

Voyage 1 Limited

Edith Road (Tregona)

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

Edith Road (Tregona) is a care home without nursing, operated by a corporate adult social care provider. The provider operates an additional three registered limited companies. Edith Road (Tregona) is one of 300 locations under Voyage 1 Limited. The care home provides accommodation and personal care to people with learning disabilities and/or autism spectrum disorder. The house is a detached bungalow with three bedrooms, situated in a quiet residential street of Maidenhead. The location is registered to accommodate up to three people. At the time of the inspection, two people lives at the care home.

At the time of the inspection, there was no registered manager. 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. Our registration team was in the process of registering the home manager with us.

Since transitional registration under the Health and Social Care Act 2008 on 20 October 2010, Edith Road (Tregona) has not always maintained compliance with the relevant regulations at each inspection by us. However, at the most recent inspection was a routine planned visit on 8 September 2014 we checked five outcomes, all of which were compliant. This inspection is the first visit under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the first comprehensive rating under the Care Act 2014.

People were safeguard from abuse and neglect. There was a robust system in place to ensure that people's safety was maintained.

Risks for people were assessed, mitigated, documented and reviewed. Appropriate records were kept and readily available to demonstrate this to us at the inspection.

The building and premises risks were assessed and managed to ensure people, staff and visitor safety at all times.

Enough staff were deployed to support people. Care workers we spoke with were satisfied that there was sufficient staff and that they did not place people at risk when they were busy. Our observations showed that the service was busy at times, but overall calm and relaxed and staff were dedicated to the people they supported.

Medicines were safely managed. We examined the handling of people's medicines during our inspection and found that people were safe from harm. Storage of medicines was correct. The community pharmacist audited the safety of medicines management at Edith Road (Tregona) and found only a small number of improvements were needed.

Staff were knowledgeable and competent. They received appropriate levels of training, supervision and performance appraisal. Relevant subjects were used to teach staff about caring for people with learning disabilities. This included the management of challenging behaviour and dealing with people's epilepsy.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decision meant the service complied with the MCA Codes of Practice. There was clear information at the service regarding people's applications, reviews and expiry dates for standard DoLS authorisations.

People received nutritious food which they enjoyed. Hydration was offered to people to ensure they did not become dehydrated. Snacks and treats were available if people wanted or chose to have them.

We found the service was caring. We observed staff were warm and friendly. As staff had worked with most people over an extended period of time, they had come to know each person well. The two people who used the service had lived there for a long period of time. This reflected in the care that people received from staff.

Responsive care was provided to people. Their wishes, preferences, likes and dislikes were considered and accommodated. Staff knew about the complaints procedure and people or others had the ability to complain.

The workplace culture at the service was good. Staff described a positive place to work and care for people. Staff told us they enjoyed their roles and found management approachable and reasonable. Sufficient audits of the service were conducted to check the safety and quality of the care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse or neglect.

People's risks were adequately assessed and mitigated.

Risks from the building, equipment and grounds were managed appropriately.

The service deployed satisfactory staff.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff training, supervisions and performance appraisals were appropriate.

People's consent for care was in accordance with the Mental Capacity Act 2005 (MCA). The management of the DoLS process was good.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People's independence was promoted by staff.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and focussed on people's individual needs.

People took part in social activities and were supported to follow their interests.

The service had an appropriate complaints system in place.

Is the service well-led?

Good ●

The service was well-led.

There was a positive workplace culture.

The conditions of registration were met by the service.

Audits were completed to monitor the safety and quality of people's care.

Edith Road (Tregona)

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.

The inspection was undertaken by one adult social care inspector. The inspection took place on 29 November 2016 and was unannounced.

For this inspection we asked the provider to complete a 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 reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning groups (CCG), fire authority and environmental health for information to aid planning of our inspection.

At this inspection people who used the service were not able to speak with us themselves. We spoke with the operations manager, the home manager, and two care workers. We conducted a telephone interview with one relative after the inspection.

We looked at two sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at two personnel file and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection. The provider sent documents to us after the inspection for use as additional evidence.

We looked throughout the premises and observed care practices and people's interactions with staff during the inspection. People who used the service were not present at the care home for the entire duration of the inspection, which limited our ability to observe care.

