

Voyage 1 Limited Rhodelands

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 

Overall summary

We completed an announced inspection of Rhodelands on 27 February 2015. We gave notice the day before the inspection so the manager could inform people using the service about our inspection.

At our previous inspection in June 2014, we had identified breaches in Regulations relating to consent to care and treatment, care and welfare, cleanliness and infection control, assessing and monitoring the quality of services and record keeping. Following this the provider sent an action plan telling us about the improvements they intended to make. During this inspection we looked at whether or not those improvements had been met and we found that they had.

Rhodelands is a care home registered to provide care for up to seven people who have learning disabilities and autism.

There was a registered manager in place at Rhodelands at the time of our inspection. 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.

Summary of findings

People using the service were happy and comfortable with the staff members supporting them. Families we spoke with told us they felt their relatives were cared for safely at Rhodelands. Sufficient staff were available to safely support people with their care and interests.

Risks at the location, including those associated with medicines and healthcare acquired infections were identified and well managed. The provider had taken steps to reduce the risk of abuse to people by following robust recruitment practices and checking to make sure staff understood safeguarding practices.

Where people did not have the capacity to make certain decisions the provider had acted in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves.

Staff were supported and developed by the management team and received training to support them with their job role. Staff demonstrated a good understanding of

people's care needs and communication methods. People's day to day needs were well managed and people had input from other professionals to support their care planning.

Staff cared about people at the service and staff supported people with kindness and respect. People using the service were supported to be involved in planning and evaluating their care. People's preferences were incorporated in how people wanted to decorate their own rooms and where they wanted to go on holiday. People were supported to maintain relationships that were important to them.

Action had been taken in response to previous complaints over the maintenance of the garden. People were supported to give feedback on the service and this had been included in an action plan written by the manager to develop the service further.

Quality assurance systems were in place to identify where further improvements were required. The manager had a clear aim to be open and transparent and staff had confidence in her leadership.

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.

Risks to people's safety were identified and well managed and recruitment processes were robust. People's medicines were safely managed and there were sufficient numbers of staff to provide care and support.

Good



Is the service effective?

The service was effective.

Staff received support and training to enable them to care for people effectively.

People were encouraged to maintain healthy lifestyles through balanced food choices and exercise. People were also supported to access external health professionals when required.

Good



Is the service caring?

The service was caring.

People using the service showed us they were happy with the staff supporting them. People's families told us they liked the service and the way staff cared for people.

People contributed to the planning and evaluation of their care and support and staff supported people with respect and understanding.

Good



Is the service responsive?

The service was responsive.

People were supported to maintain relationships that were important to them. People's preferences were understood by staff and people were supported to make their own choices. Complaints and feedback were used by the manager to make improvements.

Good



Is the service well-led?

The service was well led.

The manager demonstrated open and supportive leadership. Staff were confident in their work and understood their role and responsibilities.

Feedback from people using the service, their families and staff was used to plan further developments. The manager also identified where improvements were required in the service and made changes where needed.

Good



Rhodlands

Detailed findings

Background to this inspection

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

This inspection was announced and took place on 27 February 2015. We gave notice the day before the inspection so the manager could inform service users in advance of our arrival. The inspection team included an inspector and a specialist professional advisor for learning disabilities.

Before our inspection we reviewed relevant information including notifications. Notifications are changes, events or incidents that providers must tell us about.

Not everyone who used the service could fully communicate with us. We spent time with four people who used the service. We observed how staff supported and interacted with people and spoke with three people using the service. We spoke with two people's relatives, a social care professional and seven staff members, including the manager and the operational manager.

We reviewed four people's care records and other records relating to the how the home was managed. This included some of the provider's audits on the quality and safety of people's care, staff training, recruitment records and medicines administration records.

Is the service safe?

Our findings

At our previous inspection we asked the provider to take action to ensure people were protected against the risks of health care associated infections as the appropriate guidance had not been followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made.

