

Voyage 1 Limited

Landau Lodge

Inspection report

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Hull
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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

Landau Lodge provides personal care and support for up to 10 people who have a learning disability. Although registered for up to 10 people the registered provider has chosen to accommodate eight people to allow for more individual space. The service consists of a main building with four en-suite bedrooms and four individual bungalows. The service is located to the east of Hull city centre.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who used the service told us they trusted the staff and felt safe. The registered provider had procedures in place for staff to follow to report any abuse they may witness or become aware of. Staff were able to describe to us how they would keep people safe from harm and what they would do if they witnessed any abuse. They had received training about different types of abuse and how to recognise and report these.

The registered provider's recruitment systems ensured, as far as was practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults. There was enough staff on duty to meet people's needs.

Summary of findings

Staff received training relevant to their role and this was updated as required. They had also undertaken training about specific needs of the people who used the service; for example, autism and how support people with behaviours which may challenge the service and others.

We saw people were involved with any decisions about the running of the service and their day to day choices. We saw and heard the staff had a good rapport with people who used the service and understood their needs. Where people had been assessed as needing support with complex decisions and choices the person who acted on their behalf had been identified. Meetings had been held which included health care professionals, the person's representative and the staff at the home to ensure any decisions made on behalf of the person were in their best interest.

Care was provided in an enabling environment and people were supported to be as independent as possible. We saw staff supporting people out in the local community to shop and people told us they went on outings and holidays.

The registered manager undertook regular audits of the care the service provided and made improvements where needed. People who used the service, relatives and staff were all encouraged to have a say about how the service was run. The registered manager used all compliments and complaints as an opportunity to develop the service and improve.

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.

Good



Staff understood and had received training in how to recognise abuse and how to keep people safe from harm.

Risk assessments were in place which guided staff in how to keep people safe and how to support people.

The registered provider made sure no one was exposed to staff who had been barred from working with vulnerable adults and ensured there were enough staff on duty to meet people's needs.

The building was maintained and assessed to ensure people lived in a safe environment.

Is the service effective?

The service was effective

Good



Staff received training and support which equipped them to meet the needs of the people who used the service.

Systems were in place which supported people who had difficulty making an informed choice or decision.

People were provided with a wholesome and nutritional diet.

Is the service caring?

The service was caring

Good



Staff were kind and caring when they supported people and they understood their needs.

Records were kept which monitored people's wellbeing.

Staff respected people's dignity.

Other health services were involved in people's care when needed.

Is the service responsive?

The service was responsive.

Good



People who used the service were involved in their care.

People's choices were respected and staff supported people with activities.

Summary of findings

People knew who to complain to and these were investigated to people's satisfaction.

Is the service well-led?

The service was well led

People who used the service and other stakeholders could have a say about how the service was run.

The registered manager undertook audits of the service to ensure people received high quality care and made improvements when needed.

The registered manager developed an open culture where people who used the service and staff felt supported.

Good



Landau Lodge

Detailed findings

Background to this inspection

This inspection took place 6th and 7th October and was unannounced. The inspection was undertaken by an adult social care inspector.

The service was last inspected November 2013 found to be compliant with the regulations inspected.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection the registered provider completed a Provider Information Return (PIR). The PIR is a document completed by the registered provider about the

performance of the service. The local authority safeguarding and quality teams and the local NHS were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the dining room. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with six people who used the service and eight care staff. We also spoke with the registered manager and the deputy manager.

We looked at six care files which belonged to people who used the service, four staff recruitment files and a selection of documentation pertaining to the management and running of the service.

Is the service safe?

Our findings

People we spoke with told us they trusted the staff and felt safe. Comments included, “I like it here especially my key worker she helps me a lot”, “I would see Mel if I wasn’t happy”, “All the staff are kind to me” and “Nobody bullies me here it’s nice.”

Staff we spoke with could describe the registered provider’s policy and procedure for the reporting of any abuse they may witness or become aware of. They also told us they had received training in how to recognise different types of abuse. We saw training records which evidenced this. Staff were aware of their duty to report any instances of abuse or poor practise to the registered manager; they also knew they could make direct referrals to other agencies, for example the CQC or the local authority safeguarding team and we saw numbers were available for staff. They also knew about the registered provider’s whistle blowing policy and how this should protect them if they raised any concerns.