Is the service safe?

Our findings

People were protected from abuse and neglect. There was a good knowledge by the home manager regarding the principles of how to ensure people were safeguarded should allegations occur. The home manager displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. We were told a safeguarding and whistleblowing policy were in place and made available to all staff. We saw that signage with relevant contact telephone numbers was in the staff office. The home manager was clear about their role in managing safeguarding concerns. There were two referrals made to the local authority in 2015. These were also correctly reported to us, in line with the relevant regulation.

We looked at how Edith Road (Tregona) protected people from risks related to their care and accommodation. There was evidence of comprehensive risk assessments, including those relating to falls, moving and handling and behaviours which challenged the service or staff. There was evidence of the development of appropriate care plans to mitigate the risks. There was also evidence of regular and routine reviews. This ensured that the priority of risks to people was known by care workers and management. We found the service responded to people's identified risks with referrals to appropriate services, such as the GP or psychiatrist. Following reviews of people by these health professionals, we saw staff completed amendments to risk assessments and care plans. A new vehicle was given to the service in 2016 by the provider, so that people could be safely transported. This had reduced the risk that people could be injured during transfers.

The risks from the building, grounds and equipment were adequately managed. We saw a Legionella risk assessment, fire risk assessment and electrical safety monitoring. The service and provider conducted health and safety checks. Actions plans were established when deficits were identified. We noted one risk assessment where evidence of two actions was not available at the service during the inspection. The service sent this to us after the inspection, which showed the risk was previously mitigated.

The number of people who used the service was constant and both had lived at the service for lengthy periods of time. We reviewed the deployment of all staff with the home manager as part of the inspection. We were advised of the daily staff shift patterns and deployment. The service had a stable workforce, but did use agency staff routinely. The agency staff were booked in block placements, in an attempt to ensure continuity of staff for the people who lived at Edith Road (Tregona). There were circumstances which impacted the ability to recruit more permanent staff. We accepted these as appropriate. Staff at this location also worked at another nearby location operated by the same provider. We reviewed some rotas for 2016. These records matched the staffing deployment that the home manager told us about. Staff explained they would take on extra shifts as needed, and the deputy manager was provided with supernumerary days to complete managerial work.

People were protected because the service had strong recruitment and selection procedures. In conjunction with the provider's human resources (HR) team, the home manager was responsible for ensuring fit and proper person checks were completed and recorded for new staff. We looked at two personnel files. We

found the personnel files contained all of the necessary information required by the regulations and no documents or checks were missing. We saw this included criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. The service recorded staff's right to work in the UK.

We assessed if medicines were safely managed. People had medicines profiles in their care folders which set out what medicines were given and when. There was good stock control with counting of medicines to ensure accuracy and quickly detect any mistakes. The MAR charts were properly maintained, complete and were easy to follow. The room temperatures were checked and recorded to ensure medicines were stored safely. Medicines administration was completed by one care worker and checked again by a second care worker. This prevented and detected any medicines errors. Protocols were in place for 'as required' medicines. These are medicines given only when the person needs them, such as for pain or a seizure. The home manager stated there were no medicines incidents reported.

Is the service effective?

Our findings

Staff received specific, ongoing training and we found they were skilled in their roles. There was positive feedback from staff we spoke with regarding their training and development. All of the staff we spoke with confirmed that they received comprehensive training in various relevant subjects specific to their role. Staff could tell us the frequency of their training, for example how often they had to complete fire training. The home manager maintained an electronic training record which recorded when staff had completed each training topic. We reviewed the training system and saw the service's staff had excellent completion rates.

