Voyage 1 Limited

26 St Marks Road

Inspection report

26 St Marks Road
Chaddesden
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Ratings

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

Overall summary

This inspection took place on the 4 September 2015 and was unannounced.

26 St Marks Road is a residential care home for eight people with a range of needs including learning and physical disabilities, autism, acquired brain injuries, and associated complex healthcare needs. It is situated in Chaddesden close to Derby city centre. The home has eight ground floor bedrooms, all with en-suite facilities and ceiling hoists. There is a self-contained flat for people who are preparing for transition into supported living, a sensory room, hydro bath, shower room with a shower trolley, a large lounge, a kitchen, and a dining room. There is a large garden to the rear of the home. All areas of the home and garden are wheelchair-accessible.

At the time of this inspection there were seven people using the service.

The service had a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

Relatives told us they thought their family members were safe in the home and people using the service appeared relaxed and comfortable. Staff were trained in safeguarding and knew what to do if they were concerned about the welfare of any of the people they were supporting.

There were enough staff on duty to keep people safe and meet their needs. Staff had time to interact and socialise with people as well as providing practical support. Medicines were safely stored and administered in the way people wanted them.

The food served appeared wholesome and well-presented. People were offered a variety of dishes depending on their likes and dislikes. They were encouraged to eat unassisted where possible and to choose which food items they wanted.

People were assisted to access health care services and maintain good health. Staff responded promptly if a person appeared unwell or there were changes in their behaviours indicating they might be unwell. Staff had a good awareness of the complex healthcare needs of the people using the service.

The atmosphere in the home was lively and the staff and the people using the service got on well with each other. People using the service were encouraged to express their views and make decisions about all aspects of their lives. Staff used the service's minibus to take people to visit their relatives and bring relatives to the home for visits if that was preferable.

Relatives told us staff treated the people using the service as unique individuals and were responsive to their needs. Staff provided a range of one to one and group activities for the people using the service. On the day we inspected two people went out with staff to a local park in the morning. In the afternoon five people played board games with staff.

The culture of the home was one of openness and inclusion. Relatives told us the registered manager and staff welcomed feedback on the service provided. The staff we spoke with said the home was a pleasant, happy place to work and the registered manager was supportive of both themselves and the people using the service.

The registered manager and operations manager carried out quarterly audits of all aspects of the service to help ensure standards were being met. These audits had led to a number of improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People using the service felt safe at the home and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities.

Medicines were safely managed and administered in the way people wanted them.

Good

Is the service effective?
The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively.

People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Good

Is the service caring?
The service was caring.

Staff were caring and kind and treated people as unique individuals.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and involved in decisions about their care.

Good

Is the service responsive?
The service was responsive.

People received personalised care that met their needs.

Staff provided group and one to one activities for the people using the service.

Concerns and complaints were dealt with promptly and improvements made where necessary.

Good

Is the service well-led?
The service was well led.

The home had an open and friendly culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

Good

Summary of findings

The provider used audits to check on the quality of the service.

26 St Marks Road

Detailed findings

Background to this inspection

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

This inspection took place on 4 September 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed the 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 also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with one people using the service and spent time with five others. We also spoke with the registered manager, the acting operations manager, and four support workers. Following the inspection we spoke with two relatives by telephone.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Good

Is the service safe?

Our findings

Relatives told you they thought their family members were safe in the home and people using the service appeared relaxed and comfortable. One person using the service, who was able to communicate their views, indicated to us that they felt safe. A relative said, "I believe my [family member] is safe at the home."

Staff were trained in safeguarding and those we spoke with understood their responsibility to safeguard the people using the service. One care worker said, "I know the seven signs of abuse and who to tell if I thought someone was at risk and how to escalate it if nothing was done."

Staff explained that as people using the service couldn't always tell them if something was wrong so they looked out for any signs of distress or physical injury that might indicate if a person was being harmed. One care worker said, "We know the people we support well and can usually tell if something is wrong. If that was the case we'd tell the manager and she would report it."

Prior to our inspection CQC received a series of safeguarding alerts from the home regarding a particular issue. Records showed the registered manager and staff had dealt with this appropriately and worked closely with the local authority to address concerns.

Staff supported people to manage risks to themselves whilst also ensuring that their freedom was respected. When a person was at risk to themselves and others through behaviours that challenge, this was clearly recorded in risk assessments and care plans. These were personalised and set out the nature of the risk, how the risk could appear in practice, interventions, and ways of reducing the risk.

