Voyage 1 Limited

235 Rugeley Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

235 Rugeley Road provides accommodation and residential care for up to 10 people with learning disabilities. At the time of the inspection there were eight people living at the home.

The service had a registered manager in post. 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 registered manager had given notice to end their employment with the provider and was not available on the day of the inspection.

At the last inspection on 22 October 2015, the service was rated Good. At this inspection we found that improvements were needed to ensure the staffing levels in place met the assessed needs of the people that used the service. Improvements were also needed to the quality monitoring systems in place. There had been two registered managers since the last inspection. Inconsistent management had led to low staff morale and a reduction in the staff employed.

The staffing levels in place did not always reflect the provider's contractual obligations with people's funding authority. Several people were funded for one to one support but sufficient numbers of staff were not always on duty to provide this. The operations manager confirmed this would be reviewed, to ensure people's assessed needs were met. Medicines were generally managed in a safe way although a recent oversight had meant that one person had not received a prescribed medicine for three days.

People were protected from the risk of harm because identified risks were managed and staff understood what constituted abuse or poor practice. Checks were made before employment to confirm staff were of good character and suitable to work in a care environment.

Staff received training to support the people they worked with and included people and their representatives in the planning of care. Staff understood people's preferred communication method and the support they needed to make their own decisions. When people were unable to consent to specific decisions they were supported in their best interest.

People were supported to maintain a diet that met their dietary requirements and preferences and to use healthcare services. People were treated with respect and supported to maintain their dignity. The staff knew people's likes and dislikes and preferences. People were supported to maintain relationships that were important to them. There were processes in place for people and their representatives to raise any complaints and express their views and opinions about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

The staffing levels in place did not always reflect the level of support that people were funded for which had sometimes impacted on the support they received. People generally received their medicines as prescribed but improvements were needed to ensure prompt action was taken when medicines were unavailable. Risk assessments were in place to ensure people were supported in a safe way and staff understood their responsibilities to protect them from harm. The recruitment practices in place checked staff's suitability before they started work. Equipment used was serviced and maintained to minimise the risk of injury to people.

Is the service effective?

Good

The service was effective.

People were supported by staff that received training and were supported to make decisions and maintain a diet that met their requirements and preferences. People's health was monitored to ensure any changing needs were met.

Is the service caring?

Good

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

Is the service responsive?

Good

The service was responsive

People were supported by staff to meet their individual needs and preferences. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible and people felt supported to raise any concerns they had.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Staff did not feel they had been supported effectively and changes in management had led to low staff morale. The systems in place to monitor the quality of the service had not always been effective in driving improvement. People and their representatives were encouraged to share their opinion about the quality of the service.

235 Rugeley 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 comprehensive unannounced inspection was undertaken by one inspector and took place on 6 September 2017.

As part of this inspection we looked at the information we had received about the service about and the information contained within the Provider Information Return (PIR). The PIR is an opportunity for the provider to give us some key information about the service, what they do well and their plans for the future. We also looked notifications the provider is required to send us by law about significant events at the home. We reviewed this information when we planned the inspection.

Due to communication needs people were unable to give us detailed information about their experiences of care. To gain people's views about the care and to check that standards of care were being met we spent time observing care in communal areas and saw how the staff interacted with people who used the service. We spoke with three people's relatives and three members of care staff, one nurse, the operations manager and the senior quality and compliance manager. The registered manager was not available on the day of the inspection.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Requires Improvement

Is the service safe?

