

Voyage 1 Limited

1-2 Canterbury Close

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

Canterbury Close is a care home for people with learning disabilities. It can accommodate up to 10 people in two purpose build properties. It is close to Rotherham and local amenities. At the time of our inspection there were 10 people living in the home.

At the last inspection on the December 2014 the service was rated Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for '1 – 2 Canterbury Close' on our website at www.cqc.org.uk

At this unannounced inspection on the 28 March 2017 we found the service remained Good. The service met all relevant fundamental standards.

The service has a 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.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place. We received extremely positive feedback from people who used the service and their relatives. People we spoke with told us they felt safe and relatives also said the home provided safe care.

Robust recruitment procedures ensured the right staff were employed to meet people's needs safely.

At the time of the inspection there was sufficient staff on duty to meet people's needs. Relatives we spoke with confirmed when they visited there were sufficient staff on duty. Relatives also told us there were adequate staff to facilitate regular activities.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training and regular audits of the system.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People were treated with respect. People and their relatives told us staff were kind and very caring. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them.

People could take part in activities of their own choice and there were also organised group activities. People also received one to one support for activities in the community and had an organised holiday each year.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they would feel comfortable raising any concerns with the management team.

Relatives were very happy with how the service was run. There were systems in place to monitor and improve the quality of the service provided. Action plans were implemented for any improvements required and these were followed by staff. The quality monitoring had identified that some environmental improvements were required, however, the provider had not approved these and we had no date for work to commence. Since our inspection we have been informed they are approved and awaiting confirmation of start dates.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

1-2 Canterbury Close

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 checked 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 comprehensive inspection took place on 28 March 2017 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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 looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were ten people using the service. As we were unable to communicate with some of people living at the home due to their complex needs we spent time observing care and support during our visit. However, we spoke with four people who used the service and contacted two relatives by telephone following our inspection.

We spoke with the registered manager, four support workers and the operations manager. We also contacted and spoke with two health care professionals following our inspection.

We looked at documentation relating to two people who used the service and two staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt very safe living at Canterbury Close. Relatives we spoke with told us they were confident that their family member was safe and well cared for. One relative said, "I know [my relative] is safe as they are always happy." Another relative said, "[My relative] is well looked after."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe.

From our observations and speaking with staff it was evident staff understood people's individual needs and knew how to keep people safe. We saw they encouraged people to stay as independent as possible while monitoring their safety. Where assistance was required this was carried out in a safe way. For example we saw people were moved safely when support was required and staff had received training in how to move people safely. We also saw appropriate arrangements were in place in case the building needed to be evacuated, with each person having their own personal emergency evacuation plan.

We found there was adequate staff to meet people's needs. Some people received one to one support for their safety and this was in place at the time of our inspection. Staff we spoke with confirmed there was adequate staff to be able provide the care and support required, including accessing the community and activities.

A robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled two staff files all essential pre-employment checks required had been received. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines in the care home. This included the storage, handling and stock of medicines and medication administration records (MARs) for people.

Medicines were stored safely. We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed.

Is the service effective?

Our findings

People we spoke with said staff were kind and caring. One person said, "I love it here, I am very happy, I wouldn't change anything." A relative told us, "The staff are excellent they understand [my relative] and certainly meet their needs." Another relative said, "I am kept informed of any changes and attend meetings with [my relative] at the home to discuss care and what could improve, I can't fault the service."

We found staff had the right skills, knowledge and experience to meet people's needs. All new staff completed an induction when they commenced work. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role.

The registered manager was aware of the 'Care Certificate' introduced by Skills for Care. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. They stated that any appropriate candidates employed would be expected to undertake the care certificate as part of their induction to the home.

Staff told us they felt they had received the training they needed to do their job well. The registered manager said staff had to complete the company's mandatory training, which included moving people safely, health and safety, food safety and safeguarding vulnerable people from abuse. The registered manager was arranging further training for staff to include emergency first aid.

Staff had received regular supervision sessions and an annual appraisal of their work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. Records sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files.

At lunchtime we observed the meal being prepared and spoke to people about the food. People were able to choose what they wanted for lunch and what time they wanted to eat. People told us they enjoyed the food and were actively involved in menu planning. One person said, "I get a choice of what I want to order, we never run out of anything."

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as doctors, dieticians and occupational therapists. Health care professionals we spoke with told us the service was very good at

seeking advice and guidance to ensure people's needs were met.

