

Voyage 1 Limited

30 Richmond Road

Inspection report

Caversham
Reading
Berkshire
RG4 7PR

Tel: 01189463282
Website: www.voyagecare.com

Date of inspection visit:
22 January 2019

Date of publication:
19 February 2019

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

30 Richmond Road is residential care home for up to five people, who have a diagnosis of learning disabilities and / or are on the autistic spectrum. The service is registered to provide accommodation in addition to personal care with a condition that no nursing care is delivered to people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The home offers five bedrooms with communal bathrooms, a dining room, communal lounge, sensory room and access to the kitchen. A spacious rear garden further offers additional space for people to use, including the development of vegetable beds. Floors are accessible by stairs.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good

The service continues to keep people safe. Recruitment procedures continued to ensure suitable staff were employed to support people and help keep them safe. Risk assessments continued to consider least restrictive options to enable people to continue engaging in activities that enhanced their well-being. Care documents supported the risk assessments currently in place.

Medicine management continued to be provided in a safe way. Audits illustrated that people received their medicines in a timely manner and how they wished. Medicines were correctly stored, disposed of and ordered to ensure that people were not without their medicines at any point. Two recent pharmacy inspections rated the service highly, with no recommendations or improvements suggested. The service was commended on their medicine management.

Staff training was kept up to date, and a rolling training programme was in place. Staff received frequent supervisions and annual appraisals that enabled them to discuss their performance.

People's needs were assessed initially upon admission, and thereafter reviewed monthly to ensure care was the most appropriate. People were involved in their care planning process as far as possible, with relatives and professionals consulted where necessary and agreed. People's rooms were personalised in a style that they preferred, with furnishings that brought a personal touch to their rooms.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. This included making decisions about their care as far as possible, food choices as well as activities. People received responsive care. Staff had a thorough understanding of

people's needs and focused on developing people's skills through personalised and responsive care. External relationships were encouraged, and developed. Staff encouraged and assisted on family holidays

Staff approach remained caring. People were supported by a staff team that knew them well, and ensured they enabled them to maintain their dignity at all times. People communicated in their preferred way, with records clearly highlighting communication methods, including the use of body language and facial expressions.

The service continued to be well-led. There was a clear vision and direction from the senior management team that reflected on staff practice. Staff spoke positively of the registered manager, stating an open-door policy was practiced, which enabled staff to approach the management team and discuss any issues.

Good community links were created, and the service worked efficiently with visiting health professionals. The service continued to have good governance and reflective practice, ensuring compliance with the regulations.

Further information is in the detailed findings within the 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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

30 Richmond 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.

This inspection took place on 22 January 2019 and was unannounced. The inspection was completed by one inspector.

During the inspection process the local authority care commissioners were contacted to obtain feedback from them in relation to the service. In addition, we sought feedback from health care professionals involved with the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, this is a legal requirement. As part of the inspection process we also look 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 had received the PIR for 30 Richmond Road and used this to help inform our inspection plan. During the inspection we spoke with five members of staff, including, the registered manager, the deputy manager and three care staff.

We used the Short Observational Framework for Inspection (SOFI) during lunch. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed interactions between staff and people living in the home throughout the day, both whilst giving support and during general interactions.

Care plans, health records and additional documentation relevant to their care and support were seen for three people. In addition, a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for four of the staff were looked at. As part of the inspection process we completed observations during the day, as well as seeking feedback from relatives during the inspection process.

Is the service safe?

Our findings

People were observed during the inspection to be safe at the service. Staff were knowledgeable in safeguarding and reported they would not hesitate to whistle-blow should the need arise. They were able to identify the different forms of abuse and what action they would take should they suspect abuse. One staff member we spoke with said, "It's not acceptable to not report it, absolutely would, all the way up if the need were there to."

The service continued to employ staff who had the relevant checks completed prior to commencing employment at the service. The robust recruitment process ensured that staff recruited met schedule three of the regulations. Where there were vacancies in staffing numbers, this did not affect the staffing ratio. Staff worked additional hours, or consistent agency staff were used. The service was currently recruiting for 60 hours per week of care staff. A recruitment drive was underway and interviews had commenced.

Staff completed a rigorous competency assessment and training, with checks on competency completed annually after the initial training, that included three competency checks prior to sign off. Medicines were stored safely and ordered correctly. Medicine audits took place frequently, and illustrated that medicines were managed safely. "As required" medicines had guidelines of when these needed to be given and why. Records showed these were only given when the guidelines were met. The service had been audited by the local pharmacy, most recently in January 2019. No issues were identified within this report. The service were commended on their practice of safe medicine management.

Risk assessments were completed on potential risks to people, and reviewed twice a year, or sooner if the risk occurred. These assessments focused on enabling people to maintain as active and independent a life as possible, whilst ensuring they remained safe. We saw risk assessments encouraged independence and task based skills to assist people in maintaining and learning daily skills.

