

Voyage 1 Limited







Greenmoor Road

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

Overall summary

The inspection took place on 6 November 2015 and was unannounced. This was the first inspection of the service since it changed to a new provider in November 2014.

Greenmoor Road is a registered care home providing care and support for up to two younger adults with learning disabilities or autistic spectrum disorder. There were two people using the service at the time of our inspection.

There was a registered manager at the service who had been working at the service since February 2015. 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.

People that used the service appeared relaxed around staff members and able to communicate effectively with them. People were involved in decisions about their care and support. People were able to express their views which staff respected.

Summary of findings

There were sufficient staff on duty that knew people that used the service well. Staff received adequate training and felt well supported in their roles.

Support plans provided staff with detailed guidance about they were able to support people. This ensured that people received consistent approaches towards their care and behaviours from staff members.

People received their medicines as prescribed but controlled drugs were not being stored in line with the provider's policy to ensure people's safety.

People's capacity to consent to their care had been considered within their support plans. The service worked in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff and relatives told us they were happy to raise any concerns with the manager and felt confident they would be listened to.

The registered manager was respected by staff and was not afraid to challenge bad practice. The registered manager had developed people's knowledge of safeguarding and empowered staff to make them feel able to raise concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had a good understanding of types of abuse and knew how to report any concerns. Relevant safeguarding referrals had been made and appropriate actions taken to ensure that people were safe. There were sufficient staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People were supported by staff who understood their needs. People's capacity to consent to their care had been considered in their support plans. The service worked in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to access external health appointments as required.

Good



Is the service caring?

The service was caring.

People were supported by staff who were caring and knew and understood their individual needs. People were involved in decisions about their care. Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

There were support plans in place that identified people's needs and provided information about how they could be met. People were able to make decisions about their care.

Good



Is the service well-led?

The service was not consistently well led.

Staff told us the registered manager was supportive and they could talk to them if they needed to. The registered manager had challenged bad practice and enhanced people's knowledge to empower them to raise concerns. The service had failed to take action to ensure that controlled drugs were stored in line with the provider's policy.

Requires improvement



Greenmoor 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 6 November 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed notifications that we had

received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service.

We spoke with a relative of a person that used the service. We spoke with the registered manager, the house leader and two support workers. We spent time at the service observing support that was being provided. We looked at records relating to medication and carried out a stock check of two medicines that were used by people at the service. We looked at care records of the two people that used the service and other documentation about how the service was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Is the service safe?

Our findings

A relative told us that the service was safe. Staff had a good understanding of the various types of abuse and told us how they were able to report any concerns or incidents. They told us that they felt assured that any concerns they did report would be actioned. They were also aware of how to escalate their concerns should the need arise. There was a 'see something, say something' poster on display at the service that provided people with contact details of where they would report any concerns to.

People had monthly meetings with their keyworkers where time was spent ensuring that people felt safe. Staff knew people well and told us that they could tell from people's body language if something was wrong. There were details recorded in people's support plans about how they communicated. This included information about how people would let you know they were unhappy, unwell or in pain.

Safeguarding incidents and allegations had been referred through to the local safeguarding authority and the Care Quality Commission (CQC) as required. The local authority have the lead responsibility to investigate safeguarding concerns and it is a requirement of the Care Quality Commission (Registration) Regulations 2009 to report any abuse or allegation of abuse in relation to a service user to CQC. The service had taken appropriate action at the time to ensure that people were immediately safe. They had investigated concerns where required and taken appropriate action in response. For example one incident had resulted in disciplinary action being taken and identified a training need. The service used these incidents and experiences as learning opportunities.

We found that incidents and accidents were recorded. We saw that where people sustained any bruises or injuries body maps were completed. However these were not then monitored in any way. This meant that there was a risk that a person's bruise or injury may get worse and it would not have been identified. We discussed this with the registered manager who told us that they would look into this.

There were risk assessments in place relating to the environment and people's care. The provider assessed risks on a stop, think, go basis to prevent people from being risk averse but ensuring that they thought about risks and how they could reduce them.

People had hospital passports in place that provided up to date relevant information about their needs should they need to attend hospital in an emergency. We saw that there were personal emergency evacuation plans in place for staff to follow and share with others should the need arise. Weekly fire monitoring checks were carried out to ensure that alarms were in working order and fire escapes were kept clear. Vehicle safety checks were carried out weekly to ensure that the car was in safe working order for people to use.

Staff told us that there were always enough staff on duty. We observed this to be the case. People were provided with one to one staff for the majority of the day and there was one member of staff on duty overnight. Staff also told us how they would often cover additional shifts to ensure that people had familiar staff members that they were used to providing their care. The registered manager advised us that they had recently had to use a member of agency staff to cover shifts but they were able to secure the same staff member from the agency to ensure that there was consistency and continuity for people. The registered manager told us how they had just filled the last two posts at the service and so going forward there would not be a need for agency staff.

