

Voyage 1 Limited

Roselea

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

About the service

Roselea is a residential care home providing accommodation and personal care for up to 11 people with a learning disability and/or autism. At the time of our inspection there were 11 people living at the service. The property is an adapted cottage with bedrooms available on the ground and first floor. First floor rooms were accessed by stairs. On the first floor there were three self-contained flats for people who wanted and could live more independently. There was garden space for people to access at the rear of the premises.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

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

There were enough staff available to safely meet people's needs. Staff were recruited safely, as the provider carried out the required checks prior to employing applicants. People had support from staff who had been trained and were supported by management. Staff told us they felt they had the skills to carry out their roles effectively.

People had their medicines as prescribed and staff made sure medicines were reviewed regularly. People's risks were safely managed with risk management plans in place to give staff guidance.

The service was clean and well maintained. Safety checks regarding the environment were carried out regularly such as testing fire systems. People had their own rooms or self-contained flats which they could personalise if they wanted.

People had support to plan and prepare their own meals if they wanted. People's health needs were

recorded in a health action plan. Staff made timely referrals to healthcare professionals when needed. Staff worked as a team to make sure people's needs were met. They used handovers to share information with each other.

People's relatives told us staff were caring. People had a key worker who took time to get to know them and their needs well. People were involved in their care. They had care reviews to discuss their support and talk about how well it was working for them. People had their own personalised care plan which was reviewed when needed.

There was an open and positive culture at the service. Staff told us management were supportive and approachable. Team meetings were held regularly, and staff could share their ideas for improvements. Quality monitoring was carried out by the manager and the provider to assess and monitor quality and safety. Any improvements were added to an action plan for the service, which was monitored until actions were completed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 23 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Roselea

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Roselea is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Prior to our inspection, the registered manager had moved to manage another of the provider's services. There was a manager in post who was in the process of adding Roselea to their existing registration for another service. This meant they would be registered for two residential services near to each other. We will refer to them as the manager throughout the report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Whilst we spoke with people during our inspection, their needs were complex, and communication limited. We observed how staff interacted with people and supported them in communal areas. This helped us to understand the experience of people who could not talk with us. We spoke with three members of staff and the manager.

We reviewed a range of records. This included four people's care records and medicine administration records. We looked at three files in relations to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident forms, health and safety records and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted five healthcare professionals who regularly visit the service. We also contacted four relatives for their views on the care experienced.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff and relatives we spoke with told us people were safe at Roselea. One relative told us, "I do think [relative] is safe there [Roselea]. [Relative] has their own flat and their own front door key. [Relative] can lock this up if they want to, and they do."
- People were being supported to be safe by staff who had received training on safeguarding adults. Staff were able to tell us the different types of abuse and how they would report any concerns.
- Incidents of safeguarding had been reported to the local authority. We had also been notified of any incidents and the action taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and recorded. There were measures in place to give staff guidance on how to manage identified risks.
- Behaviour support plans were in place where needed to give staff clear strategies on the levels of support people required. The service did not use any physical restraints.
- Staff carried out regular safety checks of equipment and the premises. This included checks on the fire safety systems.

Staffing and recruitment

- People were supported by staff who had been recruited safely. This included checks on previous employment and a disclosure and barring service check (DBS). A DBS check helps providers make safer recruiting decisions.
- There were enough staff to meet people's needs safely. Staffing numbers were based on people's needs and the commissioned hours provided by the local authority.

Using medicines safely

- People's medicines were safely managed. Staff had been trained in medicines management and had their competence checked annually. One healthcare professional told us, "They [staff] make any medication changes swiftly that are suggested and will monitor and feedback effects."
- There were no gaps in the recording on people's administration records and the stock we checked was correct. This meant people had their medicines as prescribed.
- People had protocols in place for 'as required' medicines which gave staff guidance on how to administer this type of medicine.

