Voyage 1 Limited

Rhodelands

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 24 January 2017 and was unannounced.

There is a requirement for Rhodelands to have a registered manager and a registered manager was in place. 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 service is registered to provide residential care for up to seven younger adults with learning disabilities or autistic spectrum disorder. At the time of our inspection seven people used the service.

Some areas of the service could not always be effectively cleaned, and cleaning had not always been completed to the timescales set by the provider.

Not all shortfalls identified by the provider were risk assessed and managed to set timescales.

We requested one notification that had not been sent in a timely manner. Notifications are changes, events or incidents that providers must tell us about.

Other systems and processes to ensure good practice were in place, for example checks on fire safety.

Staff had been trained in and had an understanding of safeguarding and how to keep people safe from potential abuse. Staff were recruited in line with the provider's policy and procedures, and checks were completed to ensure staff employed were suitable to work at the service.

Staffing levels were based on meeting people's needs and enough care hours were provided to do so.

Medicines were stored securely and were managed in line with the provider's policies and procedures. However, not all records for the management of medicines were complete.

Risks to people's health, for example from risks from medicines or other health conditions were identified and actions taken to reduce those risks.

Staff understood how to provide care to people in line with the Mental Capacity Act 2005 (MCA). Applications for Deprivation of Liberty Safeguard (DoLS) authorisations had been made when required by the registered manager.

People were given the opportunity to express their preferences for meals and drinks. We saw people had access to food and drink throughout the day.

Other healthcare professionals were involved in supporting people's health care needs when needed to ensure people maintained good health.

Staff were supported by the registered manager and were confident in their role and responsibilities. Staff had skills and knowledge relevant to people's needs.

Staff provided care that respected people's privacy and dignity. Staff had built kind relationships with people.

Care plans were developed to include people and their relatives' views. Care plans were reviewed and people and families felt involved in the process.

Staff helped to create a calm and inclusive atmosphere in the service.

Events and activities were open to family members, and people had regular contact with their local community.

People were supported to enjoy activities that were of interest to them. People had personalised their bedrooms to reflect their hobbies and interests.

Staff listened and responded to any views, suggestions and complaints. Any complaints were recorded, investigated and resolved to people's satisfaction.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was not consistently safe.

Not all areas of the service were cleaned effectively. Staff understood how safeguarding procedures helped to protect people. Staff recruitment included checks on the suitability of staff to work at the service. Sufficient staff were available to meet people's needs. Risks to people, including those from medicines, were identified and care plans included how to reduce risks to people.

Is the service effective?

Good

The service was effective.

Staff understood how to provide care in line with the principles of the MCA. People had sufficient to eat and drink. People received care from external health professionals to help them maintain good health. Staff had the skills and knowledge to care for people effectively.

Is the service caring?

Good

The service was caring.

People and their families were involved in planning their own care. Staff had built kind relationships with people. People's privacy was respected and staff understood how to promote people's dignity.

Is the service responsive?

Good

The service was responsive.

Staff supported people to enjoy activities and interests. People and their families were involved in reviewing their care and felt able to contribute their views. Systems were in place to manage complaints.

Is the service well-led?

Good

The service was not consistently well led.

Shortfalls identified at the service were identified, but not always managed to set timescales. One statutory notification had not been sent in a timely manner. The service was managed with an open and approachable leadership style.

Rhodelands

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 was unannounced and took place on 24 January 2017. The inspection was completed by one inspector and one specialist professional advisor, which a specialist interest of learning disability nursing.

We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

People had limited verbal communication and were unable to tell us in any detail about the service they received. We had some conversations with three people and we spent time talking with staff and observing how they interacted with people. We also spoke to relatives to get their views on the care given to their family members and one healthcare professional who was involved with the service.

We spoke with five members of staff, including the registered manager. We looked at four people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, recruitment records and staff training records.

Good

Is the service safe?