We viewed people's bedrooms and en-suite bathrooms and found these to be clean and well maintained. Communal toilets and bathrooms had supplies of dispensable soap and paper hand towels to help prevent the spread of infection. Cleaning solutions were stored safely. We looked at recorded cleaning schedules and found they had been completed by staff to show they had been followed as scheduled. Staff understood and recognised the basic principles of infection prevention and control to minimise risks to people and to prevent and control of infections.

One person showed us they enjoyed living at the service and we saw people were confident and happy in the company of staff members who supported them. Staff checked people felt safe and well or if they had any worries as part of review meetings.

Information was on display to remind staff about how to report any worries or concerns under safeguarding. The manager checked that staff understood how to keep people safe. Discussions were regularly held with staff about how to recognise signs of abuse and how to report concerns. The provider reported safeguarding concerns to the appropriate authorities when required.

Information was also on display for people using the service and used pictures to help aid people's understanding. This covered how people could keep themselves safe and how to get help if they were worried. We saw that people using the service had completed a survey and had reported they felt safe living at the service.

Risks to people's safety were identified and managed. Risk assessments were completed and used to inform people's care plans. This included risks associated with people's health conditions and lifestyle choices. Risks at the location were also identified and managed and included regular checks of the hot water temperatures at all bathing and shower outlets to help prevent accidents by scalding.

Staff understood and followed the provider's accident and incident reporting procedures. All reported accidents and incidents were reviewed by managers and actions that may help to prevent future incidents were identified when required.

Procedures were in place for staff to follow in the event of any emergency in the home. For example, people had personal emergency evacuation plans in place and staff told us the fire alarm systems were tested each week.

People were supported by sufficient numbers of staff. Staff told us there was always a senior member of staff on duty to provide any additional support required. Staff rotas were planned in advance and showed that there were sufficient staff to meet people's needs. For example, we could see that enough staff were available to provide one to one support to people who required it. On the day of the inspection some people went out on a pre-arranged day trip. One person chose to go out for a local walk and lunch. Another person preferred to stay in the service. One person's relative told us that the staffing group was very settled and said, "They are absolutely wonderful."

Recruitment procedures were followed, which helped to make sure that staff employed were suitable to work with people living at the service. Staff told us, and records confirmed that all of the required employment checks were obtained before each staff member started working in the home. This included Disclosure and Barring Service (DBS) and reference checks. The DBS service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People received their medicines when they needed them and people's medicines were safely stored and managed. Staff responsible for people's medicines had received up to date training. Managers checked that staff were competent to administer people's medicines by observing their practice following training. Staff competency checks were then repeated at least annually.

Some people's medicines were prescribed to be taken 'as and when' required, rather than at regular intervals. There were guidelines in place to support staff to make consistent judgements about when to administer 'as and when' required medicines.

Is the service safe?

Medicine administration records (MARs) were accurately completed. We checked a sample of medicines in stock and found these were recorded correctly and had been stored securely. Records had also been made to check medicines were being stored at the correct temperatures.

Is the service effective?

Our findings

At our previous inspection we asked the provider to take action because they had not always ensured that there were suitable arrangements for obtaining and acting in accordance with the consent of people who used the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the required improvements had been made.

We also asked the provider to take action because people did not always experience care, treatment and support that met their needs and protected their rights. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the required improvements had been made.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

Staff responsible for assessing people's capacity to consent to their care, demonstrated an awareness of the MCA and DoLS. A DoLS authorisation was in place for each person who used the service. Where people lacked capacity to make a decision the service acted appropriately to meet the requirements of the Mental Capacity Act 2005. We saw that meetings were arranged to decide what actions were in a person's best interests when needed. Records also showed independent mental capacity advocates (IMCA's) had been involved in reviews of people's DoLS as appropriate.

People's care plan records showed when they were supported to access external health professionals when required. This included doctors, dentists, podiatrists, community nurses and psychiatrists. People were given

help and support to understand choices about their health. We could see input from healthcare professionals who used easy read and pictorial guides to explain a range of health checks for people using the service.

People had emergency health information available to take with them should they require urgent admission to hospital. This detailed any specific health and communication needs of people using the service. This meant that other professionals involved with people in an emergency could communicate and understand people's needs.