The service was extremely clean. Relevant measures to prevent and control the spread of infection were taken. Colour coded cleaning products were used to prevent the spread of germs and possible infection from one room to another. Staff appropriately wore personal protective equipment (e.g. gloves and aprons), where needed. The service had recently been inspected by the food standard agency who had awarded the service a maximum score of five. This award is given to agencies whose food hygiene standards are very high.

Trends analysis continued to be completed for all accidents and incidents. This ensured that the service learnt from reportable issues, and then took the necessary action to prevent similar occurrences, where possible.

People were protected and kept safe regardless of their ethnicity, religion, sexuality, gender or disability. The service had a strong drive of inclusivity and ensured that all people and staff felt safe, in line with the company's equality, diversity and human rights policy.

Is the service effective?

Our findings

People's needs were assessed and updated as required in care documentation retained by the service. We found the care plans were person centred with information being offered and agreed by people, using communication tools that enabled the withdrawal of information. One relative and professional reported that documents were updated by the service as required, and contained sufficient information to ensure effective care was provided.

Staff training was kept up to date. A rolling training programme was in place that ensured training was updated as required by the provider. As part of the induction process, all new staff completed the provider's mandatory training, and looked at any specialist training that may be required to meet people's needs. Staff further completed shadow shifts with more experienced staff prior to working independently, if they did not have any experience of working in the care sector previously. Staff reported they were confident that the training they received provided sufficient knowledge to carry out their duties effectively. Supervisions were completed frequently, on average every six weeks. Annual appraisals offered staff the opportunity to discuss any issues, and develop a plan where required in conjunction with the registered manager. One staff member said, "Supervisions are generally good, but can at times be completed as a task, nevertheless they do serve a function."

People continued to be encouraged to eat and drink healthily. The service developed menus during house meetings with people. Food was prepared to meet people's specific requirements. For example, where people were assessed at risk of choking, food was prepared in line with guidance received from the speech and language therapist or dietitian. We observed staff sat with people during mealtimes, eating the same meal to encourage healthy eating as well as a family atmosphere. Drinks were made available to people throughout the day, with staff offering people a drink each time a staff member made themselves or a visitor a drink.

The service continued to maintain comprehensive records of all input people received from health professionals. This included visits to / from the GP, dentist and any additional professional involved in the person's care. Support was sought in a timely fashion and medical advice followed through by the staff. Records illustrated care plans and risk assessments were updated in line with any new advice received from health professionals. All people living at the service had a personalised hospital assessment. This contained information in a condensed format that would be crucial for medical professionals to know about the person. Including, medication, diagnoses, preferred communication method, latest health professional visits and relevant feedback.

We saw that people's rooms were personalised in a way that was reflective of their preference. We saw each bedroom was decorated how the person wanted, with personal items that had meaning to the person. This included family photos, pictures of areas visited by the person as well as memorabilia.

People continued to receive effective support that ensured their rights were maintained in line with the Mental Capacity Act (MCA). People can only be deprived of their liberty to receive care and treatment with

appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding. Where necessary best interest decisions were made for people, and deputyship maintained by the appropriate authority.

Is the service caring?

Our findings

The service continued to offer a caring service to people living at 30 Richmond Road. Relatives told us that people were supported by staff that knew them well and had developed a positive relationship with them. One relative said, "They know [name] very well, possibly better than we do." We observed staff speaking to people in a kind and polite manner. We observed staff reassuring people and using redirection when a person was becoming anxious and agitated. Staff were trained in understanding and working with people who had learning disabilities or were on the autistic spectrum. They were able to identify the need to allow a person to have an opportunity to process information.

People were supported with personal care in a way that preserved their dignity and privacy. Staff were able to describe how they ensured people retained their independence and choice during personal care. This included returning later to offer support if declined, empowering people to complete as much of a personal care task as possible independently, and choosing their own clothes. Staff advised they may prompt whilst standing outside the bathroom door, or offer a person a choice from a selection. Staff tried to encourage people to remain as independent as possible with all aspects of their care, including personal care and eating. However, if a person required "hands on" assistance this was also provided. This allowed people to maintain their dignity and independence in this area of their life. Where people were noticeably struggling and needing assistance, this was immediately offered. However, if a person declined, their choice was respected. We observed an example of this over lunchtime. A person was struggling with their food. Rather than cut it up into pieces, staff allowed the person to complete the task independently, asking the person if they needed assistance. The person declined on several occasions persevering with the task at hand. Eventually they asked staff to assist them. However, this was when they wanted the support.

Each person had a key worker, who worked with the person, ensuring all their needs and aspirations were met. Monthly key worker sessions focused on the person, and enabled them to be actively involved in making decisions about their care, as far as possible. We noted that the key worker session also covered reviewing documentation ensuring this remained as up to date as possible. Key worker task sheets were developed to maintain accuracy of documentation, specifically the paperwork within the health folder for potential hospital admissions.

Each person's file contained a communication care plan. This looked at the person's preference of communicating, and provided key phrases, pictures, expressions and words with meaning, for staff to follow and use. This was considered a working document, that evolved with the person, as they used new communication methods and became more confident in expressing themselves. We found that staff had a thorough understanding of how people communicated, illustrating clear understanding of people's facial expressions and body language.