Our findings

Family members we spoke with told us they were happy with the cleanliness of the environment at Rhodelands. We viewed some people's bedrooms and found these to be clean and tidy, as was the kitchen, dining room and conservatory. However, the paint on the stair handrail was chipped and worn away in some areas and looked dirty. Chipped and worn paintwork can be difficult to clean effectively. In addition, the high ledges in the hallway were dusty and a sofa in the lounge was marked with splash marks. We viewed the cleaning schedules for these areas of the home and found that high ledges were not included as a specific area of the home to clean. Staff we spoke with told us high ledges were not routinely cleaned. After we bought it to the attention of the deputy manager the areas were cleaned during our inspection.

One person told us they were getting new sofas and chairs for the main lounge area. The current sofas and chairs had areas of wear and tear on them where the fabric was no longer intact. This meant it would be difficult to effectively clean these items. The registered manager told us new sofas and chairs had been ordered, however no date of delivery was known. In addition, we identified an area of floor covering that had worn. Again, this meant it would be difficult to effectively clean this area of floor. Shortly after our inspection the registered manager told us approval for new floor covering had been approved. There was a risk that some areas of the service were not always effectively cleaned due to materials being worn. In addition, cleaning schedules did not always identify all areas that required cleaning.

People received their medicines from staff. One family member told us of a recent medicines error. Although the error had occurred they told us they were reassured staff had contacted the person's GP for advice. We saw some medicines administration on the day of our inspection. We saw staff checked the person's medicines administration chart (MAR) before preparing the person's medicine. After the medicine had been administered staff signed the MAR chart record to confirm it had been administered. Staff told us, and records confirmed, staff were observed for their medicines 'competency check' to ensure they were competent in medicines administration. There was a list of staff signatures to identify which member of staff had administered medicines on any particular day. Most records were complete, however we found two occasions when medicines had been taken off the premises with people and the records were incomplete. We discussed this with the registered manager who agreed the record keeping had been missed on these occasions. We completed a stock check on a selection of medicines. We found the number of medicines in stock matched the records held for them. The provider had taken steps to reduce the risks associated with medicines.

One person told us they left the building when the fire alarm sounded and they needed to wait outside until it was safe to go back into the house. Staff we spoke with and records confirmed fire alarm systems were regularly tested. People had personal emergency evacuation plans (PEEP's) in place. PEEP's are written plans that help identify what support people need to evacuate the premises in an emergency, for example if a wheelchair is needed. These actions help to keep people safe. Families we spoke with shared the view people were cared for safely. One family member told us, "[My relative] is well looked after there; they're very comfortable and their needs are met." Other checks to help maintain people's safety were also in place, such as health and safety audits that checked window restrictors were in place and wheelchairs were in

good working order.

The same person also told us about an occasion where they had been injured. Records showed staff had reported this as an accident and had reviewed the incident to assess if any further actions were needed. When we spoke with staff they told us any accidents or incidents were reported and monitored to help identify any actions that could reduce risks to people.

Records showed any risks to people's health were identified and assessed. For example, people had risk assessments in place with actions for staff to follow to reduce risks. These actions included making sure people had regular blood tests and actions to minimise any risks associated with choking while eating. People's health was also monitored; for example, we saw people's weight was monitored and where people had experienced weight gain this had been reviewed with relevant professionals.

Staff we spoke with, and records confirmed, they had been trained in safeguarding people from abuse and preventable harm. Staff told us this training helped them to identify potential signs that could indicate a person was experiencing some form of abuse. Staff told us they were aware changes in people's mood and behaviour could all be signs the person was worried, as well as physical signs, such as unexplained bruising. Staff told us they would report any concerns over people's safety to their manager.

Staff told us their recruitment into their position had included obtaining references as well as checks on information held by the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Recruitment records showed all the required pre-employment checks, such as obtaining references, DBS checks and checking people's previous work history had been completed prior to the person starting work. These checks helped the registered person's employ people suitable to work at the service. The provider had taken steps to protect people from the risks associated with abuse.