The registered manager was aware of the requirement to notify the CQC of all safeguarding allegations and investigations; our records showed this had been done. The registered manager showed us their recording of a recent incident which resulted in them taking disciplinary action against an employee following safeguarding allegations and investigation. This showed us people were protected against the risk of harm or abuse occurring and if suspected then appropriate action was taken.

Emergency numbers were available to staff so they contact senior managers during the night or at weekends.

The registered provider had policies in place which reminded the staff about their responsibility to respect people’s ethnic and cultural backgrounds. Staff we spoke with were aware of these, they told us they did not judge people and supported people to pursue a lifestyle of their own choosing. They told us they protected people from discrimination whilst both in the service and out in the community and had received training about human rights and how these should be upheld and protected whenever possible.

People’s care plans contained risk assessments which instructed the staff in how to keep people safe both in the building and in the community. The risk assessments covered areas such as falls and behaviours which might put

the person or others at risk of harm and challenge the service. We saw the risk assessments were updated regularly. People’s care plans also contained information about how to safely evacuate the person if there should be a need, for example in the event of fire.

The registered manager had undertaken environmental risk assessments to ensure people lived in a safe a well maintained environment. They also undertook fire risk assessments and access to the building. Emergency procedures were in place for staff to follow if there should be a flood or the electric or gas supply was cut off.

As part of the auditing of the service the registered manager looked at the incidents and accidents which happened in the service. They analysed this information to establish patterns or re-occurrences. If they did identify anything this was shared with the staff and practises changed or people’s care plans were reviewed and up dated if appropriate.

The registered manager ensured the correct amount of staff were on duty at all times to meet the needs of the people who used the service. Because of their level of need some people had quite high staffing levels allocated to them. The responsibility for this was shared amongst the staff to help staff not become over tired. The registered manager tried to maintain consistency and ensured people were allocated to be supported by staff who they got on with and liked. During the inspection we saw there were plenty of staff around the building and they were undertaking lots of activities with people who used the service, for example, baking, menu planning, letter writing and shopping.

We looked at the recruitment files of the most recently recruited staff. These contained evidence of application forms which asked for details about gaps in employment and previous experience, references from previous employers, a Disclosure and Barring Service (DBS) check and a record of the interview. The files also contained copies of contracts and job descriptions. This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable people and the prospective employee had the right skills and experience required for the job.

Appropriate arrangements were in place for the safe ordering, storage, dispensing and destruction of medication. There was a management of medicines policy

Is the service safe?

in place that outlined how to manage medicines effectively, which included controlled drugs and self-medication. Staff had also received training in the safe handling and administration of medication; this was updated annually. The pharmacy which supplied the service with their medication undertook audits as did the registered manager as part of their ongoing auditing of the service.

The service had a dedicated medicines room for the safe storage of medication. This included a second lockable cupboard for the storage of controlled drugs, medication trolley secured to the wall as per best practice guidance and a medicines fridge. We saw that fridge and room temperatures were recorded on a daily basis to ensure storage recommendations were adhered to.

Is the service effective?

Our findings

The registered manager had systems in place which recorded what training the staff had undertaken and when this needed updating; this was held on a computer so the information could be audited and updated easily and quickly. The registered provider had identified some training as essential for staff to undertake annually; this included amongst other topics, health and safety, moving and handling, safeguarding adults and fire. Staff had also been supported to undertake further qualifications and specialist training about the people they cared for. Records we looked at showed staff had achieved nationally recognised qualifications including National Vocational Qualifications (NVQ) and had undertaken training in communicating effectively, equality and inclusion, duty of care, person centred support, the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff also received regular supervision and annual appraisals which set targets and goals for their development and training. Staff told us they were offered lots of training and felt it equipped them to meet the needs of the people who used the service. Comments included; "The training here is brilliant, you can suggest further training as well" and "The training I have received here has helped me further my career and I feel I have developed as person."

Newly recruited staff received an induction based on current good practise guidelines and research. This was competency based and an evaluation of the staffs' skills was made at regular intervals during their probationary period. They were assessed as being competent by senior staff, however if they needed further development in any areas support was offered.

