Voyage 1 Limited

Woolston Road

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

This inspection visit took place on 5 July 2016 and was unannounced.

Woolston Road provides accommodation and personal care for up to eight people who have learning disabilities or autistic spectrum disorder. There were six people using the service at the time of this inspection.

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.

The last inspection took place on 20 and 26 May 2015. As a result of this inspection, we found the provider in breach of one regulation relating to staff training and support and asked them to submit an action plan on how they would address the breach. An action plan was submitted by the provider which identified the steps that would be taken. At this inspection, we found that the provider and registered manager had taken appropriate action and required standards were now being met. The registered manager had also made improvements in relation to risk management and the management of medicines.

Staff received training and support to help ensure people's needs and behaviours were responded to effectively and staff were confident in their approaches.

The systems for managing medicines had been improved and were being operated effectively. Risk management procedures were followed in line with the home's policy and procedure.

Care and support plans were personalised and were being reviewed and updated, which supported staff to respond in a timely and effective manner to people's needs. Health issues were acted upon and recorded.

Staff supported people to take planned risks to promote their independence. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet the needs of people currently using the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The registered manager understood when an application should be made and how to submit one

People were supported to eat and drink enough to meet their needs and were involved in menu planning and in cooking their own meals.

We saw staff were responsive to people's needs and listened to what they said. The provider and registered manager sought feedback from people about the service and had a process in place to deal with any complaints or concerns.

There was an effective system of quality and safety audits that was used to drive improvements.

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.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

Medicines were stored, administered and managed safely.

People were protected from the risk of abuse because staff understood their responsibilities.

There were sufficient staff and the provider checked staff's suitability for their role before they started working at the home.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff who had relevant training and skills.

Staff understood their responsibilities in relation to consent and supporting people to make decisions. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards.

People's nutritional and specialist dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed.

Is the service caring?

Good

The service was caring.

Staff were friendly, kind and caring towards people.

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence, by encouraging them to make their own decisions.

Is the service responsive?

Good

The service was responsive.

Staff listened to people and were responsive to their needs. They had a good understanding of people's needs, choices and preferences, and the knowledge to meet people's individual needs as they changed.

The provider and registered manager sought feedback from people about the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

Staff received support and were well informed.

The registered manager and the provider played an active role in quality assurance and helped to ensure the service continuously developed and improved.

Woolston Road

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.

We visited Woolston Road on 5 July 2016. The inspection was unannounced. The inspection was carried out by one inspector.

During this inspection we checked that a breach of legal requirements identified at the last inspection on 20 and 26 May 2015 had been addressed.

Before the inspection we checked the information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

Not all of the people who used the service were available or able to communicate verbally with us during our visit. We spent time observing how staff provided cared for people to help us better understand their experiences of the care and support they received. We spoke with the registered manager and operations manager and four members of the care staff team. Following the inspection visit we contacted two relatives who provided us with feedback about the service.

We looked at a range of documents and written records including four people's care records, staff recruitment files, risk assessments and medication charts. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

Good

Is the service safe?

Our findings

Since the last inspection in May 2015, the registered manager had made improvements in relation to risk management and the management of medicines.

People's risks had been identified and assessed and systems were in place to mitigate the risks. For example, a person who was at risk of choking when eating had a specific support plan for this. Staff were aware of the risk and had received training relating to the person's condition. A new member of staff told us the training had helped them to support the person safely and confidently. The service continued to support people to take planned risks to promote their independence. One person was enabled to access the community on their own, based on a risk assessment and guidelines agreed between the person and the provider.

People's medicines were stored appropriately and managed so that they received them safely. Up to date records were kept of the receipt and administration of medicines. There were individual support plans in relation to people's medicines, including any associated risks. Clear guidelines were in place for when prescribed 'as required' (PRN) medicines should be given and a member of staff demonstrated a their knowledge of these. Staff received training in the safe administration of medicines and this was followed by competency checks. This included training in epilepsy awareness and administering medicines for the treatment of epileptic seizures.

Discussion with relatives confirmed that people were well treated. We observed that people appeared relaxed and comfortable with the staff supporting them. Staff were aware of their responsibilities to report any concern regarding the abuse or neglect of a person using the service. The staff training plan showed that staff had received safeguarding training and regular refresher training. Some of the people using the service displayed unique behaviours that could be described as 'challenging' and staff had been trained in positive behaviour support and 'de-escalation' methods.

Staffing levels were sufficient and reflected the assessed needs of people using the service, as identified in their support plans and risk assessments. Since the last inspection two people had moved into the home and staffing levels had been increased to meet the assessed needs of each person using the service, including night time staffing. This had resulted in a number of new staff being employed. Other, more experienced, staff had transferred from within the organisation. The staff rota was organised around the activities that were important to people, which included daytime and evening activities. Staff told us there was enough staff on duty to meet people's needs and support them with their activities. A relative told us there were "A lot of staff".