For example, one person using the service wore protective clothing to reduce the risk of injuries, but this did not remove their right to express themselves through physical interaction with their environment. Records showed this decision was kept under review. Staff observed and reported on any changes to their behaviours or responses to ensure they were happy with the measures in place.

We saw one person using a wheelchair without footplates and queried this as it can be risky. Staff explained the reasons for this and we found the risk had been assessed and a compromise reached balancing the person's safety with their wish to move about freely. The registered manager told us that taking risks was part of life and staff recognised that everyone was entitled to take these as long as all relevant steps for effective supportive measures had been put in place.

Records showed that all staff received induction training covering their roles and responsibilities with regards to their own safety, and of those they supported. Health and safety training was updated on regular basis and in line with any changes to policies, procedures and legislation. This helped to ensure the environment and working practices were safe for the people using the service, staff, and visitors.

We observed there were enough staff on duty to keep people safe and meet their needs. Staff had time to interact and socialise with people as well as providing practical support. During our inspection staff took some people out shopping and played dominoes with others. At no time was anybody left unsupported and staff made sure all the people using the service were involved in the life of the home.

Staff told us the staff team was more established than it had been, and this meant the people using the service had continuity of care. A relative confirmed this. They told us, "They used to have a lot of agency staff but they have recruited more permanent staff and that is an improvement. The residents and staff get to know each other better." The registered manager told us the home was almost fully staffed with only one post left to fill so the use of agency staff had reduced significantly.

The providers' recruitment process was being followed and records showed that the required employment checks were in place. We sampled staff files. These showed that staff had the necessary documentation in place to demonstrate they were fit to work with people who use care services. One care worker told us, "When I started here I wasn't even allowed into the home until they had all my documentation. They had to be sure I was safe to work here. But I did get to wave at the residents through the windows when I came for my interview."

A person using the service at one of the provider's other homes were involved in the recruitment process to help ensure that people using services had a voice when it came to choosing staff.

Good

Is the service safe?

Medicines were safely stored and administered. We observed staff supporting people who used the service with their lunchtime medicines. This was done safely on a one-to-one basis specific to each person's needs and wishes. For example, some medicines were administered with soft foods to make them easier to swallow. We observed staff clearly informing a person that they were being offered their medicines. This meant that the person had the option to refuse if they chose to do so.

Staff used a monitored dosage system to store and dispense medicines. We found clear daily audits on all medicines by senior staff and weekly audits by the registered manager. These showed the medicines procedures were being followed. Recordings on medication administration charts (MAR) were appropriate. The home's contract pharmacist inspected the home's medicines system in July 2015 and found it to be compliant.

Good

Is the service effective?

Our findings

Staff were skilled in working effectively with the people using the service. They told us they had received a comprehensive induction. This included a day with the registered manager where they learnt about the values of the service, e-learning, face to face learning, and shadowing experienced staff members. This meant they had a good foundation in knowledge and awareness prior to commencing in their role, including the specialist communication methods for each individual person.

Training records showed that staff had completed e-learning, including courses on autism, food hygiene, and fire safety. Face to face training included supporting people with behaviours that may challenge, manual handling, first aid, and personalised support. The registered manager also enabled staff to access training provided by the local authority, including courses on safeguarding and the Mental Capacity Act (MCA). The service has begun to implement the new Care Certificate (a nationally recognised qualification in care) for all new staff and the provider was in the process of reviewing its training provision to ensure it was effective.

Records showed staff had regular supervision sessions which were recorded. These included appraisals of each staff member's current performance including their development and training needs. The registered manager told us supervision included two-way discussions between staff and supervisors to give staff the opportunity to feedback on the support they received.

We talked with to staff about their experience of training and support at the service. All said they were generally stratified with their training and support which they said gave them a good introduction to working at the service. Some staff members said they would like to have a more in-depth knowledge of learning disabilities and would welcome further training on this. We discussed this with the registered manager and operations manager. The operations manager said she would raise this issue at provider level.

The service was proactive in supporting people to maintain their freedom using the least restrictive methods. Records showed staff completed mental capacity assessments when supporting people to make decisions around safety. This helped to ensure decisions were made in people's best interests.

We saw that Deprivation of Liberty Safeguards (DoLS) assessments and referrals had been made for all the people using the service as they required constant supervision at times. When authorised by the DoLS team assessments were kept on file for reference and kept under review. This helped to ensure that decisions made were safe and the least restrictive as possible.

Relatives said they thought the food served was adequate if a little bland. One relative said, "I would like to see them have more choice in food and the opportunity to try different dishes." We passed this comment on to the registered manager for consideration.