We looked at the recruitment information for two staff at the service. We found that the service followed a robust recruitment process and carried out pre-employment checks before people started work. The service also had a probationary period to ensure that staff were suitable for the roles.

We saw that people received their medicines as prescribed. Competency checks were carried out on staff to ensure that their practice of administering medicines was safe. We saw that the service had PRN [as required] protocols in place when people had been prescribed medicines on an as required basis. These provided guidance for staff about how when and how they should be given. We found that the service did not have appropriate storage facilities for controlled drugs. We found that the service were not following their own policy consistently in relation to the storage of controlled drugs. We discussed this with the registered manager who took immediate action and asked the pharmacy to conduct a thorough audit.

Is the service effective?

Our findings

Staff told us that they received regular training. The majority of training that staff carried out was through an online training system. Staff told us that the training was useful. One staff member told us, “Its useful training but personally I would like to have more practical training.” All of the staff that we spoke with told us that they had received adequate training to enable them to carry out their roles. Records we saw confirmed this.

Staff told us they felt supported and that they received regular supervision and an annual appraisal. We looked at records that showed supervisions took place approximately every six weeks and appraisals annually. Staff told us that they were also kept up to date using a read and sign folder. We saw that any information relevant to the service was placed in here and staff were asked to read it to ensure that their knowledge was kept up to date. Training was all recorded on an online system so the registered manager maintained an oversight when staff had completed courses and when refresher training was required.

We observed people being given choices in relation to their care throughout the day. Where people demonstrated that they were not consenting staff respected their decision. For example a staff member asked a person if they wanted to use the toilet and they offered to help them. The person showed that they did not want to go to the toilet by not getting up, staff respected their decision.

People’s capacity to consent to aspects of their care had been considered. Where there was reasonable doubt that a person did not have capacity to consent to a decision a mental capacity assessment had been carried out and an appropriate referral had been made to the local authority. This was in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and

DoLS is legislation that protects people who lack mental capacity to make decisions about their care and who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. Any restrictions must be authorised by a local authority. Applications for DoLS had been made for people using the service. This was because people were under constant supervision and receiving care and support. It had been agreed by the local authority that this was in their best interest.

Where people displayed behaviours that challenged others there were detailed support plans in place. These provided clear information and guidance for staff to follow and provided information about triggers and actions that staff should and should not take. Staff members had a good understanding of people’s behaviours and were consistent with their responses to them.

We saw that where a concern had been identified with a person’s nutritional intake the service had made a referral to the speech and language therapy team. We saw that guidance had been put in place to assist their eating and staff were following this. People were supported with drinks and food throughout the day. There was guidance available to support and encourage people to follow a balanced diet. We saw that people were provided with choices at mealtimes and staff respected their decisions. This sometimes led to people not eating a balanced meal. Staff understood that this was the person’s individual choice and they were able to make this decision. However they did ensure that information about following a balanced diet was readily available for people.

People were supported to access healthcare services when required. Each person had a health folder where information about each health professional that the person visited, details of the appointment and any follow up action required was documented.

Is the service caring?

Our findings

A relative told us, “The staff are very caring, I know 100% that the staff look after [my relative], they are very good.” They went on to tell us that if their relative was ever unwell or feeling a little down staff would stay with them and comfort them. Staff knew and understood people’s needs. We saw that a person became a little upset during our inspection. Staff comforted them and gave them reassurance. We saw that people appeared to be relaxed around staff members.

Staff were able to support people with kindness because they knew what was important to people and knew what mattered to them. For example we saw one person looking for something in the kitchen. Staff immediately asked them if they were looking for their colouring to which they responded. Staff then fetched their colouring and provided them with coloured pencils. The person was then immediately engaged in their colouring.

Staff were able to tell us about people’s likes, dislikes and preferences. We saw that staff used this knowledge while assisting people with their day to day care. For example one person preferred to be assisted with their personal care in the late morning. We saw that staff respected this and supported them when they were ready. Staff told us how this person enjoyed a cup of tea in bed before they got up. We saw staff support the person to have a cup of tea prior to them getting out of bed.

We saw that people’s support plans included information about how they had been involved in writing them. For

example one person had sat with the registered manager while they had written their support plan. There had also been another staff member present who had known the person for 12 years. This staff member was able to provide information about the person’s support needs as they had worked with them throughout this time. The support plans had been discussed and the person had smiled in acknowledgement.