Preventing and controlling infection

- Staff received training in infection prevention and control and food hygiene. The home was clean, and people were encouraged to do as much cleaning for themselves as possible.
- There were supplies of personal protective equipment available and we saw staff follow good infection prevention and control practice.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and reviewed by a manager. Details were recorded in an electronic system which senior management had access to. The manager told us this enabled health professionals such as behaviour support specialists to review the incidents and offer further advice if needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments which helped to develop people's care plans. Guidance was reviewed as needed and gave details on all of people's needs such as religious, social and physical health needs.
- We observed staff had used nationally recognised assessment tools such as the 'Waterlow' to assess one person's risks of developing pressure ulcers.
- The provider was also signed up for a project to 'Stop the over medication of people with a learning disability, autism or both (STOMP)'. Staff made sure people's needs and medicines were regularly assessed so use of psychotropic medicines was kept to a minimum.
- People's oral health needs had been assessed and recorded. One member of staff told us they had sat with a dentist and produced pictorial guidance for people. The guidance gave people clear advice on how to brush their teeth.

Staff support: induction, training, skills and experience

- New staff completed an induction and then had further updates in a variety of training when required.
- Staff were complimentary about the training they received and told us they could ask for any training if they felt they needed it. One member of staff said, "The provider has always supported my development and given me any training and support I need."
- Staff told us they were well supported by the management and the provider. They had regular supervisions with their line manager to discuss any concerns or training needs they may have.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with enough food and drink. People were able to go shopping if they wanted and supported to buy their food. People had a choice of meal and were encouraged to plan and prepare food.
- People's dietary needs were recorded in their care plans. People who were at risk of choking had been seen by speech and language therapists. The guidance they had given had been added to people's plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had handover at the start of their shifts. This enabled staff to communicate with each other about any changes to people's needs or any events or incidents.
- People's records demonstrated that a range of healthcare professionals were involved in supporting people's health needs such as opticians, GP's and consultants. One relative told us, "I think they [staff] keep [relative] very healthy, we share information."

- People had health action plans in place to outline their health needs and how these were to be met. Where people had epilepsy there was clear protocols in place to support staff to know what to do if a person experienced a seizure. One member of staff told us, "Our epilepsy training is amazing, we get good support from the epilepsy nurses."

Adapting service, design, decoration to meet people's needs

- People had their own rooms which they had personalised. One person told us they had chosen their colour scheme because, "it is my favourite colour."
- The premises were well maintained, and communal areas were appropriate for people's needs. There was space for people to move around and a secure garden area which was accessible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who lacked capacity to make specific decisions had been assessed and staff recorded how they had attempted to involve people. Staff then followed best interest process to involve others and outline how decisions had been made. We did see two assessments where the best interest decision process was not recorded. The manager had identified this shortfall and added it to the service action plan for staff to address.
- The service had applied to the local authority where needed for a DoLS authorisation. Some people were waiting for their assessment. Where DoLS had been authorised, any conditions were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. Comments from relatives about the staff included, "The staff are always very caring and it is clear that [person] has, and continues to develop, strong bonds with specific members of staff", "The staff are all very nice and all very kind" and "Staff are so lovely and very welcoming."
- Staff respected people's individual needs and enjoyed their work. Comments from staff included, "I love this job, every day is different, and I have a soft spot for people who live here" and "People we support are great, and it feels like a family here."
- People had background information in their care plans which gave staff an overview of their lives and important events. National holidays such as Christmas and Easter were celebrated, and people were able to put up decorations in the home if they wanted to.
- Staff told us they tried to always ensure people were able to live an independent and fulfilling life. One member of staff said, "I feel proud of the opportunities people have, staff will try hard to make things accessible for people."

Supporting people to express their views and be involved in making decisions about their care

- People had a care review every six months which enabled them to be involved in planning their care. People's relatives were also invited to be part of this process.
- There was a key worker system in place, which meant people had designated workers who took extra time to get to know them. This enabled people to have an identified worker they could relate to and share views, wishes and preferences. One relative said, "[Person] has a good relationship with the staff I feel. They make sure [person] comes first."
- Details of advocacy services were available at the service. Advocates can speak up for people who are not able to do so themselves.