People were supported to maintain healthy lifestyles. Staff knew how to support people to maintain a healthy weight and encouraged them to take regular exercise. People's weight was monitored and recorded. Staff were aware of one person's weight gain and the reasons for that and told us it was under review with the person's doctor. For another person, staff were required to monitor the person's mood. We found staff had completed regular records as required. This meant that relevant information was available on the person's mood when their care and treatment was reviewed by external health professionals.

At this inspection we found that new members of staff received an induction to the service. One person told us they were supported and mentored through their induction period by a more senior and experienced staff member and they had found that helpful. New staff told us they worked in addition to the usual numbers of staff working at the service while they were on their induction. They told us this gave them the time they needed to read people's care plans, to shadow other staff and get to know people receiving care.

Staff received regular supervision and formal appraisals of their work performance and development and training needs. Staff told us they felt well supported and could access their supervisor or manager whenever they needed to. They also said that the manager helped them to develop new skills. One staff member told us, "[The manager] is a real help and lovely." Another staff member said, "[The manager] is brilliant and supportive."

Staff told us they were happy with the training they received for their job role. One staff member told us, "The

Is the service effective?

training is wonderful.” Staff training records showed that staff received training in areas relevant to their job role to keep their skills up to date and this had included autism awareness.

Some people experienced communication difficulties relating to their health conditions. Staff told us they used ‘objects of reference’ to help them to communicate with people. For example, staff may show people their shoes to prompt them to get ready to go out, or show them their meal when it was time to eat. Some people in the service used Makaton when they communicated with others. We saw Makaton signs were on display to remind staff of basic Makaton signing. Makaton supports spoken words with signs and symbols to further support people’s understanding. When we observed staff supporting people

they demonstrated they knew each person and understood people’s different needs. Strategies used by staff to communicate and engage people were consistent and effective.

People received a choice of food and we saw a menu planner with two different choices of dinner available each day. Staff told us the different ways people would indicate their preferences. This included how people who were non-verbal would indicate a preferred choice by an inclination of their head when shown pictures of choices.

One person ate out for lunch on the day of our inspection and on their return they told us they had enjoyed their meal. A person’s relative told us that food provided was good and the person enjoyed their meals. Another family member told us their relative had never complained about the food and was happy with the food choices available.

Is the service caring?

Our findings

Staff told us that the happiness of people using the service was important to them. One staff member said, “I like to see people with a smile on their face, it makes my day.” Staff told us they supported one person to buy something special for themselves each week. This person showed us their room and some of the personal items they kept there which they had treated themselves to. We could see this made them happy.

We saw that staff engaged positively and were kind and caring with people. They took time with each person to find out how people were feeling, whether they were well, and what was happening throughout the day. Staff communicated clearly and patiently with people and gave them the time they needed to understand and respond. Staff also respected people’s decisions about their care. For example, we saw that staff gently encouraged one person to eat their lunch. When the person expressed they did not want their lunch, staff respected this decision and offered to provide their lunch at a later time.

People were regularly involved in planning and making decisions about their care. Monthly meetings were held between people using the service and those members of staff who knew them well. During the meetings people were supported to comment on what had gone well and

what could be done better. Written questions used in the meetings were provided for people in clear language with short sentences and pictures to help them to understand and respond. This is sometimes known as an easy to read format. Completed notes of meetings that we looked at showed how people had given their ideas for trips out.

Staff respected people’s dignity by caring and helping people maintain a smart appearance. Staff told us they would check if any clothing needed changing after meals, or assist people to look fresh and clean after eating. A family member told us their relative who used the service always wore nice clothes when they visited them. Staff we spoke with talked very respectfully about the people they supported. Staff told us they were mindful to maintain people’s confidentiality if discussing people’s care plans with other staff members. During the inspection we observed staff inviting people to receive their medicines in a treatment room and this provided people with privacy.

People were encouraged to participate in routine household activities such as polishing, laundry and baking, to help them to maintain their independence. We saw that staff supported one person to bake cakes in the kitchen. Another person’s relative told us the person enjoyed being involved in everyday activities, such as mopping their bathroom floor and changing their bed linen.