The provider planned staffing levels based on people's needs. Families we spoke with told us there was enough staff to care for their relatives. During the day of our inspection we observed staff were available to provide individual and personal support to people. This included having the time to sit and talk with people as well as support people with their individual activities of choice. Staff we spoke with shared the view there were enough staff to meet people's needs, both in the day time as well as overnight. There were sufficient staff to meet people's needs.

Good

Is the service effective?

Our findings

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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and be as least restrictive as possible.

We reviewed the care plans for people who lacked the mental capacity to make specific decisions relating to their care and treatment. Care plans identified how people could be helped to understand any information about their choices and decisions, for example by the use of photographs. Any best interest meetings held were recorded and included contributions from other relevant people known to the person, for example, other health professionals. Staff we spoke with understood how the MCA applied to people and information on the principles of the MCA was on display for staff to reference. Care was provided to people in line with the principles of the MCA.

People can only be deprived of their liberty so that they can 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). The registered manager had assessed people and when required, made an application for a DoLS. At the time of our inspection, six people had received an authorisation for a DoLS. The registered manager had made applications to renew people's DoLS when they had expired. Out of the six DoLS authorised, one person's DoLS had conditions attached. We discussed these with the registered manager who explained how the conditions were met. Restrictions to people to keep them safe had been authorised in line with the MCA and DoLS.

During our inspection we saw people spoke with staff about the dinner they were having that evening. People had made different meal choices, for example one person chose a jacket potato and another person chose chilli con carne. For other people who used non-verbal communication, staff told us they knew people's preferences based on their experience of caring for them. They told us if a person did not want something they would push their plate away and staff would then try another option for that person. We saw this was detailed in a person's care plan who used non-verbal communication. Staff prompted people to drink when they had not had a drink for some time to help them maintain their fluid levels. We saw a variety of tinned food available for people should they want such things as tomato soup or macaroni cheese. In addition, staff freshly cooked the chilli con carne and purchased lean mince to cook with. This would help the meal be suitable for some people who were following healthy eating guidelines to manage their weight. People received sufficient food and drink and followed a balanced, healthy diet.

Family members we spoke with told us other professionals were involved with their relatives care when needed and when appropriate. We spoke with a health professional involved with the care of some people. They told us they felt staff involved them in people's care appropriately. Records showed people visited their GP's for blood tests as well as speech and language therapists. Staff we spoke with were knowledgeable about what professionals were involved in people's care and when they would contact them. People were

supported to maintain good health and access healthcare services when needed.

Staff told us they received helpful support and supervision from their managers. One staff member told us, "I have supervision every month and I've found them really helpful; It's kept me on schedule regarding following procedures." The registered manager told us their aim when supervising staff was for staff to realise their potential and increase their confidence in their job role. Staff told us they received support from their team leaders as well as the deputy and registered manager. They told us they could approach their seniors for support and help at any time. Staff received support to care for people from their senior staff.

Staff we spoke with were confident in their role and understood their responsibilities of caring for people. For example, staff told us about the different needs of people they cared for and how those needs were met. One staff member told us one person required their food to be presented in a specific way; we found the person's care plan confirmed this. Staff told us they found their training useful and helpful. Records showed staff had been trained in areas relevant to people's needs. However, there was no recorded training on mental health conditions and some people had a mental health diagnosis. When we spoke with staff they were knowledgeable on people's mental health conditions and could tell us what mental health care people needed. Staff told us they received information on people's mental health needs from other mental health professionals to enable them to understand people's needs. Care plans contained information on peoples care needs and also referenced any additional information provided by external professionals. Staff were supported to understand how to meet people's specific needs.

Care plans for some people indicated their communication was aided by the use of Makaton. Makaton is a language program using signs and symbols to help people to communicate. Not all staff had been trained in Makaton, however the registered manager told us they had arranged for staff to receive training in Makaton to further support the communication needs of some people. Staff we spoke with told us how they also used 'objects of reference' as a way to enhance their communication with people. For example, staff told us they may use a person's bag or shoes to communicate a question over whether they would like to go out. Staff could communicate with people effectively and additional training had been arranged to support this further.