A system was in place to keep track of and record relevant checks that had been completed for all staff who worked in the home. We looked at the records of two recently recruited members of staff. The records included evidence of Disclosure and Barring Service (DBS) checks; confirmation that the staff were not on the list of people barred from working in care services, references from previous employers and employment histories. These measures helped to ensure that only suitable staff were employed to support people who

used the service.

Good

Is the service effective?

Our findings

At the inspection in May 2015, we found the provider was in breach of a regulation associated with staffing. We asked the provider to take action because staff did not always receive appropriate training and support to help ensure changes to people's needs and behaviours were responded to effectively and that staff were confident in their approaches. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that improvements had been made and that this regulation was met.

Through discussion with relatives and staff and observation during the inspection, it was evident that people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. The training plan showed that staff completed training in a range of areas, including equality and diversity, fire safety, first aid, food safety, nutrition awareness, positive behaviour support, and safeguarding. A relative told us that, although the service had not provided care for someone with their family member's needs before, the staff had "Done their best" and "look after them". Specific training had been provided to support staff to meet this and another person's needs, both of whom had been admitted to the home since the last inspection. This had included epilepsy awareness and the safe transporting of people using wheelchairs.

Staff we spoke with confirmed that they received training that was relevant to their work and helped them to meet the needs of people using the service. Staff had received training in mental health awareness and further specific training relating to another person's particular support requirements. Training had also been provided in alcohol awareness and motivational interviewing, which is a method of engaging with and motivating people to change their own behaviour. A member of staff told us the training had helped to give them "more understanding and empathy" with individuals and to talk with them about "Why they do things and the impact on them". Another member of staff said the team had a "More positive speaking and positive working attitude and approach".

Staff were supported in their roles. New staff completed an induction and performance reviews were held at intervals during their probation period. A member of staff told us their induction included 'shadow working' alongside experienced support workers and we saw this was reflected on the staff rota and in the staffing arrangements during the inspection. Records of staff supervision and appraisal were kept, showing that processes were in place to offer support, assurances and learning to help staff development. During these meetings discussions took place and actions were agreed and reviewed, including training needs and what was or was not working well.

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.

A mental capacity assessment was scheduled for one person in relation to the decision to live at the home. Another person was receiving care and support in their best interests following assessment involving consultation with relevant people, including family and external professionals. A relative told us an independent advocate was involved in meetings when they discussed their family member's needs and wishes.

Staff had been trained and showed an understanding of the MCA. Staff recognised that people could make some decisions but not others and supported them to make as many decisions as possible. Care records contained guidance for staff about how to support people to understand choices and be involved in making decisions. The registered manager understood when a DoLS application should be made and how to submit one. DoLs applications had been submitted for people where appropriate. Staff we spoke with were aware of the applications and the reasons for them being made.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Menu records showed that people were offered a variety of healthy and nutritious meals. Menus showed that this included breakfast, lunch, dinner and supper choices. People were involved in menu planning and in cooking their own meals. For example, one person was actively involved in preparing their own lunch to the level they were risk assessed as safe. People were also supported in going out for meals in cafes and pubs.

Where risks had been identified, for example people at risk of choking, professional help and advice had been gained and suitable meals and staff support made available. We observed staff supporting two people to eat and drink. Staff related the way they provided support to guidance they had received from a speech and language therapist (SALT). Staff noticed when a person's position in their chair was not comfortable and conducive to eating and immediately supported the person to change their position.

There were health action plans in place for each person and the records indicated that people were supported to access healthcare services for regular checks and other appointments. This included reviews of the medicines they were prescribed, GP, dentist and optician appointments. One person had met a health goal plan to gain weight, following referral to a health professional. People also had a 'hospital passport' in readiness should it be necessary for their health and support information to be shared with external professionals, for example in the event of their admission to hospital.

Good

Is the service caring?

Our findings

Relatives confirmed that staff were caring and we saw positive relationships between staff and people using the service. One person said of their relative that staff had "Welcomed him" and "Took to him. He likes a bit of banter".

We observed staff supporting people in the dining room and the atmosphere was friendly and inclusive. People were cared for with dignity and respect. Staff spoke to them with kindness and warmth and were observed laughing and joking with them. A member of staff who was going off duty came into the dining room to say goodbye to the people there. Staff were attentive to people and checked whether they required any support. When staff supported a person to change position in their wheelchair using a hoist, they did so in a sensitive manner that protected the person's dignity. We also observed that personal care was provided in a discreet and private way.

Staff understood the importance of respecting people's choice. They spoke with us about how they cared for people and we observed that people were offered choices in what they preferred to eat and whether they took part in activities. A rambling activity was planned for the afternoon followed by a meal at a local pub. We observed a member of staff informing a person when the activity was due to start and asking them if they still wanted to go. Another person chose not to take part in the rambling but to go to the meal later. Staff respected and supported the person's choice.

People and, where appropriate, their families or other representatives were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people's care plans contained information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to help ensure they were aware of people's needs and their likes and dislikes.