Our findings

All of the people living at the home received varying levels of support which related to their assessed needs. Some people were funded for one to one support and some required two staff to support them with moving. As well as supporting people with their care and social needs, the staff duties also included domestic tasks, cooking and laundry duties. We saw from the rotas that the staffing levels in place did not always reflect the level of support people were funded for and this impacted on the support they received. For example one person funded for one to one support had breakfast in their bedroom on the day of the inspection. A staff member confirmed this person was waiting for the staff member that was going to support them, as they were currently supporting another person. They told us, "We have encouraged them to stay in their room and they seem happy to do that. If they wanted to come out we wouldn't stop them but it does make it easier if they stay in their room for now. If there was enough staff they would be up by now." Staff confirmed that over recent months there had not been enough staff on duty to ensure people's assessed needs were met in a timely way. One member of staff told us, "They have improved slightly but it is difficult sometimes like today we have two people off sick." We discussed these concerns with the operations manager who confirmed they were reviewing the staffing levels and amending the rotas to ensure sufficient staff were available to support people.

There were three nurses employed by the provider, two worked full time and another worked one night a week. Nurses employed on the provider's bank also covered some shifts at the home. The operations manager confirmed that they had been unsuccessful in recruiting nurses. The majority of night shifts were covered by agency nurses. However we identified that on three separate occasions the night shift had been covered by the nurse that had already worked throughout the day. We discussed this with the operations manager as this is unsafe practice.

The provider had processes in place to receive, store, administer, and dispose of medicines safely. However these systems had not always worked effectively. For example one person had not received a prescribed medicine that was used to reduce saliva for three days and their medicine administration record (MAR) had been signed to show this medicine was out of stock. This was because their medicine had not been received from the pharmacy and the pharmacy had not been contacted until the fourth day, when it was then delivered to the home. This demonstrated the correct procedure had not been followed to ensure this medicine was made available to the person in a timely way.

The registered manager had notified us on two separate occasions of missing medicines which they had reported to the local authority safeguarding team. We saw that the registered manager had put additional measures in place to improve checks on medicines. A MAR was kept and staff signed when medicine had been given or if not, the reason why. We saw a record of the medicines in stock was maintained after each administration. We checked some medicines against their recorded balance and found they corresponded which indicated medicines were given as prescribed. A protocol was in place for medicines that were taken 'as required'. This provided staff with clear guidance on when these medicines should be given.

We saw that people were relaxed and comfortable with the support they received from staff. One relative told us, "I really can't fault the carers [Name] gets on with them all. I am confident they are safe with the staff team.

The staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report any concerns to the manager or nurse in charge." We saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions needed to reduce risks. We saw that actions were taken to minimise the risk. Positive behaviour support plans were in place for people who may display behaviours that put themselves or others at risk of harm. Plans included the person's behaviours and how to support them in a way that reduced the likelihood of them demonstrating these behaviours and guided staff on the support the person needed when they did exhibit behaviours. For example one person required their own communal living space and we saw this was provided. This reduced their anxiety and in turn the likelihood of them demonstrating behaviours that put them and others at risk.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

Good

Is the service effective?

Our findings

Relatives told us that staff had the skills to meet their relations needs. One said, "They certainly know how to support [Name] they have mentioned the training they get and they all seem very competent."

Staff confirmed they were provided with the training required to meet people's needs. From discussions with staff and our observations it was evident that the staff team had a good understanding of people's needs and how to support them. New staff confirmed they were unable to support people with specific needs until they had been trained. For example one told us, "We can't support people with the hoist until we have had the training." We saw that one person was unable; due to their health needs to eat or drink orally and received their nutrition through a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a medical procedure in which a tube is passed into a person's stomach, usually to provide a means of feeding when oral intake is not adequate or possible. Detailed information was in place regarding this person's feeding regimes and we saw that only nurses that were trained in providing this regime supported the person.

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. Mental capacity assessments were in place where it had been identified that a person was unable to make specific decisions regarding their care. The information in people's assessments and support plans reflected their capacity and when they needed support to make decisions. People were supported to make decisions using sign language, pictures or real life objects. We saw that people, where they were able were involved in discussions about their care and staff obtained their consent before they supported them. Where people were unable to consent decisions were made in their best interests with the involvement of people that knew them well. Staff confirmed and we saw they were provided with training to support their understanding around the Act. Discussions with staff demonstrated they understood the principles of the MCA and how to support people in their best interests when they were unable to say what they wanted. For example one member of staff told us, "I can tell by looking at [Name] that they are getting distressed so we are going to support them back to their room to relax." We saw that this worked well for the person and they relaxed once they were settled in their room.

