

Voyage 1 Limited

Rivelin House

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

Rivelin House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rivelin House is registered to provide accommodation, nursing and personal care to adults with physical and learning disabilities. The home can accommodate up to eight people. It is situated in the Shiregreen area of Sheffield, close to local amenities and transport links.

There was a manager at the service who had commenced in post 26 October 2018. The manager had applied to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

The previous registered manager left the service 21 September 2018. The registered providers peripatetic manager for the north region was covering the registered managers absence until the new manager had been inducted into their post.

The registered provider was working within the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Our last inspection of Rivelin House took place on 24 March 2016. Whilst the service was rated Good overall, the Well Led section was rated requires improvement. This was because the previous registered manager was managing two homes and split their time between the two services. Staff we spoke with told us that there was a lack of coordination and organisation in the registered manager's absence. In addition, we found records were not always well maintained and the systems in place to monitor the quality of the service had not identified and addressed these concerns.

This inspection took place on 20 November 2018 and was unannounced. This meant people living at the home, and staff, did not know we would be visiting.

At this inspection, we found sufficient improvements had been made and issues reported on in the Well Led domain had been addressed.

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.

Why the service is rated Good.

People who lived at Rivelin House had limited or no verbal communication. We saw they were happy to be with staff and staff were respectful and kind in their approach. People's relatives spoke positively about the standard of care and support their family member received.

Staff were aware of their responsibilities in keeping people safe.

Medicines were managed safely.

There were robust recruitment procedures in operation to promote people's safety.

Staff were provided with relevant training and supervision so they had the skills they needed to undertake 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's support plans contained relevant person-centred information to inform staff. The support plans had been reviewed to ensure they were up to date.

Relatives of people receiving support were confident in reporting concerns to the staff and manager and felt they would be listened to.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

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 has improved to Good.

Rivelin House

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 20 November 2018 and was unannounced.

The inspection was carried out by one adult social care inspector.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During our inspection, we were unable to fully communicate directly with some people receiving support. We spoke briefly with three people, and with three of their relatives over the telephone, to obtain their views of the support provided. We spent time in communal areas speaking with people and observing how staff interacted with each other and the people they were supporting.

We looked around different areas of the service, which included communal areas, and with their permission, some people's bedrooms.

We spoke with the operations manager, the peripatetic manager, three support workers, an activities worker, a domestic staff, a bank nurse and an agency nurse to obtain their views.

We reviewed a range of records, which included two people's support plans, two people's health files, three staff support and employment records, training records and other records relating to the management of the service.

Is the service safe?

Our findings

We saw people freely approach staff and share smiles, laughter and conversation with them. People with non-verbal communication were happy in the company of staff and shared communication with them. This showed that people felt safe with staff.

Relatives of people supported said people's safety was promoted. One relative told us, "I'm sure [name of family member] is safe. We go a lot, and don't always tell them [staff] we are going. [Family member] is always happy and that shows they feel safe." Another relative said, "I keep an eye on [family member.] I can see that they laugh with staff and their face tells me they are okay. That tells me they feel safe."

All three relatives spoken with said they would recommend the service

Staff said they would be happy for a relative or friend to live at the home and felt they would be safe.

All staff confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. This meant staff understood their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

The staff training records verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. We saw that financial transaction records had been completed in line with the registered provider's policy. We checked three finance records. We found each transaction had been recorded and receipts were retained. The monies held corresponded with the amounts recorded. This helped to keep people safe from financial abuse.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a policy on medicines administration in place to inform staff. We observed two people received their medicines in line with safe procedures

We checked three people's medication administration records (MAR.) These had been fully completed. The MAR held details of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines stored corresponded to the medicines recorded on MAR. This showed safe procedures had been adhered to.

At the time of this inspection, some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found

a CD register and appropriate storage was in place. We checked two people's CD records and found the amounts recorded corresponded to the medicines held. Two signatures had been recorded at each CD administration. This showed safe procedures had been followed.