Good

Is the service caring?

Our findings

One person indicated to us that they liked living at the service. During our inspection we observed staff interactions with people were friendly, kind and staff did not rush people. For example, staff smiled and made eye contact when communicating with people and gave them plenty of time to respond. Family members we spoke with told us they felt staff were caring. One family member told us, "Really nice staff." Another family member told us, "I wanted the environment to be as similar to home and it is; it is by the way staff act; they have a loving way to [my relative]." Staff we spoke with commented on the caring culture in the service. Their comments included, "Staff are really exceptional here for caring, they make the environment calm," and, "The staff are all caring." People were cared for by friendly and caring staff.

One person sat with us while we looked at their care plan and told us it was about them as they recognised their name. Where people could not fully express their views on their care plans, staff had represented their views by recording how they had been involved or whether they enjoyed an activity. For example, staff had represented a person's views on a swimming activity by stating the person seemed relaxed when swimming. In addition, Health Action Plans were in place for people. Health Action Plans present information in a way that is easier for some people to understand. For example, they contain photographs and pictures relevant to the person. This meant the service had taken steps to involve people in the care planning and their views were represented.

People were supported in making day to day choices by staff. For example, staff supported one person to bake some cakes as this was what they wanted to do. Another person wanted to spend some time in their own room and another person told us they enjoyed watching what was on the television. People's choices were respected by staff.

Throughout the day we saw people enjoyed the time they spent with staff. Staff paid attention to ensure people felt included. For example, staff kept the conversations between themselves to a minimum and responded to and included people in general conversation. We used Makaton to say 'hello' and introduce ourselves to one person who used non-verbal communication. They responded by smiling. Not all staff had been trained in Makaton. The registered manager told us they had arranged more Makaton training for staff so as to provide people with a full range of communication options to promote their inclusion and involvement, as well as support their independence when visiting other places.

Staff promoted people's independence. We saw tins of food in the kitchen cupboards had speaking lids. These are devices that capture a voice recording describing the contents of the tin. When a button on the lid is pressed, the voice recording plays. We found lids that had recorded different soups and meals for a person with a visual impairment. This meant the person could independently check what tinned food was available when making their meal choices. Other people were involved in making themselves drinks.

Family members we spoke with were confident staff cared for people respectfully. One family member told us, "Staff are very respectful of [my relative's] dignity." During our inspection we saw staff speak with people respectfully and calmly. We saw one person's bedroom had a large window that meant their privacy may be

compromised if they were in their bedroom and other people were in the garden. Staff assured us that a blind was fitted to the person's window to ensure their privacy when needed. People had their privacy and dignity respected.

People were supported to maintain their relationships with their families. Staff told us people had regular telephone calls with their relatives and some people were also supported to visit their relatives or meet them for outings. Family members we spoke with told us they were made to feel welcome whenever they visited. People were supported to maintain relationships with people that were important to them.

Good

Is the service responsive?

Our findings

One person was pleased with their latest manicure and told us they had enjoyed visits to the nail salon as well as their visits to a local café. Another person told us they enjoyed visiting the cinema and going shopping. During our inspection people went for local walks and visited local shops. Family members we spoke with told us they were satisfied with how their relatives were supported to enjoy their interests. One family member told us, "I'm absolutely happy with the activities; they are a really important part of [my relative's] life." People were supported to access the local community.

We viewed some people's bedrooms and found these were personalised to each person's taste and preference, and that they reflected people's interests and hobbies. We also saw evidence of people's social and recreational interests throughout the service. For example, we saw trampolines, both indoor and outdoor for a person who enjoyed this activity. In addition, the service had developed a garden cabin with art and craft activities, a sensory room and space for people to play darts and pool. Records showed people had contributed details of their interests and life history as part of their care planning process. Staff told us they planned frequent activities for people based on their preferences. People were supported to follow their interests and hobbies.