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). People who used the service were unable to understand risks to their safety and were not safe to go out without support from staff. At the time of our visit, none of the people that used the service had a DoLS authorisation in place. However applications to the DoLS team had been made for everyone that lived at the home. This was to ensure that people were only deprived of their liberty when it was necessary to protect them from harm. This demonstrated that where people were being restricted in their best interests, this was done in accordance with the MCA to ensure their rights were protected.

We observed people choosing what they wanted to eat at the lunch time meal and saw that most people chose to eat together at the dining table. However, some people chose to eat in the lounge and the staff respected their wishes. People were supported to follow a diet that met their assessed needs. Some people due to their health care needs required a specific diet that had been recommended by a health care professional. Staff had a clear understanding of people's dietary needs and their preferences. We saw and staff confirmed they monitored people's diet and fluids where this was needed.

Discussions with staff and records seen demonstrated that staff supported people to maintain their health care needs. Staff had a good understanding of people's specific health needs and followed professional guidance to ensure people's well-being was maintained. We saw that when needed referrals had been made to health care professionals such as GP's, physiotherapists and occupational therapists.

Good

Is the service caring?

Our findings

Relatives told us the staff was caring. One said, "They are all very dedicated and [Name] seems very happy. They have lived at other homes and this is the best, they seem content there." Another relative said, "All of the staff are very caring, they do their best for [Name] and they seem to like the staff."

We observed a positive and caring relationship between people who used the service and staff. People were comfortable with the staff that supported them and confirmed that they liked the staff. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way.

Discussions with staff and our observations confirmed that staff were able to communicate with people. One relative confirmed this when they told us, "The communication is excellent between the staff and [Name]." Information on the people's communication methods and how to communicate with them was recorded in their support plans, such as the use of pictures, signs and gestures. This enabled people to make decisions about their life and demonstrated that staff worked with the people they supported to ensure decisions were sought, included and respected, according to individual preference and choice. The support provided to people promoted their independence. This was done by supporting them to make choices on a day to day basis. We saw that people's right to privacy was observed when they preferred to spend time in their bedrooms and staff respected this.

People were supported to be as independent as they could be. For example we saw one person whose mobility was limited was supported to walk short distances to enable them to retain some independence. People were supported to maintain their independence by taking responsibility for some household chores such as keeping their bedroom tidy.

We saw that staff supported people to maintain their dignity for example, by ensuring people were asked in a discreet manner if they needed support to use the bathroom and ensuring bedroom and bathroom doors were closed when people were supported. We saw that staff supported people to maintain their appearance, by supporting them to choose clothing that met their preferences and personal style. People were supported to celebrate important events in their life. For example one person told us it was there birthday that week and they were celebrating by having a party. They told us about the people they had invited to their party.

People were supported to maintain relationships with significant people who were important to them such as family members. One relative told us, "The staff bring [Name] over to see us and we go out for a pub lunch which they really enjoy." Another relative said, "We can go and see [Name] whenever we want and they come and stay with us as well, there aren't any restrictions." We saw that a record was held of relative's birthdays to support people in sending birthday wishes to them.

Good

Is the service responsive?

Our findings

We saw that in general people received continuity in their support because for the majority of the time they were supported by a regular team of staff that knew and understood their needs and preferences. On the day of the inspection an agency carer was on duty in the afternoon. We saw the operations manager provided this agency carer with an induction of the home and the care plan of the person they would be supporting. This ensured they had the relevant information to support the person.

People were supported to go on holiday. One relative told us, "[Name] is off on holiday soon with his staff support. They are really looking forward to it and it's good because the staff member works with them a lot and knows them really well." We saw events were held at the home and relatives invited. For example a picnic had been held in the garden and people and their relatives told us they had enjoyed this.