Training records showed staff who administered medicines had been provided with training to make sure they knew the safe procedures to follow. Records showed staff had been observed administering medicines to check their competency. We saw regular audits of people's MAR were undertaken to look for gaps or errors and we saw records of medicines audits, which had been undertaken to make sure full and safe procedures had been adhered to.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked three staff recruitment records. All three contained all the information required by legislation. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We checked to see if enough staff were provided. Staff told us, and records confirmed, during each day a minimum of three support staff, usually four, and one qualified nurse were provided. One support worker and one qualified nurse was provided each night. Staff told us they felt enough staff were provided to meet people's needs. This showed appropriate levels of staff were provided to keep people safe. Whilst we found agency nurses were used for a number of shifts, one nurse had just commenced in post and a further nurse was being recruited to ensure sufficient permanent nursing staff were provided.

We looked at two people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs, for example, accessing the community. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We found policies for infection control were in place so that important information was provided to staff. Staff were provided with equipment, including gloves and aprons, to ensure they could provide care safely. All areas of the home seen were clean. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon.

We found records of accidents and incidents were monitored so that any trends or patterns could be identified and acted upon and action plans were put in place to reduce the risk of them happening again.

We found a fire risk assessment had been undertaken to minimise potential risks. Each person had a personal emergency evacuation plan for staff to follow in case of emergency. This showed that people's safety was promoted.

Is the service effective?

Our findings

Relatives of people receiving support spoke highly of the staff. They told us the service delivered care in a way that met people's individual needs. They said support workers knew what support was needed and they had the skills to do their jobs effectively. Comments included, "We're really happy with the service provided. [Name of family member] can be very challenging and staff manage that in a respectful and kind manner" and "The staff are good. They know [family member] well and I only have positives about the home. The staff help [name of family member] be happy."

We asked people's relatives if they found it easy communicating with staff. They told us they had been provided with telephone numbers and could always speak to someone if they needed to. They told us staff always kept in contact with them so that they knew how their family member was.

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We checked training, appraisal and supervision records. These showed were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role. Staff confirmed they had been provided with an appraisal within the last 12 months.

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people.

We checked two people's medical files. These showed people were provided with support from a range of health professionals to maintain their health. These included GPs, consultants and therapists. The records contained clear details of people's health needs and how these were supported. Each person had a 'Hospital Passport' that contained important information so hospital staff were aware of individual needs and what was important to the person. This showed that people's health was looked after and promoted.

We found people were supported to enjoy a balanced diet in line with their preferences. Each person was supported to make choices, which meant they could eat foods that were to their specific tastes and which met their cultural needs. Staff had a good awareness of peoples varying needs and dietary requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People's relatives and representatives told us they felt consulted. The support plans we checked all held signed agreements to evidence their consent. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

The support workers spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Is the service caring?

Our findings

Relatives of people supported said the staff were always caring and kind. Their comments included, "This is [name of family member's] home. Whenever I go, the staff are always with the residents. They chat to them and have a laugh together. It is perfect for [name of family member,]" "We visited recently with family members who had [dietary requirements]. The staff catered for this and it was so considerate and kind," "The staff are lovely. Very genuine people and always make us feel welcome" and "I've no concerns at all. They [staff] know [family member] well and they treat them with respect. They [family member] are happy there."

Some people used positive body language to express their satisfaction with the service. We saw frequent and friendly interactions between people receiving support and the staff supporting them, shared laughter and mutual respect for each other.

From our discussion with staff we found they had a good understanding of people's individual care and support needs.

We spoke with support workers about people's preferences and needs. They were able to tell us about the people they were supporting, and could describe their involvement with people in relation to the support needed. Staff also described good relationships with the people they supported. They were aware of people's history, interests and what was important to them. This showed support staff knew the people they supported well.

During our inspection, we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff who were kind, patient and respectful. We saw staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

Staff we spoke with could describe how they promoted dignity and respect. People's relatives told us support workers respected privacy and they had never heard support workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

Every staff member said they would be happy for a family member or friend to live at Rivelin House.

The support plans seen contained information about the person's identified needs, preferred name, their history, hobbies, preferences and how people would like their care and support to be delivered. It was clear

from the plans that people receiving support and their relatives had been involved in and consulted about writing the support plan. This showed people had been involved in discussions about support and important information was available so staff could act on this.

Is the service responsive?

Our findings

Relatives spoken with said they could speak to staff if they had any worries and staff would listen to them. They commented, "I am very happy. I have no worries at all [about the care provided]" and "I can talk to them [staff] if I have concerns, but there is nothing to worry about."

