Voyage 1 Limited

Cordwainers

Inspection report

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Date of inspection visit:
10 January 2018
11 January 2018

Date of publication:
01 March 2018

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

Cordwainers provides accommodation and personal care to a maximum of eight people who live with a learning disability and/or associated health needs, who may experience behaviours that challenge staff. At the time of inspection eight people were living at the home.

This comprehensive inspection took place on 10 and 11 January 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

At our comprehensive inspection of Cordwainers on 11 and 12 November 2015, we judged the service required improvement in the key question area of safe. We found there were insufficient staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on the 25 July 2017, we found that the provider had followed their action plan and had taken action to improve the safety of the service to meet the regulation. The provider had ensured there were sufficient staff deployed at all times to meet people's assessed needs.

At the conclusion of the focused inspection we undertook to review our rating for safe at the next comprehensive inspection. At this comprehensive inspection we found the improvements to safety through increased staffing levels had been sustained and embedded. We found the service was safe. At the inspection in November 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service did not have a manager who was registered 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 registered manager had recently left the home and had cancelled their registration with the CQC. The new home manager had commenced the process to become the registered manager of the service and was being effectively supported by a mentor who was an experienced registered manager from the care group.

People were kept safe from harm and staff knew what to do in order to maintain their safety. Risks to people were assessed and action was taken to minimise potential risks. Medicines were managed safely and administered as prescribed.

The provider operated thorough recruitment procedures to ensure staff were safe to work with the people. There were always enough staff to provide care and support to meet people's needs.

Staff understood the importance of food safety and prepared and handled food in accordance with required standards. Staff maintained high standards of cleanliness and hygiene within the home.

People were supported by staff who had the skills and training to meet their needs. The home manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives and were supported by staff in the least restrictive way possible.

Arrangements were made for people to see their GP, specialist nurses and other healthcare professionals when they needed to do so. People were supported to have a healthy balanced diet and had access to the food and drink of their choice, when they wanted it. The physical environment was personalised to meet people's individual needs.

People were supported by regular staff who were kind and caring. There was a warm and positive atmosphere within the service where people were relaxed and reassured by the presence of staff.

People's independence was promoted and support workers encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. People were encouraged and enabled to be involved as much as possible in making decisions about how to meet their needs.

The service was responsive and involved people in developing their support plans which were detailed and personalised to ensure their individual preferences were known. People were supported to take part in activities that they enjoyed. Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The service was well led. Staff consistently said they had received good support from the management team who were always available to give advice and guidance, especially whilst awaiting the appointment of a new registered manager. The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement of the service.

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

People were protected from abuse and the risk of avoidable harm because staff understood their role and responsibility to keep people safe.

Staff were aware of people who were at particular risk of avoidable harm and the necessary measures required to mitigate these risks.

The home manager ensured there were always sufficient numbers of suitable staff deployed to keep people safe and meet their assessed needs.

People received their medicines as prescribed from staff who followed current and relevant guidance regarding the safe management of medicines.

Staff understood the importance of food safety, including hygiene and prepared and handled food in accordance with required standards and practice.

Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the home.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Cordwainers

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection of Cordwainers took place on 10 and 11 January 2018. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. As a result this inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with four people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of three people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the staff including the new manager, two visiting registered managers from the provider's care group, the area manager, one team leader, two senior staff, and ten staff.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at 10 staff recruitment, supervision and training files. We

examined the provider's schedules which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering December 2017 and January 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the relatives of five people and two health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with five commissioners of the service.

Good

Is the service safe?

Our findings

People, their families, staff, visiting healthcare professionals and the commissioners of people's care consistently told us they felt the service was safe. One relative told us, "The staff are wonderful and take great care of her. I don't think she could be in a safer more caring place." One person told us, "The staff always look after me and make sure I am safe." We observed a person watching television in a communal lounge with a protective helmet beside them. They told us, "I have to wear it when I am walking about but I have talked about it with staff and I can take it off when I'm sitting down." The person also said, "The staff are good at reminding me to wear it."