The registered manager had notified us they had made three applications for Deprivation of Liberty safeguards (DoLS) and were awaiting the outcome of these. They described to us how they had used the process in the past for a person who used the service to ensure their safety and welfare. Staff we spoke understood the principles of the Mental Capacity Act and had an understanding of the use of DoLS and their application. They could describe to us how they followed these for the person who used the service. They also described to us how they made sure people had their rights and choices respected and what do to if someone needed support with making an informed choice or decision. They described to us the process of best

interest meetings and how these were held to make sure any decision made on the person's behalf was in their best interest. We saw evidence of best interest meetings being held in people's care plans. We saw there was multi-disciplinary approach to these meeting which made sure all those who had an interest in the person's wellbeing had an input. They also considered the least restrictive practise before making any decisions so the support the person received was appropriate and did not impact on their quality of life.

It was evident at the lunch time that the meal was purely the choice of the person; each person set their weekly menu with the staff, undertook the shopping and helped prepare the food. People were in the kitchen chatting and laughing with each other and discussing what they were having and how to prepare it. One person was baking sausage rolls with the support of staff. They then shared these with other people who used the service; all agreed they were very nice. Another person had been shopping for the ingredients for pizza and was intending to make these for tea. While the people's meals were their choice there was some monitoring by the staff and healthy options were suggested, for example, salads and low fat dairy products.

People could choose to eat in the dining room or they could eat in their own rooms. Each room had a small kitchen; however, the registered manager told us these were rarely used and people seemed to prefer the social interaction in the kitchen area. People's weight and food intake was monitored and referrals were made to dieticians if people needed support to lose weight or they needed their diet supplementing in anyway. The kitchen seemed to be the focal area of the home and everybody congregated in there talking, laughing and generally going about their days.

Care plans we saw evidenced referrals had been made to health care professionals when needed, for example, dieticians and occupational therapists. There was also evidence the person attended hospital or out patient appointments when need and were supported by staff. The outcome of these had been recorded, also any changes to medication or how the staff were to support the person had been recorded. We spoke with a visiting health care professional. They told us they felt the care provided at the

Is the service effective?

service was good and the staff ensured people were referred in timely manner. They also told us staff worked closely with them, kept them informed of any changes and carried out their instructions.

Is the service caring?

Our findings

People we spoke with were happy with the support they received from the staff; comments included, “I really like my key worker she helps me a lot”, “The staff are good here” and “They help me do my shopping.”

We saw staff were kind and caring when supporting people. They used lots of encouraging words to motivate people to stay independent and undertake daily living tasks; for example one person took pride in their room and cleaned it daily so staff made sure they used cleaning products safely and complimented them on a job well done. We saw and heard lots of laughter and chatter around the service in people’s rooms and in the communal areas. There was an easy relaxed feel to the interaction between people who used the service and the staff.

We heard staff talking to people who used the service about their relatives and how they were keeping. They also asked them if they were going to visit them at the weekend, as this was part of their routine. Staff told us some people enjoyed talking about this as it was important to them to maintain family links.

The registered provider had policies in place which reminded the staff about the importance of respecting people’s backgrounds and culture and not to judge people. Staff we spoke with told us of the importance of respecting people’s rights and up holding people’s dignity. They told

us they gave people options and asked them for their views. We observed staff asking people if they wanted to undertake activities and respected their right to say no. They told us they viewed the service as the person’s home and respected their privacy, always knocking on doors and waiting to be asked to enter. Staff had a strong commitment to protecting the person whilst out in the community so they were not subject to any discrimination; they told us they tried to be vigilant to any situation which might put the person at risk and where possible avoided these.

People were involved with their care, we saw evidence in people’s care plans they had attended reviews and their input had been recorded. They had also been consulted about goals they wished to achieve, this included attending college to gain qualifications and developing their daily living skills.

People’s wellbeing was monitored on daily basis; daily notes made by the staff demonstrated what support had been provided and if there had been changes to person’s needs during the shift following GP visits or visits from other health care professionals.

The service had information about advocacy groups which people or relatives could contact. The registered manager told us the services were available and they had been used in the past. They felt they had good links with the advocacy service and could contact them if required.

Is the service responsive?