We found staff received appropriate support, supervision and performance appraisals. Staff were encouraged to plan their support with their supervisor or the home manager, and ensure they had sufficient opportunity to talk about their performance, key strengths and areas for improvement. The home manager also had supervision sessions with the operations manager. Records we reviewed confirmed staff had regular supervision sessions. The home manager clearly explained their method to ensure frequency of staff supervision sessions. Some staff had achieved relevant diplomas in health and social care, which assisted them in the performance of their roles. Other care workers were enrolled in relevant diploma courses.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We found the service legally deprived people of their liberty in line with the MCA and DoLS. We spoke with the home manager regarding standard DoLS authorisations for people. The home manager had a clear understanding about the DoLS application process and management of standard authorisations. The home manager showed us evidence that standard DoLS authorisations were obtained, and evidenced that when these expired, they applied for renewals. We looked at two people's standard DoLS authorisation documents. These were clearly set out, staff knew where to locate them and what the content was. The local authority provided positive feedback about the management of standard DoLS applications by the service. They confirmed that people were legally deprived of their liberty by the service.

People were provided with appropriate nutrition and hydration. This was dependant on staff leading the process of timing and preparing meals as people were unable to communicate this themselves. One person who had a risk of malnutrition had their meals and volume consumed recorded in a book. There was historical evidence in care documentation of people's food likes and dislikes. The home manager told us if a

person did not like the food, they would push it away to indicate this. The service used online grocery shopping to obtain items weekly, and ad hoc shopping for everyday essentials. We checked the kitchen, fridge and freezer and saw there were good stock levels and an appropriate range of foods. One person was correctly referred to a dietician because of their body mass index (BMI). We found the service followed the dietician's recommendations well and the person received effective nutrition. Staff were aware of the person's condition and determined to ensure they maintained a safe weight.

People at Edith Road (Tregona) were supported to maintain good health. As far as possible, people were supported by the service to attend all necessary medical and healthcare appointments away from the care home. Sometimes, people would refuse their appointments, tests or examinations. To relieve people's anxiety, staff explained they encouraged people that good healthcare was necessary, and made repeated attempts to ensure the tests or visits occurred. Examples of good support to people related to healthcare included assistance with GP visits. Other healthcare professionals attended the service on occasions. Staff we spoke with were knowledgeable about people's ongoing health matters, especially their learning disability diagnoses and individual personalities. The service had a strong relationship with the local authority team for people with learning disabilities.

Is the service caring?

Our findings

People who used the service were not able to tell us whether the service was caring. We received a positive response about the quality of care at Edith Road (Tregona) from the commissioners we contacted. We saw some of people's care throughout the day. We observed staff were knowledgeable and understood people's needs. Staff told us their roles were sometimes challenging and required enthusiastic effort. One relative we spoke with gave praise to the staff and the service. They felt the service was caring. The relative said, "The way they look after [my family member] is really good. Staff are very caring. They have ensured [the person] can get into the lounge now using hoists. The temporary staff are just as nice."

People could not be involved in their care decisions. We reviewed care documentation and found that relatives and healthcare professionals were actively involved on behalf of people. A dedicated care worker ensured each person's care planning and decision making was current and reviewed yearly, or as needed. Meetings to discuss care plans were held with one family and with the other person's independent advocate. There was evidence of best interest decision-making as people could not provide consent or answers about particular questions.

As far as possible, people's independence was promoted by staff. The home manager explained that care workers encouraged people to eat for themselves without staff involvement. One person liked to push the plate away, but staff would intervene and put the plate back. The home manager stated this action prompted to eat more food on the plate before pushing it away again.

Staff demonstrated respect of people's privacy when personal hygiene care was provided, by closing bedroom doors and curtains. We observed staff knock on people's bedroom doors when they were closed. We saw staff announced their presence and sought consent from people to enter their rooms. We saw staff called people by their name and treated them with respect when they provided care.

Confidentiality of people's information was maintained, including electronic records and communication. We noted computers required a user password to log in. Computers and paper-based records were stored in a staff office. We did not observe any instances of people's personal information being located at an inappropriate place within the building. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the provider ensured that confidential personal information was handled with sensitivity and complied with the legislation.

Is the service responsive?

Our findings

We looked at two people's care documentation to determine whether care at the service was responsive to their needs. We found people who used the service had their personal needs and preferences taken into account. We saw that when people's needs changed, or an incident had occurred, the risk assessments and care plans were adjusted to ensure people's care was always safe. There was good evidence of effective care for one person, whose mobility had decreased over time. The service had implemented measures like a hoist and use of a different vehicle to ensure that the person was able to come out of their bedroom regularly.