People who found reading difficult had information presented using a pictorial format. This included documentation such as the care plan, personal evacuation plan, complaints procedure, activities and more. This ensured the service took all necessary steps to ensure the information was presented to the person in a way they understood. We witnessed excellent communication between staff and people.

The service continued to maintain people's confidentiality. Records were kept in a secured office. Where staff needed to speak about or to a person, this was done discreetly, and not within earshot of others.

Is the service responsive?

Our findings

The service remained person-centred with staff retaining a clear understanding of people's needs. People had personalised care plans which ensured care was tailored to meet their individual and diverse wishes. Care files were currently being redeveloped to ensure the most up to date information was presented in an easily accessible format. We saw evidence of three files that were presented in a more concise manner, that meant information was easier to find.

The service assessed people's needs regularly with monthly key worker reviews taking place and meetings held as required with professionals involved in people's support packages. People and their relatives were encouraged to attend reviews. Staff were seeking independent external advocates for people, to ensure that they were working in the person's best interest. The service ensured that they were ready as far as possible, to respond to people's changing needs. For example, staff had recently received training in dementia, following a person's changing health needs. Staff were proactively working with the person to ensure they were able to live as fulfilled a life as possible, as their life changed and adapted to living with dementia. Where necessary environmental changes were implemented. For example, additional handrails.

Care staff worked hard at enabling people to spend time with their families when they were missing them. The service encouraged family members to visit and remain for a meal with their relative or arranged trips home. One person was accompanied by staff on a family cruise. The holiday proved to be so successful for the person, that another holiday with staff and family had been arranged for the summer of 2019.

Relatives told us that they were grateful to the home for allowing people to continually experience family life and living. They spoke of the relationship staff had developed with people, as well as how they were welcomed into the home. Staff were open with information sharing, where appropriate, and ensured people were able to confidently maintain relationships.

The service was committed to assisting people to pursue their interests. Staff offered people a wide variety of flexible and interesting activities that were meaningful to them. Activity plans were developed according to people's choices and needs. They were designed to increase people's experiences and increase their choices of how they wished to spend time. Photographs and videos (with consent) were kept of people participating in specific activities so they could choose from the pictures what they most enjoyed doing. For example, gardening, day centres, outdoor activities, bowling, going to the local café.

The service understood how to protect people from discrimination. They were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles. Throughout the inspection we saw staff conducting themselves in line with the principles. People's records showed that equality was embedded in the practice of the service.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people

with a disability or sensory loss can access and understand information they are given. People had individual communication care plans to ensure staff were able to communicate with them as effectively as possible. Information was produced for people in formats that they wished.

The service had a robust complaints procedure which was produced in a user - friendly format. The service appropriately managed and dealt with complaints. Investigations were documented and responses provided to complainant(s) within the provider's policy's stipulated timeframe.

The service did not have anyone currently receiving end of life care, nevertheless the service had begun to develop paperwork focusing on this. Evidence was recorded of discussions having taken place with relatives within people's files.

Is the service well-led?

Our findings

The service continued to be well-led and managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service had a clear vision and ethos that focused on promoting inclusivity and working with people with disabilities ensuring they sustained equality as far as possible. The registered manager ensured staff believed and approached all people as equal irrespective of their race, disability and faith. This approach included staff. The registered manager and the staff team focused on empowering people to develop new skills and maintain those that existed. This was achieved through completing independent tasks such as personal care to eating independently.

The service continued to respond to feedback received from people, relatives, professionals and stakeholders. Quality assurance audits were completed annually from which an action plan was created. This was used to inform the service as it continued to develop and progress, meeting people's changing needs. The quality assurance documents and compliments folder indicated positive feedback that acknowledged the openness and transparency of the registered manager and staff. Comments such as, "thank you for all your support" and "we have seen a significant improvement in [name]..." further evidenced this point.

The monthly team meetings, along with the audits of documents including care plans, medication and maintenance were also used as part of the quality assurance process. Where necessary changes to the service or practice were identified, these were planned and implemented as required. The process was used to ensure operational continual learning and improvement. As well as ensuring delivery of care that was reflective of people's needs.

The registered manager continued to audit the service using monthly, weekly and quarterly schedules. Care documents, house safety checks, staff training and support checks, as well as medicine audits all showed compliance. The service was further audited by the regional team, including operational managers and peer home managers on a quarterly and annual basis. This audit highlighted where there was need for further development. An action plan often accompanied the audit. The registered manager ensured that all items were corrected, signing off when the task had been completed to ensure compliance was found by the time of the next audit. These audits were developed in line with the CQC key lines of enquiry, therefore covered all areas of regulations that the provider needs to ensure compliance with. The service appropriately notified the CQC of any notifiable incidents.

The service continued to work in partnership with external agencies. Advice was sought within a timely fashion from health care professionals and stakeholders, as and when required. The registered manager and staff strove to work with external agencies to ensure people were able to retain their independence as far as

possible, and receive the best care that could be delivered.