Relatives of people receiving support told us the support provided by the service was personalised. They said support was provided in the way people wanted and staff knew what support was needed.

Throughout the inspection, we heard staff constantly ask people about their preferences and choices regarding their daily living activities.

We looked at two people's support plans. They were specific to the individual and person centred. They contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans detailed what was important to the person, personal outcomes and how these would be achieved. The plans gave clear details of the actions required of staff to make sure people's needs were met. There were sections in the plan titled 'A typical day' 'effective communication guideline' and 'Decision making profile' that provided good detail about the person.

The plans showed that people and their friends and family had been involved in developing their support plans so their wishes and opinions could be respected.

We saw the support plans reflected our observations of the person and what the person's relatives and staff had told us about what they did in their day-to-day lives and their likes and dislikes. For example, one person displayed a specific gesture to us. Staff could describe what the gesture communicated. This corresponded to information in the person's care plan. The person's relative also told us of this communication. Support plans were reviewed every month. This showed important information was recorded in people's plans so staff were aware and could act on this.

Support workers said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person.

People's relatives felt very positive about the frequency and variety of social activities available. The registered provider employed two activities workers and support staff also participated in activities to support people's choices. Records of activities showed these were provided according to individual need and preference. These included trips to local shopping centres, the seaside, the local park, a zoo and tea dances.

We saw that a system was in place to respond to complaints. There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in an easy read version to help their understanding. The complaints procedure was written in large print and used pictures, symbols and diagrams to that the information was accessible. It gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

Is the service well-led?

Our findings

There was a manager at the service who had commenced in post 26 October 2018. The manager had applied to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

The previous registered manager left the service 21 September 2018. The registered providers peripatetic manager for the north region was covering the registered managers absence until the new manager had been inducted into their post.

The manager was not available during this inspection. The operations manager and peripatetic manager were available to support this inspection.

Our last inspection of Rivelin House took place on 24 March 2016. Whilst the service was rated Good overall, the Well Led section was rated requires improvement. This was because the previous registered manager was managing two homes and split their time between the two services. Some staff we spoke with at the time told us that there was a lack of coordination and organisation in the registered manager's absence. In addition, we found records were not always well maintained and the systems in place to monitor the quality of the service had not identified and addressed these concerns.

At this inspection we found records were well organised. Staff told us they were supported by management and welcomed the new manager to post. The peripatetic manager confirmed the new manager would only be managing Rivelin House.

Staff comments included, "It's a good team. We've all worked here a long time so know each other and work together well" and "The Manager has just left and we've got a new manager. [Peripatetic manager] has been here a lot to help. We get support and can always ring [the operations manager] if we need anything."

Two relatives told us they had met the new manager and had found her approachable.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the staff and manager's. Staff told us there was always a good atmosphere at the service.

We saw an inclusive culture at the service. Staff spoken with were fully aware of the roles and responsibilities of manager's and the lines of accountability. All staff said they were part of a good team and could contribute and felt listened to. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff told us they enjoyed their jobs and all of the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work.

Discussions with staff and review of records showed that representatives from a variety of health and social care professionals were actively involved in supporting people. For example, psychiatrists and social workers. This showed partnership working was promoted by the service.

Records seen showed that three daily handovers and regular staff meetings took place to share important information so that staff were kept up to date.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. Senior managers of the registered provider carried out regular monitoring visits to the service and identified areas for improvement with action plans that were signed off when completed. In addition, we saw that checks and audits had also been made by the manager and senior staff. These included medication, support plans and health and safety. Whilst audits were undertaken regularly, some were not at the frequency identified in the registered providers guidance. During this inspection, the operations manager developed an 'at a glance' schedule to be part of daily handovers to make sure all audits were undertaken at the identified frequency.

As part of the services quality assurance procedures, surveys had been sent by post or email to people using the service, their relatives and staff. The results of the most recent survey, which took place in February 2017, had been audited and a report compiled from this so that information could be shared with interested parties. Reflective learning and the outcomes of the surveys were discussed within the service. This showed that the service used feedback from people using the service to improve service delivery. The peripatetic manager gave assurances that they would prioritise an annual review so that people's views had been obtained in 2018.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The operations manager and peripatetic manager were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. They confirmed any notifications required to be forwarded to CQC would be submitted.