Our findings

People we spoke with told us they were involved in their care planning and ongoing reviews. Comments, “Yes we have meetings”, “Staff ask me how I’m getting” and “I know I can tell the staff.” People also told us they were supported to undertake activities and maintain interests; comments included “The staff take me out we go shopping and to the pub, I like Guinness”, “We go bowling and swimming” and “I like to listen to Elvis, he’s my favourite.”

The service was supporting one person to attend college to gain qualifications and develop life skills.

Care plans we saw evidenced people’s input in their reviews and documented their goals and aspirations. Details were given about how staff should support people to achieve these and what input was required from other support agencies; for example, occupational therapist, clinical psychologist and the community team for learning disability (CTLD). Assessments had been undertaken which identified people’s skills and strengths and how these should be encouraged and supported, assessments also identified which areas of their daily lives people needed more support with and how staff should provide this; for example personal care and behaviours which challenged the service and others. There was also evidence of risk assessments being undertaken and guidance for staff to follow about how to keep people safe from harm or how to deal with any situation which arises which put the person or others at risk. All assessments had been updated on a regular basis and there was evidence of health care professional consultation where required.

Staff understood people’s needs and were responsive to subtle changes in their body language and actions which may show they were upset or found situations distressing. They responded well to this and gently removed people from the situation talking to them calmly and softly. One member of staff told us it took them a long time to understand the subtle changes that can happen and what to look out for but they were supported by the registered manager and other staff to achieve this.

The registered provider had a complaints procedure and this was displayed around the service. People told us they knew who they could talk to if they had any concerns or complaints; comments included, “I would tell Mel if I was sad” and “Mel would help me, she’s nice.” The complaints procedure had been given to people to read and there was a format which used symbols and pictures to help some people who used this method to better understand it.

The registered manager kept a record of all complaints and compliments; this detailed what the complaint was, what action was taken and the outcome. The registered manager used these to improve the service and make changes where needed; all investigations and responses were time limited. The complainant was given information and directed to other services if they were not happy with the way the investigation had been conducted.

People were encouraged to remain as independent as possible and their care plans detailed their daily activities and how staff should support them.

Is the service well-led?

Our findings

We saw people were included in the day to day running of the service. They were consulted about meals, activities and how they would like to spend their day. Staff understood when people declined and alternatives were offered. They were included in some light domestic tasks; for example cleaning their rooms and doing their laundry.

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals. They met with the people who used the service and asked them what they thought of the service provided, people's relatives were also included in the meetings; we saw minutes were taken of these meetings. The registered manager also used pictorial surveys to gain the views of people who used the service. People were supported to complete these either by the staff or their relatives. The registered manager also used surveys to gain the views of relatives and health care professionals. The outcome of all of the surveys was analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed.

The registered manager held staff meetings to pass on any information and provide staff with an opportunity to air their views and opinions. Minutes were also made of these meetings. Staff told us they felt the registered manager was approachable and they could go to them for advice or guidance if they needed it. Comments included; "The manager's really good, she listens and helps you if you need it", "You can talk to the manager she is open and always willing to help, not just with work but with your personal life as well", "Both managers are good they will help you if they can and give some really good advice and

guidance" and "Her door is always open you go to her at any time and she makes time for you." People who used the service also approached the registered manager on a regular basis during the inspection to ask for information or to discuss other personal issues.

The registered provider expected the registered manager to undertake monthly audits to ensure the service was running smoothly and effectively. These included health and safety, staff training, medication, people's health and welfare, and the environment. These audits were then audited by the registered provider's representative; time limited action plans were put in place to address any shortfalls identified. This helped to ensure the service was continually developing and people were receiving a quality service which they were involved with.

The registered manager had notified the CQC when appropriate of any safeguarding investigation, deaths or any other instances which affected the service. The registered manager has duty under regulation 18 of the Health and Social Care Act to notify the CQC of certain events which happen at the service which include any safeguarding allegations or investigation and any event which stop the service running smoothly.

The registered manager had encouraged staff to be ambassadors in specialist subjects so they could pass on any information to the staff and improve practise. For example, one member of staff we spoke with had the responsibility for health and safety ambassador and was preparing to pass on information they had researched at the next staff meeting. This meant people who used the service were cared for by staff who had been provided with up to date information and were supported to improve their practise.