We observed lunch being served in the dining room. People were offered a variety of dishes depending on their likes and dislikes. They were encouraged to eat unassisted where possible and to choose which items they wanted. The atmosphere was friendly and social.

Records showed staff were in the process of developing new nutritional plans for all the people using the service. These identified those who might be at risk of malnutrition or dehydration and explained how they were to be monitored. This helped to ensure that staff had the information they needed to support people to have sufficient to eat, drink and maintain a balanced diet?

Relative told us their family members were supported with their health care needs. One relative said, "The staff know my [family member] now and if they had any health issues I think it would be picked up."

People were assisted to access health care services and maintain good health. Records showed staff responded promptly if a person appeared unwell or there were changes in their behaviours indicating they might be unwell. They followed this up by making a doctor's appointment or referral.

Through observation and questioning we found that staff had a good awareness of the complex healthcare needs of the people using the service. For example, one person left

Good

Is the service effective?

for an appointment during our inspection as staff were concerned that their new wheelchair was not suitable for them. To address this they had referred the person in question for re-assessment.

Each person using the service had a health action plan. This set out their health care needs and how these could best be met. Included in the plan were individual records for health appointments such as doctors, consultants, opticians, dentists, and a simple calendar system to show when appointments were. Staff recorded a summary of each appointment and on some occasions the professional leading the appointment had also added to this record. This meant that key information was available to assist staff in monitoring people's health.

We found some contradictory information in one health action plan. On one page it stated that the person in question was not particular about food and would eat anything. But on another page it stated that giving this person food they didn't like could result in behaviours that challenge us. The registered manager agreed to amend this as a priority.

Good

Is the service caring?

Our findings

We observed good interaction between staff and the people using the service. The atmosphere in the home was upbeat and the staff laughed and joked with the people using the service. This was well-received by people and their facial expression and body language indicated that they were happy with the staff who supported them.

Each person using the service and each staff member had a 'one-page profile'. This gave a brief summary of the person's likes, dislikes, life history, preferences, culture, and aspirations. This was used to match people with staff who had something in common with them. The registered manager told us this method was used to develop an effective keyworker system in the home.

Staff told us they got to know the people using the service by being introduced to them and spending time with them, talking with their relatives and friends, and reading their care plans. Once staff were fully inducted and trained they had the opportunity to become the key worker for one of the people using the service. This role involved advocating for that person, helping them organise their bedroom, and assisting them with buying clothes and toiletries.

People using the service were supported to maintain relationships with people who were important to them. Staff used the service's minibus to take people to visit their relatives and bring relatives to the home for visits if that was preferable.

People were encouraged to express their views and make decisions about all aspects of their lives. Records showed that each person had a 'decision making profile' which set out how they would like to be communicated with. During the inspection we observed staff enabling people to make decisions using a variety of communication methods including verbal, sign language, and symbols.

Records showed that people's communication care plans were detailed and included advice and guidance from health care professionals such as psychologists. They were used to ensure that all staff supporting a person knew the most effective way of communicating with them. Staff were able to describe each person's preferences and likes/ dislikes and understood how they communicated through gestures, sounds and movements.

People's bedrooms were respected as their own space and the décor and furnishings reflected their individual tastes and interests. One person showed us their bedroom and communicated to us they had chosen the colour scheme themselves. All the people using the service had their own ensuite and ceiling track hoists to assist with their mobility. This meant people were supported with their personal care in the privacy of their rooms and they did not have to share communal bath or shower rooms or being seen going to and from them.

At lunchtime we observed differences in the way care workers supported people with their meals.

Three care workers sat down with people, assisted them with their lunch and socialised with them at the same time. In contrast two other care workers stood over people and spooned food into their mouths with little or no conversation. We also observed, during the medicines round, that a care worker also stood over people to assist them with their medicines rather than sit down with the person. This was undignified for the people in question.

We discussed this with the registered manager who acknowledged that this was not good practice. She said she would promptly address it with all staff as part of their on-going training and development.

Good

Is the service responsive?

Our findings

Relatives told us staff treated the people using the service as unique individuals and were responsive to their needs. One relative said, "I am satisfied they have now got to know my [family member] and understands what he wants."

A staff member told us, "The aim of the service is to support people to be more independent. For example, one person can now eat unaided, it takes them a long time but they get a sense of achievement from doing this."

All the people using the service had one page profiles to help staff get to know them and provide support in the way they wanted it. This included information on 'What people like and admire about me', 'What's important to me', and 'How to support me well'. As well providing insight into the person's character and personality the profiles ensured staff had the guidance they needed to meet people's needs. For example, one profile advised staff to 'approach [the person] gently and speak softly' and to 'encourage [the person] to interact as they love to talk'.

