

Voyage 1 Limited

1 Longmore 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

1 Longmore Road is a care home without nursing that provides a service to up to seven people with learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were six people living at the service. At the last inspection, the service was rated Good. At this inspection we found the service remained Good and had continued to meet all the fundamental standards of quality and safety.

Why the service remained Good:

The staff team were caring and respectful and provided support in the way people preferred. Their right to confidentiality was protected and their dignity and privacy were respected. People were enabled and encouraged to develop and maintain their independence wherever possible.

People received care and support that was personalised to meet their individual needs. People were supported to maintain relationships with those important to them. The service provided access to local events to enhance social activities. This meant people had access to activities that took into account their individual interests and links with different communities.

Staff had a good understanding of how to keep people safe and protect them from abuse. Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. We have made a recommendation that the service review their fridge food storage arrangements in line with current best practice for care homes.

Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. There were sufficient numbers of staff and medicines were stored and handled correctly.

People benefitted from a staff team that was well trained and supervised. We have made a recommendation that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People were supported to eat and drink enough and their health and social care needs were met.

People were relaxed and there was an open and inclusive atmosphere at the service. Staff were happy in their jobs and there was a good team spirit. They felt supported by the management and said the training they received enabled them to meet people's needs choices and preferences. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Further information is in the detailed findings in the full report.

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 Longmore 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 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 inspection took place on 18 and 19 September 2017. It was unannounced and was carried out by one inspector.

Prior to the inspection we looked at all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with all people living at the service. We also spoke with the registered manager, the deputy manager, a senior support worker and five support workers. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time observing activities and lunch in the dining room. As part of the inspection we requested feedback from six community professionals and received responses from two. We also contacted the relatives of people living at the service and received feedback from four.

We looked at three people's care plans, monitoring records and medication sheets, five staff recruitment files, staff training records and the staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check certificates, gas safety certificate, electrical wiring certificate, fire risk assessment, fire safety checks, legionella risk assessment and the complaints, compliments and incidents records.

Is the service safe?

Our findings

The service continued to provide safe care and support to people. We saw people were comfortable and at ease with the staff. One person commented, "I feel very safe." Relatives felt their family members were safe at the service. Comments from relatives included, "She's very safe." and "Completely safe."

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. Community professionals thought the service and risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with malnutrition, falling and skin breakdown. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

Safety checks of the premises were carried out regularly. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work. On the fridge temperature recording log we saw the provider had identified that the fridge temperature should be 8°C or below. We discussed with the registered manager that this is higher than the current best practice guidance which set out that care homes should make sure that fridges operate at 5°C or below. The registered manager passed our comments to their head office.

We recommend that the provider review their food storage practices in line with current best practice guidelines for care homes.

People told us there were always enough staff. Staff told us there were usually enough staff at all times to do their job safely and efficiently. Community professionals thought the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. Relatives said staff were available when people needed them with one relative adding, "Very much so."

People were protected by the recruitment processes in place. Staff files included the recruitment information required by the regulations. For example, proof of identity, evidence of conduct in previous employment and criminal record checks. People could be confident that staff were checked for suitability before being allowed to work with them.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded. Emergency plans were in

place and followed. For example emergency procedures in case of a fire.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

Is the service effective?

Our findings

The service continued to provide effective care and support to people.

People received effective care and support from staff who knew how they liked things done. The care staff team was made up of the registered manager, one deputy manager, two senior support workers and 13 support workers. Care staff and people living at the home worked together on meal preparation, cleaning and laundry. People told us staff knew what they were doing when they provided support.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. The service provided training in topics they considered mandatory, such as health and safety awareness, fire safety at work, manual handling, infection control and food safety. All mandatory training was up to date. We found staff received additional training in specialist areas, such as epilepsy and nutrition awareness. This meant staff could provide better care to people who live at the service. Community professionals thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Relatives thought the staff had the training and skills they needed when providing support to their family members. One relative told us, "The staff appeared highly trained in all aspects of [name's] care and their expertise was very much appreciated."

We noted the training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in first aid every three years, whereas current best practice guidelines say first aid should be updated annually. Other topics recommended for social care staff were not included in the provider's training curriculum such as communication and recording and reporting.

We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

Staff received formal supervision every three months to discuss their work and how they felt about it. Staff we spoke with felt they could go to the registered manager at any time if they had something they wanted to discuss. Staff had annual appraisals of their work. We saw the majority of staff had received their annual appraisal. Where they were due we saw dates had been booked for the appraisal meeting. Staff confirmed they had regular supervision and said they felt very well supported by their manager.

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. Care plans documented exactly how people had been involved in drawing up their care plans.

Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day 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 MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had identified the people living at 1 Longmore Road who were potentially being deprived of their liberty. Applications had been made to the funding authorities for the required assessments and authorisations.

People were able to choose their meals, which they planned in advance with staff support. People told us they enjoyed the food at the service and could always choose something different on the day. Snacks and drinks were also available at all times and people were free to decide what and when they ate. People were weighed monthly and staff told us referrals would be made to the GP where there was a concern that someone was losing weight, or was putting on too much weight. One person had set themselves a goal to lose weight. They were proud of how much weight they had already lost and explained how the staff were supporting them to work towards their goal. In one care plan we saw details of what dietary restrictions another person wanted to meet their cultural needs. We saw the service always made sure foods were available to meet the person's diverse needs.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians. People had health action plans. A health action plan holds information about a person's health needs, the professionals who support those needs, and their various appointments. People had an annual health check from their GP as part of their health action plan. Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional commented, "They always seek healthcare advice when required." Another said, "The carers communicate and liaise with health care staff well."

Is the service caring?

Our findings

The service continued to provide compassionate care and support to people.