Is the service responsive?

Our findings

People received personalised and responsive care. Staff regularly supported one person to answer the telephone when their relatives called and to answer letters and accommodate visits when they were arranged. The person told us this was important to them. When we spoke with staff they clearly understood that this person's family relationships were important to them. People's relatives told us how much they appreciated the support given by staff, which enabled people to maintain regular contact with them. People's care plans showed staff how to support people to maintain their personal relationships with families and friends. We also saw people's relatives were appropriately involved in their care reviews. Where reviews had identified actions we found that those actions had been taken. For one person this had included changes to their bed and equipment used.

People were supported to express their lifestyle preferences. People's rooms were individually personalised to reflect each person's interests and hobbies. People's care plans showed how people were supported to make some of their daily living choices. For example, staff had recorded how they had supported one person to choose the type of holiday they wanted. They did this by showing the person photographs of different holiday locations and then they chose the location which the person had smiled at the most.

On the day of our inspection some people were on a day trip with staff. One member of staff told us, "I love taking people out and arranging day trips." They told us they organised outings from people's expressed ideas about places of interest they wanted to visit, or new experiences they wanted to try. We saw that people also had regular opportunities to go swimming and to go out dancing. One person told us they particularly enjoyed dancing.

One person's relative had sent a written compliment to the service which said, "Seeing [my relative] out having a meal is such a shock to me as I didn't think it was possible. I love every photo, I'm so grateful [my relative] is in your home. Thanks so much." Another family member told us, "They get the best out of [my relative]."

Information was visibly displayed, in a way that people could understand, which told people how they could let the provider know their views about the care and support they received. Advice was also provided for people about what to do if they were unhappy with their care or any aspect of the service.

We could see action had been taken by the registered manager to respond to previous complaints made regarding the maintenance of the garden. On this inspection we saw the garden was well maintained. A social care professional we spoke with told us this was important to one person they supported at the service.

Is the service well-led?

Our findings

At our previous inspection we found that actions were not always taken when improvements were identified and that systems designed to identify, assess, manage and analyse risks were not always effective. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made.

We had also requested the provider take action because records kept for the care and treatment of people using the service were not always accurately maintained or securely stored. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made.

The registered manager had been in post since June 2014. They understood their responsibilities and had sent appropriate written notifications when required to tell us about any changes, events or incidents at the service. Staff told us, "[The manager] seems to be on the ball and on top of things here." Another member of staff said, "Good practice is now daily practice here," and, "The manager is very, very good."

The manager carried out regular checks of the quality and safety of the service. Temperatures were monitored to ensure food and medicines were kept at safe temperatures and regular vehicle safety and fire panel checks were carried out. Audits were also in place to monitor the quality of care provided in other areas. These included audits of health and safety practices, medication, first aid kits and infection control processes.

Recent checks had also identified that improvements were needed in relation to record keeping and this had been

discussed with staff. Minutes of staff meetings showed that staff had raised areas where they required more information and further advice and guidance had been provided to staff. The manager had also identified areas of the service for development and had secured resources to support this.

The provider sometimes asked people for their views about the care provided by asking them to provide feedback. The provider had asked people at the service, staff, relatives and friends for their comments. The manager had used people's comments when developing an action plan for the service. One area being developed was the use of a cabin in the garden so people using the service had another space to use for leisure and relaxation.

We observed people using the service and staff were relaxed in the company of the manager. The manager was supported by senior staff who demonstrated enthusiasm for their work and were open and friendly with staff and people using the service. Senior staff told us they believed in leading by example and had worked with the staff team to develop their confidence and skills.

Staff also told us they were confident any concerns they may have about people's care would be listened to and acted on by the manager. Senior staff gave us some examples of when concerns expressed by staff had been responded to and acted on in a timely manner. A family member we spoke with told us they would be confident to talk with the manager should they ever have any need to.

Staff helped people stay connected and involved with their local community. People went for local walks and visited the local shops and café. Families we spoke with told us they were made welcome when they visited and had the opportunity to contribute to how the service developed.