People knew what to do and felt comfortable raising concerns about their own or other people's safety. One person told us, "If I'm worried about anything I tell my keyworker and they always sort it out. She's amazing." A key worker is a member of staff who is responsible for all aspects of a person's care and develops a special relationship with them.

The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. Staff understood their role and responsibility to safeguard people from abuse. Thorough investigations were completed in response to any allegation of abuse to keep people safe from harm.

People's needs and risk assessments had been reviewed to ensure they contained all the information staff required to meet people's needs safely and to mitigate any identified risks. People were involved in managing their risks and risk assessments were person-centred, proportionate, reviewed regularly and took equality and human rights legislation into account. Staff understood people's risk assessments and the action required to keep people safe. We observed staff consistently deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs.

Staff shared information about risks consistently and accurately during shift handovers, staff meetings and one-to-one supervision to ensure they were managed safely.

There were arrangements in place to address any foreseeable emergency, such as fire or contagious illness. All relevant safety information such as the evacuation plan and fire safety plans was readily accessible. Each person had a personal emergency evacuation plan. This was especially important as seven out of the eight people living in the home were not independently mobile and would therefore need specialist support in the event of an emergency.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. This meant the provider took action to reduce the risk of further incidents and accidents.

If people displayed behaviours that challenge, these were monitored and where required referred to health professionals for guidance. Staff were aware of and alert to the different triggers of people's behaviour.

During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe. Risks to people associated with their behaviours were managed safely. Restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.

Staff underwent relevant pre- employment checks to check their suitability to support people living with a learning disability.

Each person had an individual dependency assessment which detailed the level of staff support required to keep them safe in any situation. These assessments specified the ratio of staff required to support each person.

Where people's needs changed requiring an increase in the level of staffing, senior staff were authorised to arrange further staff to ensure people were safe. Rotas demonstrated that the identified level of staffing required to ensure people were safe was always deployed. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. Staff consistently told us that staff retention had significantly improved since the appointment of the new home manager and some experienced ex-staff had recently returned.

The provider had arrangements to deal with unforeseen circumstances when staff were not able to work or there was an urgent requirement to meet people's changing needs. On the second day of our inspection one person required urgent hospital treatment, which necessitated one staff member to accompany them. The home's team leader had volunteered to come in on their day off to provide additional support. The provider covered such circumstances by using regular bank staff or volunteers from within the provider's care group.

The provider had systems and processes in place to ensure medicines were managed safely in accordance with current guidance and regulations. Staff were trained to administer medicines safely and had their competency checked every three months. There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines required by legislation. We observed staff supporting people to take their medicines by their chosen method, in a safe and respectful way.

Staff understood the importance of food safety, including hygiene. We observed staff consistently preparing and handling food in accordance with required standards and practice.

Staff had been trained in relation to infection control and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the home. This was evident whilst staff supported people to maintain their individual medical devices but also in everyday care practice.

Good

Is the service effective?

Our findings

Relatives consistently praised the skill and expertise of the staff in relation to their determination to provide opportunities for people to experience the best quality of life. One relative told us, "The staff are very good at recognising when [their loved one] is unhappy or unwell and take action quickly".

The provider's induction and training programme ensured that all staff had completed the industry standard induction requirements and a period working with an experienced colleague. New staff were not allowed to work unsupervised until they were confident to do so and the home manager had assessed their competence. This ensured staff had the appropriate knowledge and skills to support people effectively.

Records demonstrated staff were up to date with the provider's required training and that this had been refreshed regularly to keep their knowledge and skills up to date. Where people had more complex needs staff training was developed and tailored around their individual needs, for example; Staff supported some people who were at risk of choking to receive nutrition and medicines through a peg tube. Percutaneous endoscopic gastrostomy (PEG) is a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff had received individual training from a specialist nurse tailored to meet the specific needs each individual who required this support.

Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development, for example; one member of staff had recently been supported through the provider's management development programme to become a team leader. Other staff told us they were supported by the provider to obtain other qualifications relevant to their role.

Staff told us they received effective supervision, appraisal, training and support to carry out their roles and responsibilities. They consistently told us the management team listened to their ideas and felt their contributions were valued and acted upon, for example; suggestions for people to take part in new activities.

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. Staff were proud of the success involving the significant reduction of one person's use of prescribed 'as required' medicines, due to the significant reduction in their level of anxiety.

Staff told us about the strategies they used to support people with decision making. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. This meant people's independence was maintained and they retained control over aspects of their lives.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked to confirm the service was working within the principles of the MCA, and was meeting all conditions on authorisations to deprive a person of their liberty. We found that legal requirements were met and people's human rights were recognised and protected.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed people were supported to consume sufficient nutritious food and drink to meet their needs. People were encouraged and supported to prepare their own snacks and drinks in accordance with their eating and drinking plans.

People had the opportunity to exercise genuine choice during mealtimes, for example one person who declined the main course options at lunchtime was offered four further options. We observed one person offered five different sweet options before they decided to have a satsuma.

Meal times were set to suit people's individual needs supported by enough members of staff to provide personal support to people, who were able to eat at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

Staff protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health. Regular monitoring and review was completed where required to ensure people were protected from the risk of malnutrition or dehydration. People were referred appropriately to the dietician and speech and language therapist if staff had concerns about their wellbeing. Dietetic professionals had provided positive feedback regarding the promptness of referrals and the effective implementation of their guidance which had a significant impact on people's health and wellbeing.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GPs, psychiatrists, opticians and dentists. Each person had an individual health action plan which detailed the completion of important monthly health checks.

The provider used technology and equipment to meet people's identified care and support needs and to promote their independence, in line with their best interests, for example; protective clothing, should people experience a seizure and bespoke wheelchairs designed to meet the unique requirements of the individual.

Good

Is the service caring?

Our findings

People experienced positive caring relationships with staff who consistently treated them with kindness and compassion in their day-to-day care. Relatives consistently told us their loved ones were very happy and settled at the home. One relative told us, "All the staff are so caring and treat everyone in a way that makes them feel special." Another relative told us, "It is just like one big family where everybody cares for one another"

Staff were gentle and sensitive when providing care and support to people. They clearly knew people well and treated them with dignity and respect. Staff were able to tell us about their life histories and their interests. Most of the staff team were well established at the home which meant people received consistent care from familiar staff who knew them well.

When people experience physical pain, discomfort or emotional distress we observed staff respond compassionately, in accordance with their support plans. For example; one person who was experiencing a bad cold became anxious and distressed. We observed staff reassure the person and supported them to return to their bedroom to listen to their music.

Staff consistently interacted with people in a in a calm and reassuring manner, using appropriate body language and gestures where appropriate, in accordance with their communication plans. Staff were supportive and caring and interacted in a meaningful way which people enjoyed and responded to.

Staff were patient and took time to support people doing the things they enjoyed such as listening to music or painting. One person enjoyed to make tea for themselves and others and was supported to do this by staff. We observed the positive impact of staff relationships with people and how these contributed towards their individual wellbeing.

Staff spoke about people with passion and fondness, recognising people's talents and achievements, which demonstrated how they valued them as individuals. Relatives praised the dedicated, caring nature of staff which had enabled their loved one to have the opportunity to lead a fulfilling life. One family member told us, "We are really thankful [their loved one] is at Cordwainers. I can't imagine any better place where staff really care about doing all of the everyday things so well."

Rotas, activity schedules and practical arrangements were organised so that staff had time to listen to people, answer their questions, provide information, and involve people in decisions. For example, one person was admitted to hospital in an emergency during our inspection. The home manager immediately organised for the person to be supported by one of their favourite staff members. The home manager ensured other staff were fully aware of the circumstances and reinforced the need to provide additional emotional support to people who were worried about their friend. During the day we observed staff supporting people to make a 'get well card' for the person. People's emotional needs were understood and supported by compassionate staff.