Staff were seen to respond quickly when people required assistance. For example, one person felt unwell and staff were with the person at the time and provided support and offered reassurance. At other times staff responded in conversation with people. For example, one person asked a staff member about the options available for the evening meal and the staff member held a conversation with the person about the various options available. People were cared for by staff who were responsive to their needs.

Care plans contained relevant details of people's interests, hobbies and social networks. Records of people's involvement in their care plan reviews had been recorded. One family member we spoke with told us they were always invited to reviews of their relative's care plan. In addition, one family member told us they had requested a monthly newsletter about what their relative had done over the month. They told us, "We initiated it and I get a monthly newsletter without fail." They went onto say, "The newsletter keeps me updated." Family members also told us they had attended invitations to events organised by the service and were made to feel welcome and included. People and when appropriate, their families, were supported to contribute to their care.

Family members told us they received questionnaire type surveys to ask them for their views about the quality of services at Rhodelands. We saw some people had completed these as well as some family members and community professionals. We saw answers were mostly positive. One person had stated they wanted new sofas and the registered manager confirmed this was in progress. People were asked for their views and actions were taken in response.

Family members also told us actions had been taken, to resolve to their satisfaction, any issues or concerns raised with the registered manager. One family member told us whenever they had raised an issue, "Things are done quickly." One complaint had been received by the registered manager since our last inspection. We

reviewed the records for this complaint and found it had been dealt with in line with the provider's complaints process and resolved. People were able to raise concerns, suggestions and complaints and these were recorded, investigated and resolved.

Good

Is the service well-led?

Our findings

Systems and processes to check on the quality and safety of services were in place, for example we saw checks were in place to provide assurances regarding fire safety. However it was not always clear when actions would be taken to address the shortfalls identified. An audit dated August 2016 had identified the woodwork throughout the home needed repainting. At our inspection, the handrail on the stairs had still not been painted and the paint was chipped and worn. The registered manager told us the painting request was in progress with the provider, however no date had yet been confirmed for the woodwork to be repainted. In addition, no date was known for when the lounge sofas and chairs would be replaced. Shortfalls and improvements were effectively identified, however no target dates had been set by the provider for actions to address the shortfalls. This meant the provider could not always provide reassurances that improvements were being managed to reasonable timescales.

Rhodelands is required to have a registered manager and a registered manager was in post. There is a responsibility for registered managers and providers to send statutory notifications to CQC when required. Notifications are changes, events or incidents that providers must tell us about. Whilst we had received some notifications prior to our inspection, we found one notification had not been submitted. The registered manager confirmed a safeguarding referral had been made to the local authority; however no allegation of abuse had been upheld. Statutory notifications are required for any allegations of abuse, even when these are then not upheld. The registered manager sent us the required statutory notification as requested shortly after our inspection.

We saw people knew the registered manager and were comfortable when spending time with them. Family members told us they had good relationships with the registered manager and described them as, "Open," and, "Very professional and very fair." Staff told us they knew the registered manager and deputy, and found them open and approachable. One staff member said of the registered manager, "Their door is always open if you need help." Another staff member told us, "[The registered manager] is there; they are quick to pull you up and quick to support you." Throughout the day we saw the registered manager spending time with people and staff. The service was led by a registered manager with an open and inclusive management style.

The registered manager was supported by a motivated and supportive staff team. Staff told us they could talk with either the registered manager or deputy manager. One staff member told us, "[We are a] brilliant team; we all get on." We saw regular staff meetings provided staff with opportunities to share views as well as check their understanding on areas such as safeguarding, MCA and DoLS. In addition staff meetings reminded staff to complete quality checks such as to complete full and accurate records. These meetings helped to support teamwork and reinforce good practice and quality care.

People's views and experiences had been gathered and used to inform the service. We saw questionnaires had been used to obtain people's views on the quality of the services provided. These had been analysed and had identified what was done well and what areas would be developed next. People's views contributed to the development of the service.