Care Quality Commission

# Voyage 1 Limited

# Rookery Cottage

## 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 |

## Overall summary

This inspection took place on 7 September 2015 and was unannounced.

Rookery Cottage is a care home which is registered to provide care (without nursing) for up to six people with a learning disability. The home is a large detached building within Reading close to local shops and other amenities. People have their own bedrooms and use of communal areas that includes an enclosed private garden. The people living in the home needed care and support from staff at all times and have a range of care needs.

The home has not had a registered manager since the 20 January 2015. However a manager who works full-time within the home has applied to CQC to become the registered manager. 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.

# Summary of findings

The recruitment and selection process helped to ensure people were supported by staff of good character. Staff numbers had been increased and were being reviewed on the day of our visit. This was to ensure there was a sufficient amount of qualified and trained staff to meet people's needs safely. This had included agency staff to cover shifts where there were staff vacancies. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People received support to have their medicine by staff who had received training. Staff had received training to provide positive behaviour support to protect people from harm in their best interest.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. People received good quality care. The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care.

People who use the service had a range of communication skills. These ranged from verbal to limited verbal communication and other methods such as pictures to communicate their needs and wishes which were understood by staff.

People were provided with effective care from a dedicated staff team who had received support through supervision, staff meetings and training.

People's care plans detailed how the person wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and or health related issues. They helped to promote people's independence whilst minimising the risks.

Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received. People were encouraged to live a fulfilled life with activities of their choosing. Their families were encouraged to be fully involved at the reviews of their support needs. People's families told us that they were very happy with the care their relatives received.

# 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?**

Good

The service was safe.

Staff knew how to protect people from abuse.

People's families felt that people who use the service were safe living there.

The provider had robust emergency plans in place which staff understood and could put into practice.

Staff numbers had been reviewed on the date of our inspection visit. There was sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

**Is the service effective?**

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

**Is the service caring?**

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

**Is the service responsive?**

Good

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs.

# Summary of findings

There was a system to manage complaints and people were given regular opportunities to raise concerns.

**Is the service well-led?**
The service was well-led

Good

People who use the service and staff said they found the new manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager and provider had carried out formal audits to identify where improvements may be needed and acted on these.

# Rookery Cottage

**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 7 September 2015 by one inspector and was unannounced.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with two people who lived in the home and three relatives of people who use the services. We spoke with the manager of the home, operational manager and three staff. We contacted the local authority social care professionals but did not receive any feedback about the services provided at Rookery Cottage.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at four staff recruitment and training files and the profiles of three agency staff used by the home. We also looked at duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Good

# Is the service safe?

## Our findings

People's relatives told us they had no concerns about the services provided but were aware of a high staff turnover. Comments included: "they have a fantastic turnover of staff; it is a credit to them on how they manage so well with the turnover".

Staffing shortfalls due to two full time vacancies were covered by bank and agency staff. There was three staff on shift at any one time from the morning through to the middle of the afternoon. The rest of the day and night was covered by two staff to meet the needs of the five people who lived there. There was an on-call system in place should staff require further assistance from management. Staff reported that this had worked well.

Staff were seen to respond quickly to meet people's needs safely. However staff told us that they were concerned that staff numbers were not sufficient in the afternoon to support and keep people safe. Comments included: I'm worried about people as I am worried about (named person) being physically aggressive towards people and staff, particularly in the afternoon as there are only two staff". Other comments included: "due to behaviours presented by (named person) it is difficult to manage the behaviour whilst still supporting the other people who live in the home with only two staff on duty".

A review of staff numbers had taken place at the time of our visit. The new manager reported that this had come about due to reported incidents of behaviour by a person that had challenged the service and placed the person and others within the home at risk. On the day of our visit numbers of staff in the afternoon were increased to three to minimise the risk in the short term whilst decisions were being made by multiagency professionals of appropriate action to take to ensure the safety of the person and others.

People were kept safe by staff who had received safeguarding training. Staff told us the training had made them more aware of what constitutes abuse and how to report concerns to protect people. Staff made reference to the organisation's whistleblowing policy; "see something say something". They told us if they were not listened to by the manager or within their organisation they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC).