We saw that a full assessment had been completed that included people's needs and preferences. Plans were specific to individuals and staff we spoke with demonstrated that they knew people well. We saw that staff addressed people by their preferred name and communicated with them using their communication method. Relatives confirmed they were involved in reviews. One said, "We are always invited to attend meetings and give our input. I think the staff do a good job. [Name] is difficult to motivate but they do try."

People's support records showed that they were reviewed when any changes to their needs were identified. We saw that annual reviews of people's support package were undertaken with their involvement and the involvement of their representatives. This was done to confirm that they remained happy with their support and that it continued to meet their needs and preferences.

House meetings were held on a monthly basis to provide people with the opportunity to discuss activities and events that were planned. To support people in raising any concerns they had, they were asked at house meetings if they had any issues or complaints. One person had stated that they would like to go out more. We saw that this person requested to go out on the day of the inspection and they were supported to do this. Relatives confirmed they would feel comfortable telling the manager or staff if they had any concerns. One relative told us, "I wouldn't hesitate to ring if I had any issues." A complaints procedure was in place and this included a pictorial format to support people to raise any concerns they had. A system was in place to record the complaints received. The operations manager told us that no complaints had been received.

Requires Improvement

Is the service well-led?

Our findings

Staff confirmed they worked well as a team to support each other. New staff told us that management support had been lacking regarding their induction. One new member of staff told us, "I have been working with new staff and am getting to know people. I haven't had time to read anyone's support plans so far and I don't feel that I have had any real induction apart from eLearning, I am learning on the job working with experienced staff. " Another member of staff told us they had a health condition which they had reported to the registered manager but no risk assessment had been undertaken to ensure safe practices were maintained. We discussed this with the operations manager who advised this would be undertaken as a priority.

Staff confirmed they received supervision sessions to monitor their performance but said they had not received one recently. We saw that several staff were overdue a supervision session. The operations manager told us this was being organised and we saw a planner was in place to show this.

Since our last inspection there had been two further registered managers. The current registered manager was not available on the day of the inspection and we were advised they had given notice to end their employment at the home. Staff told us that in recent months the morale had been low due to lack of management support and several staff had left employment. A relative said, "There seems to be a turnover of managers and in recent month's staff as well. I don't know why that is but they need consistency there." The operations manager confirmed the manager's position had been advertised and confirmed they would be overseeing the management of the home in the meantime and we saw new care staff had been employed.

The systems in place to manage the service were not always effective. Although there were systems in place to review and measure the quality of the service the records seen did not always demonstrate the actions that had been taken to drive improvement. Incidents and accidents such as falls had not been analysed and evaluated to identify any patterns or trends. This meant the registered manager and provider were unable to identify if any actions could have been taken to reduce falls.

People, their relatives, the staff team and visiting professionals were provided with an opportunity to share their views about the support and services provided by completing an annual survey. We looked at the results of the last survey from April 2017. We saw that the general consensus was that people and their relatives were happy with the support provided. Visiting professionals had stated that the service was homely and that the staff were caring and understood people's needs well. Staff were generally positive but had commented that the time they had to spend with people was impacted on other tasks such as housekeeping and cooking. The provider stated that this would be monitored and discussed with staff at future meetings.

Meetings were held for nurses and care staff. We looked at the care staff meeting held in May 2017 and saw that discussions took place regarding the interactions and activities provided to people. The registered

manager had confirmed at this meeting that improvements were needed to ensure people were supported to undertake activities that they enjoyed. There was however no record in the minutes of the care staff meeting or in the nurses meeting in June 2017 to demonstrate the staffing levels had been discussed with the staff team.

The provider and registered manager understood the responsibilities of their registration with us. They had in general reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. However they had not identified that the incident involving the person not receiving a prescribed medicine for three days should have been reported to the local authority safeguarding team and subsequently to us. This was reported by the provider following the inspection.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.