There was evidence of individualised care planning within the care files we reviewed. We found the care plans were well-written and incorporated personal details specific and relevant to the needs of the person. Care plans clearly set out in detail the actions to ensure that all aspects of people's health, personal and social care needs were met. We found that the documentation ensured staff and other visiting health professionals could easily ascertain what the person's identified needs were, and the related actions in place to protect them. The daily notes by care workers were detailed, with information recorded which was person-centred. For example, in the care documents we reviewed, staff recorded specific behaviour each person displayed and activities they participated in daily.

People were encouraged to maintain an active lifestyle in the community. The layout of the building meant that easy access inside and outside was provided. There was a garden at the rear of the premises which was suitable during satisfactory weather. The home manager explained their plans for the conservatory to be changed into a sensory room for people's pleasure. At the inspection, care workers helped people get ready for their activities and we saw people were transported to a nearby day centre. The home manager explained people participated in church lunches, shopping and dining out. People had attended ten pin bowling previously, but this had ceased due to people's ability to participate safely.

The provider had a complaints policy and procedure. Information with regards to how to make a complaint was available, and also produced in an easy-read format. Staff we spoke with knew about the complaints policy and the steps they would take if a person or relative wanted to make a complaint. The policy and procedure contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints through to the provider if people felt their complaint was not handled well or were dissatisfied with the initial outcome of an investigation. There were no recent complaints on record at the service. Since our last inspection, we had not received any complaints about the service either.

Is the service well-led?

Our findings

A harmonious, positive workplace environment was present at Edith Road (Tregona). Staff were satisfied with the service, provider and pleasant to us during the inspection. We observed the small team worked well together and people were treated well by staff. Staff meetings took place regularly and the management were present in the everyday running of the service.

The provider complied with the requirements of their CQC registration. There was home manager in post at the time of the inspection. They had applied for registration and were due to have their 'fit person interview' with our registration inspector the day after our inspection. During the preparation of this inspection report, the home manager was successfully registered with us.

The home manager worked across two locations. We found that the home manager was supported by a deputy manager at the service. We found the management team honest, approachable and professional. The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the statement of purpose for the service was appropriate. The provider kept their statement of purpose updated and regularly sent changes to us.

We found that an appropriate number of surveys or audits were conducted to ensure the service measured the safety and quality of care. We saw these included checks of people's personal finances. The home manager conducted quarterly quality checks, which were then checked by the operations manager. These were completed as part of the provider's requirements for the service. However, the service had further checks they completed to ensure people's quality of care. The service participated in an 'annual service review', and we looked at the results from the September 2016 survey. The report showed 'what's working' and 'what's not working'. Staff had responded with comments like, "Care and support is good", "Supporting the ladies is easy", "Rooms are individually personalised", "The care is excellent", "Familiar staff members on shift", "Excellent support from the manager" and, "Staff work as a team". These were positive indicators for a well-led service.

The 'annual service review' also provided information about areas the service could improve on. Staff commented that transporting people who used the service was problematic. This was resolved by the time of our inspection, as a new vehicle was provided to the service by the provider. Other comments were related mainly to maintenance issues, which we saw were then logged into the maintenance system for action. An action plan was generated from the service review and responsible staff and timeframes for action were documented. The provider's quality team also performed an annual inspection similar to our key lines of enquiry and key questions. The last internal inspection by the provider showed an overall compliance score of 94% for the service.

We saw the service's community pharmacist completed a medicines audit in 2016, and some minor actions were required after their visit. We found these were completed.

Accidents and incidents were recorded by staff and reviewed by the deputy manager or home manager. Where necessary, we found investigations were carried out to determine the cause of incidents. The service needed to look at any patterns or trends to prevent similar incidents from reoccurring.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the home manager, they were able to explain all of the circumstances under which they would send notifications to us. Our records showed that the service sent required notifications to us.

Providers are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The home manager was familiar with the requirements of the duty of candour and was able to clearly explain their legal obligations in the duty of candour process. The service did not yet have an occasion where the duty of candour requirements needed to be utilised. At the time of the inspection, the service had a duty of candour policy which was appropriate. The policy clearly set out the steps for the management to follow if the duty of candour requirement was triggered.