

Voyage 1 Limited

Cloverdale

Inspection report

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20 June 2017

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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

Care service description

Cloverdale provides accommodation and support to four people who have a learning disability and who may also have a physical health condition. People who live at Cloverdale may experience behaviours that challenge staff.

Rating at last inspection

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated good.

Processes, procedures and staff training were in place to protect people from the risk of abuse. Risks to people, had been identified, assessed and managed whilst respecting their individual freedoms and rights. Staffing levels and recruitment processes were appropriate to ensure people were supported safely. Arrangements were in place to receive, record, store and handle medicines safely and securely.

People were cared for by staff who had received appropriate training, support and supervision in their role. 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 enabled to eat and drink sufficient for their needs and to make choices about what they ate and drank. Staff supported people to see a range of healthcare professionals in order to maintain good health.

People enjoyed positive relationships with staff. They were actively supported by staff to be involved in day to day decisions about their care. Staff ensured people's privacy and dignity was upheld.

Each person had an individual assessment of their support needs and associated support guidelines for staff regards how to provide their care; which were reviewed with them and their families. Staff encouraged people to be as independent as possible both within the service and in the community. Each person had their own activity schedule tailored to activities that interested them. Processes were in place to enable people to make complaints and these were responded to appropriately.

A new manager had commenced their post just prior to this inspection. Staff and relatives reported the service was "Well-led." Staff said they had felt well supported during the short period of transition between managers; which had gone smoothly. Staff applied the provider's values during the course of their work with

people. People's views about their care were sought and acted upon to improve their experience of the care provided. Processes were in place to monitor and improve the quality of the service people received.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Cloverdale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 19 and 20 June 2017 and was announced, this was because the service is small and we needed to ensure the people and staff we needed to speak with would be available. The inspection was completed by one inspector.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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.

During the inspection we spoke with one person and two relatives. Following the inspection we spoke with a third person's relative. Not everyone was able to fully share with us their experiences of life at the service; therefore we spent time observing staff interactions with them, and the care provided by staff. We spoke with two care staff, the manager and the operations manager.

We reviewed records which included two people's care plans, two staff recruitment and supervision records for staff recruited since our previous inspection and records relating to the management of the service.

At the last comprehensive inspection of 19 January 2015 the service was rated as 'Good' overall.

Is the service safe?

Our findings

A person told us "Yes, I am safe," relatives confirmed people were safe. Processes, procedures and staff training were in place to protect people from the risk of abuse. Staff were aware of the types of abuse, the signs that might indicate a person had been abused and how to report any concerns. Although no safeguarding alerts had been made since the last inspection. The previous registered manager had sought advice from the local authority with regards to incidents; to check if they should be reported under safeguarding procedures, in order to ensure people's safety.

Risks to people had been identified and assessed. There was guidance for staff regarding how to manage identified risks to people, whilst respecting their individual freedoms and rights. Staff were knowledgeable about the risks to each person and how these were to be managed. For example, staff knew who was at risk from choking and how this was to be managed for their safety. Relevant safety checks had been completed in relation to utilities, fire and equipment safety.

Any incidents were reported and reviewed. A relative told us "Staff always tell me about any incidents. They take the right action." Following any incidents, people's care records were updated in order to minimise the risk of repetition for the person.

A person told us "There are plenty of staff" and staff confirmed there were sufficient staff deployed in order to meet people's needs. The new manager told us there was only occasional use of agency staff, which records confirmed. The provider carried out the required pre-employment checks before staff started work. Staff files contained evidence of photographic proof of identity, a criminal record check, full employment history, and satisfactory conduct in previous employment. Records showed the provider had carried out a thorough recruitment process.

Arrangements were in place to receive, record, store and handle medicines safely and securely. Records we reviewed were complete and filled in according to the provider's guidance. Staff told us, and records confirmed, they had undertaken medicines training and competency assessments to ensure they were able to administer people's medicines safely. People had support guidelines in place regarding how they took their medicines. People were supported by staff to self-medicate where possible. People received their medicines safely.

Is the service effective?

Our findings

A person said to us "Staff are well trained." Staff confirmed they had undertaken the provider's required training and additional training specific to the needs of the people cared for. Staff told us, and records confirmed, they received regular supervision. In addition staff received an annual appraisal in order to reflect on their achievements and forthcoming plans for development. Five of the current seven care staff held a professional qualification in social care. People were cared for by staff who received appropriate training, supervision and support in their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. The manager and staff were aware of their responsibilities. The previous registered manager had applied for authorisation under the Safeguards for each person. Prior to submitting these they had assessed what restrictions were in place for each person and consulted their families, which relatives confirmed. Records to demonstrate the detail of how they arrived at making this decision on the person's behalf could have been clearer. We brought this to the new manager's attention who took immediate action to address this for people. The operations manager was about to consult the relevant local authority regarding whether a person's application still needed to be processed; due to recent changes in their needs. Staff ensured the necessity of restrictions upon people were kept under review as required.

A relative told us there were "Good meals." People participated in the weekly menu planning and a person said "We choose what to eat." Staff knew what foods people liked and these were provided. People were regularly offered drinks and staff documented the amount people drank. People enjoyed their lunch; staff sat with them to eat and chatted with them about their morning. This enabled staff to provide people with social stimulation and company, whilst modelling positive behaviours. Staff told us and records confirmed that staff monitored people's weights monthly and over time in order to identify if they had experienced any significant weight loss or gain which required action. Staff supported people to eat and drink sufficient for their needs.

