

Voyage 1 Limited

The Granary

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●

Summary of findings

Overall summary

The Granary is a residential care home providing care and support for up to 12 adults who may be living with a learning disability or autistic spectrum disorder. The service is in the village of Brandesburton, between Driffild and Hornsea in the East Riding of Yorkshire. Accommodation is provided across two six bedroom buildings, 'the Main House' and 'Brands Lodge'. Both are fully accessible to wheelchair users and have kitchen, living room and dining facilities. Some of the rooms have ensuite facilities. There is a large walled garden at the front of the service.

We carried out an unannounced comprehensive inspection of this service on 10 March 2016. A breach of legal requirements was found and the service required improvement to become safe. This was because we found some areas of the service were not clean and maintained to an acceptable standard. After the comprehensive inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this 'focussed inspection' to check that the registered provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements and the 'Safe' domain. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Granary on our website at www.cqc.org.uk.

This inspection took place on 10 February 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. There were 11 people who lived at The Granary at the time of our inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). 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.

During our inspection we found our concerns had been addressed and the registered provider and registered manager had made the required improvements. This meant the service was now compliant with Regulation 15.

The service was generally clean and tidy. Appropriate systems were in place to ensure all areas of the service were cleaned regularly. Maintenance work had been completed since our last inspection and other areas of the service were scheduled to be renovated. There was a system in place to report and address minor maintenance issues.

We received positive feedback about staffing levels and observed that sufficient staff were on duty to meet

people's needs. People who used the service were protected from risks because staff were trained to recognise and respond to safeguarding concerns. People's needs were assessed and risk assessments put in place to guide staff on how to provide care and support that promoted people's safety. People who used the service told us they felt safe.

Medicines were managed safely. Health and safety and maintenance checks were completed. Accidents and incidents were reported and appropriate action taken to reduce risks.

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 ●

We found that action had been taken to improve safety.

Improvements had been made to the cleanliness within the service. Areas of the service had been refurbished to address maintenance issues.

Staff received training to enable them to appropriately identify and respond to signs of abuse to keep people who used the service safe.

Staff provided appropriate support for people to take their prescribed medicines.

Suitable numbers of staff were available to meet people's needs and people who used the service told us they felt safe.

The Granary

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of The Granary on 10 February 2017. This meant the registered provider and staff did not know we would be visiting. This inspection was carried out to check that improvements to meet legal requirements planned by the registered provider after our 10 March 2016 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one adult social care inspector.

Before our inspection, we contacted the local authority to seek their feedback about the service provided at The Granary. We also looked at any information we held about the service, which included notifications sent to us since our last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We used this information to plan our inspection.

We did not ask the registered provider to complete a Provider Information Return (PIR) before our visit. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of our inspection, we spoke with three people who used the service. We observed interactions between staff and people who used the service. We spoke with the registered manager, senior support worker and one member of care staff.

We conducted a tour of the service including communal areas, bathrooms and bedrooms. We spent time looking at records, which included one care file, one staff recruitment and training file and other records including quality assurance and health and safety records.

Is the service safe?

Our findings

At our last inspection, we identified maintenance concerns and problems regarding the cleanliness of the service. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection focussed inspection, we found that our concerns had been addressed. We observed that large parts of the service had been refurbished since our last inspection addressing issues and concerns we had with flooring and maintenance issues in communal areas and people's bathrooms. Further areas of the service, including two en-suite bathrooms and some carpets, had been scheduled for further renovation work or to be replaced as this was clearly needed. This showed us that the registered provider was committed to improving the quality and safety of the home environment. We noted there was a system in place to support staff to report maintenance issues to ensure these could be addressed.

People who used the service told us they were happy with the level of cleanliness. People commented, "You can't say there is anything wrong with this place we are well looked after" and "They [bedrooms and communal spaces] are kept clean, we've got a cleaner."

Part of the registered provider's action plan following our last inspection was to employ a cleaner. On the day of our inspection, there was a cleaner in post and we saw them cleaning communal areas and people's bedrooms throughout our visit. We observed the service was generally clean and tidy and did not detect any significant concerns with any malodours. We observed that clean gloves and other personal protective equipment (PPE) were available to reduce risks of potential cross infection.

Daily cleaning schedules were used to ensure all aspects of the service were cleaned on a regular basis. Quarterly audits were undertaken by the registered manager to monitor and address any maintenance or issues with areas of the service which were unclean. We saw an action plan was in place recording what action had been taken where any issues or concerns were identified.

We looked at checks completed to ensure the premises were safely maintained. We saw there were up-to-date maintenance certificates in place for the electrical installation, portable electrical appliances and gas safety. A range of daily and weekly checks were completed to identify and address any health and safety issues. These included audits of the home environment including the emergency lighting, water temperatures and window restrictors. These environmental checks helped ensure people who used the service were safe. However, we spoke with the registered manager about ensuring cupboards were locked. We found two cupboards which contained cleaning chemicals or knives. These had locks on them, but they were ineffective in preventing access and needed replacing. The registered manager agreed to address this to ensure that cupboards were appropriately locked in future.