Respecting and promoting people's privacy, dignity and independence

- We observed people being treated with dignity and respect. For example, we saw staff knock on people's doors and wait for a response before entering and making sure doors were closed when people received personal care.
- People's personal information was stored securely in the office or locked cupboard.
- There were three self-contained flats at the home which encouraged people to live independently but with on-site support from staff when needed. One relative said, "[Person] is his own man and he likes to do things his own way, staff have been lovely about it."

- Staff told us how they always encouraged people to maintain skills such as putting cereal in a bowl. One member of staff said, "People have a good life here, we try to keep people as independent as possible. Small things like making their own cereal, helps people to do what they can."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a personalised care plan which was reviewed regularly by staff. This outlined step by step guidance based on people's preferences for how they wanted to be supported.
- People had choices on how they wanted to live their lives. They chose what to do each day and how they wanted to spend their time.
- Staff had taken time to get to know people's likes and dislikes and how they preferred their support to be provided. One relative said, "[Person] seems very happy at Roselea, much happier than I have seen [person] in a very long time."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS. Documents were available in easy read and/or pictorial formats. People's communication needs were assessed and recorded in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to engage in activities based on their interests. People had a weekly plan of activities in their care plans, which outlined the activities they enjoyed taking part in. One relative told us, "We are pleased that the staff continue to encourage [person] to take part in a range of activities in and away from the house."
- During our inspection we saw people going out in the community, helping to prepare meals and enjoy sensory activities. One member of staff told us, "People have good opportunities here, they go on holiday and are involved in activities. We have two vehicles, so we can take people out into the community."
- People told us about a "disco" they were going to in the evening. People were supported to go and meet friends in a local club every week. People told us there was music and dancing which they looked forward to.
- One person had voluntary work they did at a local church. The manager planned for more people to have the opportunity to find employment if they wanted to.

Improving care quality in response to complaints or concerns

- There had been no complaints since the last inspection. The provider had a complaints policy available in

the home which was easy read.

End of life care and support

- The service was not providing end of life care during our inspection. They had in the past and the manager told us staff had worked hard to make sure a person who was dying, was not on their own.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since the last inspection there had been a change of manager. In February 2020 the previous registered manager had gone to work for another of the provider's services. There was a new manager in post who was in the process of registering. They were registered for another of the provider's services and planned to manage two services. Each of the services had a deputy manager who would support the manager in their role. Staff told us the changes had been handled well by the provider.
- Relatives and staff told us they thought the service was well-led. One relative said, "I am so pleased to see [manager] back at Roselea, I have every faith in her. [Manager] is wonderful and I know [person] gets on well with her." Another said, "They have told me recently there is a change of manager. I know the new manager, so I am ok with that."
- The manager understood their responsibility to report certain events to the local authority and notify CQC.
- There was a clear staff structure which staff were aware of. Staff understood the need to report specific events to management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were living in a service where they were supported to achieve their goals. People were able to go on holiday and access their local community regularly. One relative told us, 'I have found Roselea to be an excellent home for [person]'. Another relative said, "When we visited, [person] knew where to take us out in the community, he is definitely going out and about which is good."
- Staff told us the provider and management were very supportive. One member of staff told us, "I feel well supported, there has been change recently but the new manager is very approachable."
- Morale amongst staff was good and we were told there was good team working at the service. This helped to make sure people were provided with person-centred care. One member of staff told us, "We have a good team here to work with, no days are the same. Morale is good, there are changes going on, but I know the new manager, so I am ok."
- The provider ensured staff had access to a free and confidential helpline if they needed it. One member of staff told us this could be used for any reason and gave staff access to a trained counsellor.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People were able to attend 'house meetings' to discuss how the service was provided. We saw minutes were kept, which showed people regularly discussed things like activities and daily life.
- Staff were able to attend team meetings and discuss people's needs and the support provided. Staff were regularly asked if they had any concerns.

Continuous learning and improving care

- Quality monitoring was in place which covered all areas of the service. Improvements needed had been identified and added to the service action plan. The manager told us they allocated actions to specific staff to complete and monitored this, to make sure improvements were made.

Working in partnership with others

- The manager told us they had good support from the local community learning disability team (CTPLD) and local healthcare professionals. One professional told us they had no concerns about the support provided at Roselea. They said, "I find them [staff] to be very caring of the residents."