The registered manager had identified that improvements were required in the kitchens on each unit. We found the kitchens were very tired, damaged worktops and units and lack of suitable access to facilities for people who used a wheelchair. The provider was required to approve these improvements and at the time of our inspection these had not been approved. Following our visit we have had confirmation from the operations manager that they have been approved and will be organising a start date.

Is the service caring?

Our findings

People told us that staff respected their decisions and confirmed they or their relatives, had been involved in planning the care staff delivered. Relatives we spoke with told us staff were very good, knew people's needs and provided excellent care and support..One relative said, "Staff understand [my relative] and how they communicate to ensure they are able to understand their choices and decisions.

We saw that care delivered was of a kind and sensitive nature. Staff interacted with people positively and used people's preferred names. We saw that people's dignity and privacy were respected. Relatives we spoke with confirmed this. One person said, "Staff are very caring and always maintain my privacy."

We spent some time in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversations and activities. The interaction between staff and people they supported was inclusive and it was clear from how people approached staff they were happy and confident in their company.

The registered manager told us that staffing numbers were configured to allow people to participate in activities off site, and we saw that staff went off site with people to participate in activities of their choice. The staffing levels meant the activities could be individualised and met people's preferences and we saw high levels of engagement with people throughout the day. There was laughing and joking and banter, people were happy in the company of staff and the conversations were all inclusive. One person said, "We are like a big family, it is lovely. I have made friends with staff."

Conversations we heard between people and staff showed staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported.

Is the service responsive?

Our findings

People we spoke with all told us they were very satisfied with the care and support they received. Relatives we spoke with told us staff provided excellent care and support that met the needs of their family member.

Each person had a care file which contained information about them and their individual care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home. Care plans and risk assessments had been completed. People we spoke with told us they were involved in their care and support plan and the staff regularly reviewed the plan with them. One person said, "I go through my plan with staff, I am happy with what staff do."

The daily records and visit records were all up to date. These records showed the registered manager worked responsively with external professionals, such as social workers, occupational therapists and dietitians. We saw the professional visit record was updated following any input from health care professionals. For example one person's needs had deteriorated so the staff had sought involvement from the tissue viability nurse to ensure their pressure area care needs were identified and measures in place to prevent any sores developing.

Health care professionals we spoke with all said the staff identified changes and contacted relevant professional for advice or guidance. This ensured people's needs were met.

People were supported to access the community and participate in activities. People had been on holidays and at the time of our visit the staff and people they supported told us they were arranging holidays for this year. One person told us they had booked their holiday and had a calendar up to show how many days it was until they went. They also told us staff had arranged the holiday so they would be away for their birthday, which they had wanted. The person was very excited about the holiday and looking forward to it.

There was a complaints' policy which was given to each person when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. A record of compliments received had been maintained with outcomes.

The relatives we spoke with told us they felt any concerns highlighted would be taken seriously by the management team and they would take action to address them. One relative commented, "If I am not happy I say it, and any issues I have raised no matter how minor are always resolved immediately."

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

There was a structured team in place to support the registered manager. This included a deputy managers, senior support workers and support workers. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

Most people using the service were unable to communicate their views about leadership of the service but our observations saw that the service benefitted positively from the registered manager and the way in which the home was run. Staff told us that they felt well supported by the registered manager and the deputy. They said there was an open and transparent culture in the home and they were comfortable raising concerns. Staff felt they worked well as a team and everyone pulled together to share ideas and resolve problems.

We found systems were in place for managing safeguarding concerns and incidents and accidents. Staff told us that the registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the operations manager and the registered manager. Any issues identified were recorded on an action plan and were actioned. The issues we identified during our inspection had already been picked up by the operations manager and the registered manager and an action plan was in place to address the issues. However, some issues could not be actioned without approval from the provider. We found some improvement works had not been approved, yet were in need of attention. For example the kitchens were very tired and had damaged worktops and cupboards that could not be thoroughly cleaned. The provider since our inspection has approved the works and we were informed they were waiting for a start date.

The registered manager actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, resident meetings and questionnaires. People's feedback was taken into account to improve the quality of the service. We saw the results of the last survey sent out and most of the comments were very positive. The only negative comments were that some areas of the environment were tired. This is being addressed.

Communication within the staff team was described as very good. Regular hand overs kept staff informed of people's changing situations. Staff meetings enabled staff to keep up to date with and changes and updates.