People were provided with information in their preferred ways. For example we saw that one person’s support plan described how they liked to be provided with two choices when making decisions. We observed that the person was provided with support in that way. For example when they were offered a drink they were provided with two choices.

Staff had a good understanding of how they were able to respect people’s privacy and dignity through the everyday support they provided. Staff knocked before entering people’s rooms and ensured that people’s bedroom doors were kept closed. Staff communicated with each other when they were going to support a person with their personal care so that they were not disturbed.

A relative told us, “Staff treat people as individuals.” People using the service had their bedrooms decorated to their taste. One person showed us their room that was decorated in a colour that they liked. People’s rooms were personalised and were places where people could spend time alone if they wanted to.

There were no restrictions on visiting times at the service. A relative that we spoke with confirmed that this was the case.

Is the service responsive?

Our findings

People and their relatives contributed as much as possible in the assessment and planning of their care. A relative told us, "They involve me in things and ask for my opinion." Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Support plans contained guidance for staff which described the steps they should take when supporting people. They were regularly reviewed to ensure that they remained relevant to meet people's needs.

People were provided with their designated member of staff known as their keyworker. Meetings were scheduled for people and their keyworkers each month. This provided people with the opportunity to discuss any concerns about their welfare or decide on any activities they may wish to take part in. We reviewed records of these meetings. We saw that although they had not always taken place each month, they did provide people with time to review and discuss their support.

There were opportunities for people to participate in activities and outings they enjoyed. For example one person enjoyed going out for lunch we saw that staff supported them to do this. Another person enjoyed going out for a drive if the weather was fine. We saw evidence that this had taken place. However, it was not always evident if staff had offered people opportunities that they had then declined. Staff members and a relative told us people

sometimes did not want to participate in activities or outings. Staff told us how they respected people's decisions and the activity or outing did not then take place. People were then able to choose how they spent their time.

During our inspection visit we witnessed staff asking a person if they wanted to participate in something. The person declined and did not want to leave the dining table where we were sitting. Staff respected their decision.

In addition to support plans each person living at the service had daily records. These were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed regularly and were a good tool for recording information which gave an overview of the day's events for staff coming on duty later in the day.

A relative told us that if ever they had raised anything about their relative's care then they always got feedback. They went on to tell us that no matter how small it was always followed up and then they were updated about any action that had been taken.

We saw that there was a 'See something, say something' poster on display that provided people with contact details and advice about how they could make a complaint or raise a concern. There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. The service had not received any complaints.

Is the service well-led?

Our findings

Staff told us that they felt supported in their roles by the registered manager of the service. They told us that they had regular team meetings where they were provided with updates about the service and involved in discussions about people's care and support. They told us that they felt able to raise any concerns. One staff member told us, "I know [the registered manager] is always there if I need her, she's always at the end of the phone." Another person told us how they'd been through a situation recently in their personal life and the manager kept in touch with them regularly about it and offered their support.

Since being in post the registered manager had spent time getting to know people who used the service and the staff members. The registered manager had challenged bad practice and enhanced people's knowledge to empower them to raise concerns. This was evident through team meeting minutes and safeguarding notifications that had been received by CQC.

We saw that monthly managers meetings were held by the provider and they allocated time to discuss lessons learned across the organisation. For example as a result of an incident where a person had burnt themselves on a shower pipe information was shared and all services were then notified to take action to prevent this from occurring again.

The registered manager at the service was aware of the requirements and responsibilities of their role. We had received some notifications from the service as required although the registered manager had not notified us that

people had Deprivation of Liberty Safeguards authorisations in place. We discussed this with the registered manager who apologised for the oversight and completed these notifications the day after our inspection.

We saw that annual questionnaires had been sent out to staff and relatives of people that used the service. All of the comments and feedback were positive. Comments about the service included, 'Excellent, I could not ask for better care in a loving homely environment,' and 'I am so happy that there is a special safe and happy home for my relative to live in.' Staff told us that there had been a number of changes made at the service under the new registered manager. They told us that all of the changes had been positive and people that used the service seemed happier and were going out a lot more.

The registered manager completed a quarterly self-audit of the service. This provided an action plan of immediate actions required and was then monitored by the operations manager. In addition the provider's internal quality and compliance team completed a six monthly audit. An action plan was then produced and the service had to detail the actions that they were taking in response. The last audit had been completed on 6th August 2015. We saw that a number of actions that had been identified had been addressed. However, it had identified as a concern that controlled drugs were not being stored in line with the provider's policy. This is also what we found. This meant that the quality assurance system in place had failed to ensure that adequate actions had been taken to address the concerns. There was a concern that the safety measures that the provider had put in place to protect people that used the service were not being followed in relation to the storage of controlled drugs.