People saw a variety of healthcare professionals as required; during the inspection a person was supported by staff to visit their dentist. People had health and dental passports; these provide health professionals with important information about people and their health. People had annual health care checks and an associated health action plan to ensure they maintained good health. Where professionals had provided guidance about the person's care this was built into their support guidelines. Staff supported people to maintain good health.

Is the service caring?

Our findings

Relatives told us "Staff are lovely," "The staff are good," "It is a happy home, there is a good atmosphere." We observed people were happy and relaxed in the company of staff whom they enjoyed being with. We heard a lot of laughter and joking. A relative confirmed their loved one "Laughs a lot." Staff celebrated important events for people such as their birthdays and recently arranged a birthday party for a person, who told us how much they had enjoyed it.

People were asked at the house meetings for their feedback about whether they felt well treated by staff; records showed they did. People were observed to be comfortable asking staff for what they wanted. People knew staff were responsive to their requests and needs.

Staff gave people positive affirmation for their achievements and if a person was engaged in an inappropriate behaviour they provided gentle verbal guidance and distracted the person to a new activity.

People's care plans documented what choices they could make for themselves. A person told us "Yes, staff involve me in decisions." Staff involved people in decisions such as whether they wanted to join in activities. Staff were observed to respect people's decisions if they said no.

People were seen to choose where and how they spent their time. If people wanted to be in their bedrooms then they could be or they could choose to sit in the communal areas of the service. There was written guidance for staff about respecting people's right to spend time alone.

People had communication plans; some used Makaton which involves the use of signs and symbols to aid communication and staff were observed to use this with people. Staff also ensured they provided people with simple explanations regards what was happening and why, so they could understand, for example, what was to happen next.

Staff ensured people's privacy was upheld; for example, they waited outside the bathroom, keeping the door shut and only provided the level of support the person required. Records demonstrated that when staff had an observation of their practice as part of their supervision they had been assessed regards how well they upheld people's privacy and dignity.

Is the service responsive?

Our findings

People each had an individual assessment of their support needs and associated support guidelines for staff regards how to provide their care. People's records provided staff with details about their personal history and what a 'good' day might look like for the person. Staff told us they spent time reading people's care plans and familiarising themselves with people's support guidelines to enable them to provide people's care. Staff were observed throughout the inspection to engage with people one to one in what interested them. They knew people's interests and provided them with appropriate activities such as music and books.

People and their relatives were invited to attend an annual review of their care. A person told us "We have reviews every year." This enabled them to reflect on what was going well and to raise any issues. A relative confirmed to us they felt consulted about their loved ones care.

Each person had their own pictorial activity schedule comprised of home and community activities that interested them. During the inspection some people attended a meeting with other people from local services, others enjoyed an Indian head massage, some people participated in a baking session, some went horse riding and others went into town for coffee. Staff were alert to changes in the suitability of activities and were currently exploring a new one for a person, in order to replace an activity which no longer met their needs. People were supported to participate in a range of activities that interested them.

Staff encouraged people to be as independent as they could both within the service and in the community. A person was developing their independence skills and they had a support plan identifying what aspects of their care at home and in the community they were building independence in, for example; cooking and going to town. They told us "I am supported to do lots of things." Staff supported people to make use of public transport wherever possible as this enabled them to be more independent than when driven. Staff were willing to support people with this; as although it took longer, they understood how it promoted people's independence.

People had been provided with a copy of the complaints process and this was also displayed in a communal area. Records showed one complaint had been received since our last inspection and this had been fully investigated. Processes were in place to enable people to make complaints.

Is the service well-led?

Our findings

Relatives told us about the service "It's well run" and "Yes, it's well managed." The previous registered manager left on 27 April and the new manager started on 12 June 2017. The new manager has applied to become the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Staff told us they were well supported during this short period of transition.

Staff told us that the service was "Well-led." A person commented about the new manager "X (new manager's name) is nice." The new manager told us the office door was always open. We saw they had already written staff a message to introduce themselves, attended a staff meeting and commenced shifts with staff. They had been considering how the service could be improved further and in consultation with staff had been reviewing staff rosters, to provide more consistency for people and staff.

The operations manager told us there was a focus on staff working across the provider's locations to support each other. People had benefited, as other services had provided transport where required, as the service had limited drivers, whilst the new manager completed their training.

Staff told us they learnt about the provider's values during their induction. These were based on passion for care, positive energy, freedom to succeed, edge and thanks. Staff were observed to apply these values during the course of their work with people.

People's views were sought through monthly house meetings, keyworker meetings and the annual quality assurance survey. People's feedback was listened to; for example, at the January 2017 house meeting, people said they wanted to go and see a pantomime which they did in February 2017. During the inspection people attended a new initiative from the provider to further involve them in the running of the service; they were asked what they wanted from staff recruitment. People's views were sought and acted upon to improve their experience of the care provided.

The rating from our previous inspection was displayed in the service and on the provider's website. People who used the service and others knew how the service was performing.

The manager completed a quarterly audit which assessed the quality of the service. The operations manager then reviewed the results and the associated action plan. Records showed that where actions were identified, these had been addressed for people. In addition people's medicines were audited monthly and health and safety checks of the service were completed. Processes were in place to monitor and improve the service people received.