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Incident and accident records were completed and actions taken to reduce risks were recorded.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

People were given their medicines safely by staff who had received training in the safe management of medicines. Staff competency assessments included e-learning, three assessments and six observations before they could support people with their medicine. The assessments were signed off by the assessor and dated when in agreement that the staff member was confident and competent to support people with their medicine. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times.

Good

# Is the service effective?

## Our findings

People were supported by staff that knew them well and understood their needs.

Staff attended regular staff meetings and had received one to one supervision and appraisals that were structured around their development needs. The manager and staff were knowledgeable of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. They told us that they had received a good induction and that all training they receive is now linked to the new standards for existing staff to refresh and improve their knowledge. Training had been arranged for staff to meet health and safety, mandatory and statutory requirements as well as training to support specific individual needs. This included understanding behaviour and non-violent crisis intervention training (MAPA/NCI). Staff spoke of triggers, specific to each person and told us how they reduced the risk of behaviours (incidents) recurring. For example, from records we noted that a review of a person's needs had been scheduled who may require one-to-one staff support to promote their safety and the safety of others. Other records included behaviour observation charts that detailed what happened immediately prior to the behaviour to identify if there were any triggers

The manager had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. Four of the people using the service at the time of our visit were unable to leave the home or undertake tasks without supervision. The provider had submitted appropriate applications for DoLS to the local authority.

People were supported by staff to attend health care appointments. The outcomes of appointments and follow-up appointments were recorded. One person had attended a dentist's appointment on the day of our visit. The member of staff who had supported the person stated that the person would not allow the dentist to complete a thorough examination. We were informed that a meeting had been scheduled to establish how best to support the person to have a thorough examination and subsequent treatment in their best interest.

People were supported to make healthy living choices regarding food and drink. Their meals were freshly prepared and well-presented and fresh fruit and vegetables were available. People had a "mealtimes" support guideline outlining what support was required to meet their needs for eating and drinking. People were able to visually see what was on the menu from pictures that enabled them to make an informed choice. One person said:" sometimes I choose what to eat and other times they asked me what I would like for dinner". People's weights were recorded monthly and dietician input and support was requested where necessary. The provider told us that the manager would be contacting the dietician to arrange nutritional training for all staff members. Staff had completed e-learning on nutritional awareness to support people to maintain a balanced diet.

Good

# Is the service caring?

## Our findings

People said: “I like it here I'm very happy" and “I like the people who live here and the staff. There was a comfortable and relaxed atmosphere as staff responded to people in a respectful manner and listened to what they had to say. People were able to come and go as they pleased dependant on risk and with staff support.

Staff were respectful and caring towards people who lived in the home. They had attended training that covered dignity and respect and made reference to promoting people's privacy. Staff clearly knew people's likes and dislikes with regards to recreational activities, daily living and personal care.

People were encouraged by staff to make decisions about everyday activities such as choosing what to eat and how to spend their time. A relative of a person said: “it's a lovely home; all the carers put themselves out for the people who live there”. Another relative said: “we used to take (name) to church every Sunday when he was younger. One of the staff asked him if he wanted to go to church and since then he's been going every Sunday and thoroughly enjoys it”. Other comments from relatives included: (name) has a problem that he does not want to go out, staff try to encourage him and support him to go out but he chooses not to".

People’s care plans centred on the needs of the individual and detailed what was important to the person such as contact with family and friends. People were supported by staff and treated with kindness and compassion and staff treated people with dignity and respect by given the person time to respond to questions. We could see that one person and a member of staff had a good relationship as they laughed together whilst making reference to a holiday that the person had received support to have in Florida. One person told us that they have contact with family and friends and are given privacy to spend time with them on their own. The person stated “I see my sister and she phones me and tells me what's going on the world".

There were people who had limited to no verbal communication skills. People were relaxed and comfortable with staff and responded to them in a positive way through other methods of communication. These included body language signs, symbols and pictures that enabled people to make choices and express their views.