The registered provider had completed a fire risk assessment and regular checks of the fire alarms, extinguishers, fire doors and emergency lighting were carried out to ensure these were in safe working order. Regular fire drills were held to ensure staff and people who used the service knew how to respond in the

event of an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place to record what equipment and assistance a person would need when leaving the premises in the event of an emergency. The registered provider had an emergency contingency plan. This showed us the registered provider had taken appropriate steps to keep people safe and ensure their needs would continue to be met in the event of an emergency.

People who used the service told us they felt safe with the care and support that staff provided. Comments included, "I like it here...I always feel safe", "Yes I do feel safe" and "They [staff] look after us ever so well...I love it here. There is nothing to get frightened or worried about." Other people we spoke with used non-verbal forms of communication to indicate that they felt safe living at The Granary. Throughout our inspection we observed that people who used the service were relaxed and acted in a way that showed us they felt at ease and at home in their surroundings. We saw that people were confident and outgoing. They were keen to approach and interact with staff and reacted positively towards them. This showed us that people who used the service felt safe.

People were protected from abuse and avoidable harm by staff who were trained to recognise and respond to safeguarding concerns. The registered provider had a policy and procedure in place to guide staff on how to safeguard vulnerable adults from abuse and records evidenced that staff received safeguarding training. Staff we spoke with appropriately described their role in identifying and responding to safeguarding concerns. One member of staff said, "If they [people who used the service] have any concerns we look into it and do whatever we need to do to put it right." We saw that systems were in place to ensure safeguarding concerns were appropriately identified and addressed in line with East Riding of York Council's policies and procedures.

We reviewed one person's care file and saw their needs were assessed and detailed risk assessments were in place to provide guidance for staff on how to safely meet that person's needs. We found that care files contained comprehensive information about all aspects of people's care and support and were reviewed and updated regularly to ensure they contained relevant person centred information.

We asked a member of staff how they kept people who used the service safe. They explained, "The risk assessments give you an insight into what support people need." The member of staff continued, "The package of training the company has is fantastic. Staff have the training to give them the ability to make it safe for people." During our inspection, we observed that care and support was provided in a safe way and staff were quick to respond to people's needs.

Where an accident or incident occurred, we saw a record was kept of what had happened and how staff had responded. We saw the registered manager reviewed and signed off accident and incident records to check staff had responded appropriately and to consider any further actions needed to minimise risks to people who used the service. All accidents and incident reports were also submitted to the registered provider so they could collate information to identify any patterns or trends. The registered manager told us they were also able to do this, as it was a small service, they knew if a particular person had been involved in a number of similar incidents.

We reviewed one staff recruitment file and saw it contained a completed application form, an interview record, appropriate references and evidenced that a Disclosure and Barring Service (DBS) check had been completed before they started work. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with adults who may be vulnerable. This showed us that there were systems in place to ensure that only people considered suitable

to work with vulnerable adults had been employed.

During our inspection we received positive feedback regarding staffing levels. People who used the service commented, "The staff are always here, they always make me feel safe" and "If you want to see someone to have a talk, you can always find someone." Another person told us there were good staffing levels and they felt safe. A member of staff said, "I would usually say staffing levels are pretty good. Staffing levels aren't bad."

On the day of our inspection, there was the registered manager, one senior support worker, three support workers and a domestic staff on duty. At night, two members of staff were on duty. Staff we spoke with said there were always four staff on duty during the day. We reviewed rotas for the four week period before our visit. We saw that staffing levels were flexible to meet the needs of people who used the service, although were typically maintained at this level.

During the inspection we observed there was sufficient staff on duty to meet people's needs. We saw that staff were attentive and provided care and support to people at their own pace and in an unrushed way. People were appropriately supervised in communal areas and staff monitored people's safety around the building.

We reviewed how people who used the service were supported to take their prescribed medicines. People told us they were happy with the support they received with their medicines and did not raise any concerns about this aspect of their care. One person commented, "They [staff] keep my tablets in the office and when you are ready they give them to you."

We found that training was provided to staff about the safe use and administration of medicine and medicine competency tests were completed to ensure staff had the necessary skills to administer medicines safely. Medication Administration Records (MARs) were used to record when people had taken medication or the reason for non-administration. The MARs we saw had been accurately completed by staff and were up to date. We saw that management audits of people's medicines were carried out to ensure these were correctly administered and signed for, together with actions for staff to follow where minor shortfalls in recording had been noted. This showed us that there were systems in place to ensure people received their medicines safely.