The service supported people to express their views and be involved in making decisions about their care and support. Regular meetings took place between individuals and their key workers, to ensure that they were consulted and informed about their support and what happened in the home. Key working is a system where one member of care staff takes special responsibility for supporting and enabling a person. The aim of this system is to maximise the involvement and help to build relationships between people using the service, their families and staff. People were also involved in the running of the service through regular resident's meetings that were recorded and shared.

People were supported to maintain friendships and important relationships. One person had an agreed support plan that enabled them to visit friends in the community independently. A relative told us staff sent them copies of the person's activity plan, which they were then able to talk to the person about when they saw them. This supported the relative's involvement and provided continuity between the person's daily activities and visits home.

Relatives confirmed staff respected people's privacy and protected their dignity. Staff spoke about people in

a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person. People's care and support plans were written in a respectful way that promoted people's dignity and independence.

Good

Is the service responsive?

Our findings

A personalised approach to responding to people's needs was evident in the service. Before people moved to the service an initial assessment of their needs took place to help ensure the service was suitable for them. Following this initial assessment a care plan was developed that was tailored to the individual, reflected their personal preferences and how they expressed themselves and communicated with others. Care plans were written in a personalised way, including what and who was important to the person.

Staff monitored people's changing needs through a system of regular reviews and observation and this was clearly recorded. Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. This helped to ensure care and support plans were current and continued to reflect people's preferences as their needs changed.

A relative told us staff had "Done their best under difficult circumstances" and this was reflected in another relative's comments. Two people had been admitted to the home as a temporary / emergency placement and the managers and staff had responded by completing relevant training and developing care and support plans in a short space of time, while providing continuity of support to other people living at the home.

Some people who were not able to verbally communicate with staff, were able to demonstrate their understanding about what they were being asked and could make their wishes known. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. People's care plans contained a communication support plan, which provided information about their communication style. For example, one person's communication care plan identified facial expressions with possible meanings as a way of supporting staff interaction with the person. A speech and language therapist (SALT) was involved with staff in developing a communication support plan for one person.

For each person using the service there was an individual programme of activities and outings in place. People could select from a range of activities provided through the organisation's day centres and also more individualised activities of their choice. This included educational facilities, football training, visits to animal parks and places of interest, visiting local cafes and pubs, train spotting and accessing the local church and community. A relative told us "There are plenty of activities". They added "They got a bus quickly; they didn't have one before". This showed the service had responded promptly to the needs of people who were new to the home. Another relative told us they had wanted to know more about the activities their family member took part in. Staff now sent them an email describing what activities the person had participated in during the day. The relative commented that staff "Take them out as much as possible".

A complaints procedure was available in written and pictorial formats to assist people to make a complaint. There were two recorded complaints since the last inspection and a detailed log had been kept of each

complaint and the actions taken by the registered manager in response. This showed that concerns and complaints were listened to and taken seriously.

The provider carried out an annual service review that included questionnaires to people who use services, relatives, staff and external professionals. The registered manager told us the most recent of these surveys had gone out three months ago and there had been no responses. The registered manager's internal audit had identified an action point to obtain feedback locally.

Good

Is the service well-led?

Our findings

Regular audits of the quality and safety of the service had continued to take place and were recorded. The registered manager sent a weekly service report to the organisation's quality assurance team, who contacted the manager for further details and provided support if and when appropriate. The quality assurance team carried out unannounced audits of the service to check on standards of quality and safety. The registered manager also undertook a quarterly audit of the service, which was checked and monitored by the operations manager. Where necessary, action plans were created and followed.

Following the previous inspection, the provider and registered manager had drawn up an action plan, which included additional training and support for staff and encouraging staff to provide feedback about the training they received. At the time of this inspection the actions had been completed.

Records of team meetings confirmed that staff were asked for their input in developing and improving the service, including giving feedback about training courses they had attended. On-going agenda items included policy updates, safeguarding people, health and safety, and discussion about ensuring good practice. Any actions identified at meetings were recorded as a consolidated action plan and reviewed and updated at subsequent meetings. These plans showed actions to be taken by who and by when. Various duties and responsibilities were delegated to individual members of staff. There was a designated shift leader and plan for each shift showing a clear management structure and lines of accountability. An on-call manager was also clearly identified at all times in case of emergencies.

The operations manager told us the provider had improved leadership training for managers. The registered manager had recently attended one of the training sessions and said "It's more about getting your staff involved". A meeting with staff had been held about what was important to or for them, in order to hear their views and generate ideas. The registered manager told us she was changing the supervision format to a themed one, which meant looking at a particular aspect of service delivery and how it might be improved. At a recent meeting the staff team had discussed incident reporting and what information needed to be captured in the reports.

The registered manager demonstrated the skills of good leadership. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. Probationary evaluations were followed for all new staff and performance issues were addressed in line with company policy. A member of staff said "Staff have respect for management".

Registered managers meetings were held each month and were used as an opportunity to share good practices with other registered managers. The registered manager also worked in partnership with other agencies. For example, discussion and agreements had taken place in relation to one person requesting unsupported time out of the service.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they

could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the reception area and on the provider's website.