The service had guidelines on personal and professional boundaries for staff. Communication plans identified how the service gained consent from individuals that evidenced preferences such as cross gender care, cultural and religious beliefs.

Good

# Is the service responsive?

## Our findings

People were able to express their views through verbal and non-verbal communication skills such as body language, signs symbols and pictures. We could see that staff knew them well from their response to people's requests. Staff had shown patience, understanding and respect towards people whilst supporting them to go into the community and whilst they enjoyed lunch together in the afternoon. There was a buzz of activity later in the day when an entertainer, who visits the home regularly, came to encourage people to play music and sing together. One person lay on the sofa quite comfortably listening whilst others choose to be more involved as staff assisted them as needed. The entertainment was clearly enjoyed by all.

Support plans were split into sections to describe what was important to the person such as the person's preferred communication method. Other sections described how the person wanted to be supported with personal care and whether this was with prompts from staff supporting them or assistance with areas of personal care. Staff said that they felt there was enough detailed information to support people in the way they wanted to be supported. Monthly keyworker reports of the person's life included information about healthcare appointments and activities that contributed to the overall assessment and review process.

Reviews of people's care and support needs were completed at least annually or as changing needs determined. Invitations to attend reviews were sent to people's families and to professionals. Comments from people's families included: "yes reviews are arranged annually and we are invited, but we are always kept informed in (name of the person) best interest and therefore reviews can take place any time". "They always contact me if there has been a change to (name) support needs".

People's relatives told us that there was always activities planned as people were encouraged to participate in activities of their choosing and to keep in touch with their family. One relative said: "he always looks well-dressed and they support him to keep in touch with us". Another relative said: "a carer (staff) brought (name) to visit me on Saturday as my son is on holiday, this meant that (name) did not lose out on his Saturday visit at home".

The provider had a complaints policy that was accessible to people and their visitors. In the twelve months prior to this inspection the service had received one formal complaint. This was resolved satisfactorily and within the timescales of the provider's complaint procedure. One person said: "I would speak to the manager if I was worried about anything". Staff told us they could tell if a person was unhappy. They said they would talk with the person and watch for signs that may indicate what the concern was. Families of people told us they were confident the manager and staff would listen to them and act on any concerns they had until they were resolved.

Good

# Is the service well-led?

## Our findings

There was a manager at Rookery Cottage who had submitted an application to the Care Quality Commission (CQC) to become the registered manager.

The manager was present throughout the inspection process. Staff told us they felt supported by the manager and that they worked well as a team. They told us the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. Staff said the manager had an open door policy and offered support and advice when needed. This was echoed by relatives of people we spoke with. Comments from relatives of people included: “the new manager is excellent" and “I could not praise the staff enough, I do hope the new manager stays as she is really good".

The service had robust monitoring processes to promote the safety and well-being of the people who use the service. Health and safety audits were completed by the manager and or senior staff within the home with actions and outcomes recorded. For example fire safety and cleanliness of the environment. We observed that the home was clean and comfortably furnished however there was an offensive odour on the upstairs landing that had not been attended to. This had been noted by the manager who had taken action by contacting the landlords of the building to arrange for the carpet to be cleaned or replaced.

The operations manager visits the service monthly to monitor health and safety within the home and people's care and support plans. There were audits completed by external agencies such as the supplying pharmacist.

An annual service review had taken place in July 2015. Questionnaires were sent to people the service supports and their relatives and also to staff. The audit identified ‘what was working’ and ‘what was not working’. For example, one of the actions to improve was to discuss with the people what they would like to do with areas of their garden and to support them to purchase plants and prepare an easy to care for area. The action plan also stated that raised beds may be able to support individuals with less mobility with a completion date set for April 2016.

The staff team were caring and dedicated to meeting the needs of the people using the service. People’s families told us that the manager and staff were approachable, supportive and always valued the importance of ensuring their relatives (people who use the service) were encouraged and supported to keep in contact with them. They told us they were asked for their view of the services provided.