was in place with information from the speech and language therapist to ensure staff followed guidance to minimise the risk.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines. We also looked at medication administration records (MARs) for one person. We found records had been appropriately completed and clearly demonstrated what medicines had been administered. There were also systems in place for people who were prescribed medicines to be given as and when required.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received, administered and returned at the end of people's stays.

The recruitment procedures ensured the required employment checks were undertaken for new staff. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer

recruitment decisions.

We looked at the recruitment files of two staff and spoke with staff that were on duty on the day of this inspection. Information within the recruitment files, and staff comments, confirmed that the required checks had been carried out prior to commencement of employment at the service.

Is the service effective?

Our findings

Relatives we spoke with told us staff respected people's choices and decisions. One relative told us, "Staff are always very pleasant and (my relative) is always pleased to see them when they arrive, they treat them (people who use the service) like their own."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Staff were clear about their roles and responsibilities to ensure people's human rights were protected. They knew people well and were aware of the communications needs and how best to enable them to make decisions for themselves. They were also knowledgeable about the process that needed to be followed when people were unable to make certain decisions for themselves. Staff told us how they would make sure decisions made were in people's best interest. They involved the person using their most effective means of communication and involved relatives and relevant health professionals.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was very good. Staff also told us they did additional training to further understand how to meet the needs of people they supported.

Staff told us they felt supported by the registered manager and confirmed they received regular supervision sessions. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision session and felt valued.

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. We saw there were snacks and fresh fruit available throughout the day for people if required.

Some people who used the service had received support from a speech and language therapist (SALT) who assessed their swallowing ability and provided guidance for staff to follow. Staff were aware of individual dietary and nutritional needs and followed the guidance provided. These needs were recorded in people's care plans.

Staff monitored people's well-being during their stays and liaised with health care professional's when required. A relative told us that staff were vigilant and quickly noticed any changes in people's needs. Health care professionals we spoke with told us the staff would contact them for advice and guidance if required. One health care worker we spoke with told us, "People who stay at Ten Acre have very complex needs and staff are very good at contacting us if any assistance is required to ensure their needs are met."

Is the service caring?

Our findings

Relatives we spoke with, spoke highly of the service provided. One relative told us, "The staff are always kind and provide excellent care." Another relative said, "I cant speak highly enough of the manager and staff, they treat (my relative) as if they are one of their own." Our observations and people's comments indicated that staff respected people's decisions and confirmed they, or their relatives, had been involved in planning the care and support staff provided.

We saw staff supporting people in a caring and responsive manner while assisting them to go about their daily lives. We observed staff treating each person as an individual and involving them in making decisions. We saw people were always asked what they wanted to do or what assistance they needed in an inclusive sensitive way.

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people such as talking to them and reading their care files, which included information about people's likes, dislikes and life history.

People who were staying at the home looked well-presented and cared for. We saw staff treated people with dignity and the relatives we spoke with confirmed their family member's dignity and privacy was respected.

Staff described to us how they preserved people's privacy and dignity by knocking on bedroom doors before entering, closing doors and curtains while providing personal care and speaking to people about things quietly, so they could not be overheard. Although we identified that if staff used the walk in shower there was not enough room to enable people they were supporting to get dressed. Therefore they had to go back to their bedroom to get dressed. On most occasions this was not a problem as people would wear a dressing gown to walk back to their rooms. However, one person would not wear a dressing gown and would also not allow staff to put a towel round them to cover up. This would have maintained their dignity. This meant they were walking across to their room with only continence wear on. Staff acknowledged this was not maintaining their dignity and were looking at ways to remedy this.

At the time of our inspection one person who used the service had been diagnosed with a condition that would shorten their life. This person would continue receiving a respite service at Ten Acre taking into account what would be required when the time came for end of life care. We saw their care plan had been reviewed appropriately. Staff we spoke with were aware of how to care for people at end of life. Records we saw showed the persons changing needs had been identified and were being met. This ensured they were comfortable, pain free and that their dignity was maintained. Staff we spoke with were passionate about ensuring people were respected and cared for appropriately. Staff also explained to us the support they provided also involved supporting the person's close relatives. One staff member told us, "It is very difficult for a relative to comprehend their child is very ill and we help support them through difficult times."

Is the service responsive?

Our findings

Relatives we spoke with told us they were happy with the care and support provided. People we saw who were using the service looked happy and interacted with staff in a very positive way.

The care records we looked at showed needs assessments had been carried out before people stayed at the home and this was confirmed by the relatives we spoke with. Staff told us information collated had been used to help formulate the person's care plan. People's relatives we spoke with who received care in the community confirmed that a care plan was kept in their home. They told us this was regularly updated and staff recorded each visit in a log also in the home.

We checked care records belonging to two people who used the service at the time of the inspection. We found that care plans identified people's needs, setting out how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. Care plans were regularly assessed to ensure that they were up to date and captured any changing needs. The registered manager was updating a plan of care at the time of our visit to ensure the person's changing needs were identified and could be met by staff.

We spoke with health care professionals as part of our inspection they told us they were very pleased with the care and support provided to people who used the service. One health care worker told us, "I have a lot of faith in the unit." Another said, "They (the staff) manage people's behavioural problems exceptionally well they are very responsive to people's needs."

The home did not employ specific staff to facilitate social activities. Staff told us that people generally attended day centres during the week and in house activities were organised by staff in the evenings. These included crafts, music and games. The service had a mini bus to use if activities were organised outside the service. We were told this was used for activities at weekends, and people often went out. For example, shopping or trips to the coast. The service also had access to a bigger vehicle if required as staff told us if the people who were staying at the service all required a wheelchair this was required to be able to all get in the vehicle. Relatives we spoke with told us there were regular outings at weekends and they were enjoyed by people who used the service.

The provider had a complaints procedure which was available to people who used the service and people who visited the home. The procedure was on display in the service where everyone was able to access it. The registered manager told us the procedure was given to all people who used the service when they were assessed. We asked relatives if they would tell staff if they had a worry and they said they would. One relative told us, "I have no problems with the service, but if I did I wouldn't hesitate to call and I know it would be resolved." We had no concerns raised by anyone during our inspection.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The people we spoke with said they were happy with the overall care provided and how the home was run.

Staff said the provider gained their opinions using questionnaires and regular meetings. We also saw the provider gained feedback from people who used the service and their relatives. A questionnaire was sent to people who used the service. We saw a number of completed questionnaires all comments we saw were very positive. One comment was, 'Staff are all very pleasant and helpful and so easy to talk to.' Another comment was, 'Good with communication.'

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the registered manager was approachable and listened to their concerns and ideas for improvement. One member of staff said, "We work well as a team and are supported." Relatives also told us they had a lot of confidence in the registered manager and spoke very highly of their skills and management.

Staff had told us that they were well supported and received regular supervision. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

We found there were systems in place to monitor and improve the quality of the service provided. The registered manager told us these had lapsed over the previous two months due to changes in the operational management team. The registered manager also told us that they had been short staffed so they had been covering some shifts.

The registered manager was aware of what was required and was recommending the audits and checks required. The operations manager was new in post and had visited the service the week of our inspection and had completed their audit. The registered manager had also completed the audits they were responsible for. We saw copies of these reports. We saw the audits had been thorough and had identified actions required. The registered manager had introduced a new system to clearly detail who was responsible for completing the action, what was required and when it was to be completed by. However, this needed to be embedded into practice. The registered manager was following this up in a team meeting and through staff supervision to ensure staff were aware of their responsibilities. The registered manager told us, "I don't want to get in this situation again; I am now on top of things and intend to keep it that way."

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and

accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.