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and were confident in their dealings with them. When asked what they thought the best thing about living at 1 Longmore Road was, one person said, "The staff. They are very nice and funny." Another person said they liked the staff and the people they shared with, adding they were very happy living at Longmore Road.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service. People's equality and diversity needs were identified and set out in their care plans. We saw staff were respectful of people's cultural and spiritual needs.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do. Relatives were involved in people's lives and participated in annual reviews where possible. Relatives said staff knew how their family members liked things done and confirmed they were involved in planning their care. They said staff were caring when providing support. One relative added, "All staff were very caring and kind to [name]." another said, "I think they know her better than I do! She is in the best place she can be in. She is quite well loved. She has always been happy there."

People were supported to make and maintain contact with people important to them. Ongoing contacts and relationships with family members were encouraged. Where necessary, arrangements were made for staff to accompany people on family visits, providing transport if needed.

People's rights to privacy and dignity were supported. People told us staff knew how they liked things done and confirmed staff were polite and nice to them. People told us they were happy living at the 1 Longmore Road. Comments people made to us included, "They know how I like things done.", "They ask me what I want to do.", "I am very happy." and "It's a very nice house."

Community professionals thought the service was successful in developing positive caring relationships with people. They also thought staff promoted and respected people's privacy and dignity. One professional told us, "Staff always greet service users in a kind, friendly manner." Another said, "The atmosphere and environment when I have visited has been positive and caring. Every effort is made to maintain privacy and dignity."

We saw an email from the ambulance service that had been sent to the service the month before our inspection. The email said, "I just wanted to pass my professional thanks to the staff at Longmore Road. We attended the home on a 999 call, and looked after and took a service user to hospital. On arrival we were greeted by staff members and it was refreshingly nice to see they knew their client. They didn't have to check her records to know her medical history, her needs and how she would normally be. They had an excellent rapport with her and knew exactly how to calm and reassure her."

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service.

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people.

People received support that was individualised to their personal preferences, needs and cultural identities. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. This was confirmed by the people and relatives we spoke with.

Community professionals thought the service provided personalised care that was responsive to people's needs. Relatives said their family members received the specialist care and support they needed. One relative gave examples of support that had been sought by the service and provided to their family member, "Physio, dietitian, epilepsy nurse, occupational therapist and wheelchair clinic were all involved."

The care plans were kept under review and amended when changes occurred or new information came to light. People had taken part in reviews of their care plans and were involved in any changes made, usually in their regular meetings with their key workers. A key worker is a member of staff who acts as a single point of contact for people who use the service. They help coordinate their care and can give information, support and advice.

People had access to a busy activity schedule. Each person had their own individual daytime plan, selected from different activities in which they were interested. Some people had part time jobs and others attended day services. Everyone kept busy with pre-arranged activities and at other times decided what they wanted to do, either inside their home or outside. People could choose what they wanted to do and were also able to try out new activities when identified.

People were involved in the local community and visited local shops, clubs and other venues. People planned for annual holidays of their choice with staff support where needed. They had regular key worker meetings with staff where they could discuss how things were going and what they would like to work towards. We saw staff worked with people to support them to meet their goals.

People knew what to do and who they would talk to if they had any concerns. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. Everyone could raise concerns in an informal setting if they wished. There had been no formal complaints made about the service provision since our last inspection and no one had contacted us with concerns. When asked if they felt the service listened and acted on what they said, all relatives answered "yes" with one relative adding, "We believe they valued our input and opinion." And another told us, "They pay a lot of attention."

Is the service well-led?

Our findings

The service continued to provide well-led care and support to people.

The service had 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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People benefitted from monitoring of the service that ensured the premises remained suitable for their needs. People felt they were included in decisions regarding any changes at their home. There was an effective audit system in place that included monthly audits of different aspects of the running of the home including care plans, premises and other documentation. The audit system had been designed to enable the provider and registered manager to establish the service was safe, effective, caring, responsive and well-led. The operations manager for the service carried out three monthly audits that looked at the same topics and then worked with the registered manager to develop an action plan for any improvements needed.

The provider carried out an annual survey of people who use the service. The annual survey for 2017 had been completed in June. All responses received from people living at the service were positive and demonstrated that people were happy with the service provided to them. There were no negative comments or issues raised.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues and said they felt they were provided with training that helped them provide care and support to a high standard. They said they were asked what they thought about the service and felt their views were taken into account. One relative told us, "As far as we are aware staff have excellent relationships and enjoy working under the current management. There is always a happy welcoming atmosphere, lots of laughter, chatter and interaction with the service users."

People who use the service, their relatives and community professionals all felt the service was well-led. One relative commented, "The current manager does an excellent job and we have always been very well supported." One professional commented, "The manager is open and honest. Asks for support appropriately. Approachable." Another said they felt there was good leadership and organisation at the service.

We also had feedback from relatives who had felt very supported in their recent bereavement. They were happy for us to quote their feedback about the care of their family member at the service. They told us, "We have been very happy with Longmore over the 16 years [name] lived there with many of the staff being loyal and long serving. The staff knew [name] very well and were very aware of her health needs and acted

promptly when required. The current Manager is very approachable and has been instrumental in making Longmore the excellent home it is today. We have had tremendous support from everyone at this sad time."

We saw responses from different professionals who had completed survey forms as part of the service's annual survey. Comments on those forms included, "Staff seem to be friendly, supportive and very organised. It is a pleasure to work alongside the staff, they support me when I need any assistance.", "The team are well-led and get support from management. They are tight knit and supportive to new staff and also share skills and knowledge. The house is usually full of life and laughter, it is a great place to be in. Keep up the good work. It is a lovely home to visit and very welcoming."