Care plans were personalised and included relationship mapping which showed who was important to the people using the service and what they liked and admired about the person in question. This meant that people using the service and those who knew them best could contribute towards creating a holistic care plan.

People also had 'communication plans'. These included input from professionals, for example psychologists, who had worked with them. They included specific guidance for staff on how best to communicate with and understand the people they supported. Individual communication styles were included, for example, if a person made a particular sound they wanted a drink, or if they made a certain gesture they were upset. Suggested staff responses were detailed within the care plans. This meant that the people using service received consistent responsive support to enable them to communicate and make choices.

'A typical day' set out the support each person needed on a daily basis. This included preferences with regard to waking up/going to bed times, the gender and number of staff required for personal care, brands of toiletries, clothing choices, and activities. Staff followed these to help ensure people's preferences were acknowledged and met.

Staff told us they found people's care plans provided them with key information about the people they supported and included explanations of what might cause behaviour that challenges us, how to prevent it, and how to respond in a positive way when it occurred.

Staff provided a range of one to one and group activities for the people using the service. On the day we inspected two people went out with staff to a local park in the morning. In the afternoon five people played board games with staff. The registered manager said activities were planned weekly in conjunction with the people using the service and included bowling, meals out, and shopping.

Staff told us that trips out in the home's minibus had not always gone ahead due to a lack of drivers. A relative said that they would like more activities to be provided in the home to keep people stimulated. The registered manager said these issues were being addressed. She said the provider was in the process of advertising for a minibus driver/activities organiser to help ensure people using the service could get out into the community when they wanted to and had more to do when they stayed at home.

The provider's complaints procedure was in the statement of purpose and service user guide. Relatives told us that if they raised an issue with the registered manager it was addressed. Records showed the service responded promptly to complaints and took action as necessary to bring about improvements.

The service also had a designated whistle-blowing telephone line that staff or anyone else connected to the service could use. This was advertised in the home. Staff were trained to identify if any of the people using the service were unhappy about any aspect of the service and advocated for them to put things right.

The registered manager told us that any feedback from relatives was followed up on, especially when improvements were suggested. She said this was usually done by contacting the family via the telephone. When the matter dealt with was more serious, for example if a formal complaint was made, verbal responses were followed up with written ones so both parties had a record of how the complaint was being addressed. A relative confirmed that this was correct.

Good

Is the service well-led?

Our findings

The culture of the home was one of openness and inclusion. People using the service were encouraged to build social links outside of the home and to attend social events and meet up with friends and relatives.

Relatives told us the registered manager and staff welcomed feedback on the service provided. One relative said, “They are always willing to listen.” The registered manager told us that when she took up her post she wrote to relatives to introduce herself and make sure they had her contact details so they could get in touch with her directly if they needed to.

The staff we spoke with said the home was a pleasant, happy place to work. One staff member told us, “We do what’s best for the residents, not the staff. The residents are people and it’s their home and we are here to support them – that’s part of our culture here.” Another staff member commented, ‘It’s a caring place and we treat everyone as family. The atmosphere is always lively and fun.”

Staff told us the registered manager was honest, fair and supportive of both themselves and the people using the service. One staff member said, “The management are really good here, if you’ve got a problem they’ll look after you.” Another staff member commented, “Team working is excellent and the home is well-organised. The focus is always on the well-being of the residents and that’s the most important thing here.”

Staff had one-to-one supervision sessions every two months and told us the registered manager and deputy encouraged them to improve and develop their skills. Team meetings were held to allow staff team to get together and review practice in the service and to communicate changes or updates.

People’s relatives and other representatives were invited to annual service reviews. These took the form of an open day when relatives and representatives could visit the home, spend time with the people using the service and staff, and make comments and suggestions. The registered manager said the feedback received on these days informed the service’s development plan.

Personalised reviews were also held to give people using the service and their relatives and representatives the opportunity to comment on individual care packages.

The registered manager carried out quarterly audits of all aspects of the service to help ensure standards were being met. These were supported by the operations manager who completed a quarterly unannounced visit to complete her own audit.

These audits had led to a number of improvements to the service including a safer medicines systems and identifying the needs for a new member of staff to drive the minibus and facilitate activities,

The home had a clear incident/accident reporting procedure in place. This enabled the registered manager and staff to review any accidents, incidents and near misses and to highlight any patterns or concerns that need to be further investigated.