People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met.

Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

People were treated with dignity and respect, for example; Staff knocked on people's doors and sought permission before they entered their rooms. Staff maintained people's privacy keeping their doors closed whilst supporting them with personal care and explaining what they were doing throughout.

People chose where and how they spent their time, for example; one person who was assessed to require constant one to one care to keep them safe often chose to spend time in their bedroom alone. We observed staff reduce this person's anxiety and maintain their wellbeing by allowing them to be in their room alone, whilst ensuring their safety in accordance with measures detailed within their support plan.

Good

Is the service responsive?

Our findings

People living at Cordwainers experienced care that was flexible and responsive to their individual needs and preferences. People's care plans were person centred and contained detailed support that identified how their assessed needs were to be met. Plans had been updated regularly by staff and had been recently subject to an annual review. At the time of inspection the new home manager was in the process of implementing the provider's new care plan format.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals when required. We observed changes to people's care discussed at shift handovers to ensure staff were responding to people's current care and support needs.

Health and social care professionals told us the staff were responsive to their advice and guidance, which they implemented effectively whilst supporting people. On the second day of inspection one person was admitted to hospital in need of urgent medical attention. The new home manager contacted the specialist nurse who supported the person with their medical device. The swift intervention by the specialist nurse, initiated by the new home manager, ensured the person received the required treatment within four hours. This quick intervention prevented the person having to undergo a surgical procedure, which would have caused them extreme anxiety and emotional distress.

People were encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, to avoid social isolation. For example people were supported to telephone close family members at prearranged times, in accordance with their support plan. We observed staff reassure people who were concerned when friends were absent from the home by providing information.

People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them, including in the wider community. Each person had their own activity schedule which illustrated their chosen activities during the morning, afternoon and evening, both within the home and community. During the inspection some people went to the provider's day centre where they engaged in various arts and crafts of their choice.

Staff were able to encourage people to experience new things to increase their independence and enjoyment. For example, we observed three people visit a music studio where they enjoyed a music and DJ workshop, playing guitars and the drums. The workshop musician had created a playlist of each person's favourite music. People's involvement and enjoyment visibly increased when they recognised one of their favourite songs being played.

Staff enabled people to be as independent as they could both within the service and in the community. Where appropriate, people were developing their lifestyle skills, for example in relation to personal care and independence skills, such as cooking. People's families praised the staff for their commitment to providing fulfilling activities which enriched the quality of life for their loved ones.

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics as part of the planning process and provisions had been made to support each individual. The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called `protected characteristics. We reviewed one person's care plan which showed their individual religious beliefs and preferences had been considered.

There were regular opportunities for people and staff to feedback any concerns at keyworker meetings, house meetings, staff meetings and supervision meetings. Records showed these were open discussions. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

People had been provided with a copy of the provider's complaints process in a format which met their needs. Records showed one complaint had been received from a family since our last inspection, which had been fully investigated and resolved to the complainant's satisfaction. People and relatives were enabled to make complaints where required and were confident that the staff would listen to them and take the necessary action.

The provider used the learning from complaints and concerns as an opportunity to drive improvement in the service. For example, when concerns had been raised regarding unexplained bruising experienced by one person, all staff had their moving and positioning training refreshed and their competency reassessed.

At the time of inspection no-one living in the home required end of life care. People's care plans contained a section regarding their end of life wishes but people did not wish to discuss these at the time of planning or in later reviews, which had been recorded. The new home manager told us they intended to address people's wishes with them and their families where appropriate during their next care plan review.

Good

Is the service well-led?

Our findings

The home was consistently well-led and well managed. The previous registered manager had left the home on 20 October 2017. The home had been managed since by the new home manager. The new home manager had begun the process to become the registered manager and was being supported in their development by a designated mentor. They were also supported by the registered manager of another service within the provider's care group, where they had worked prior to their appointment.

Staff consistently told us that recruiting and retention of staff had significantly improved since the appointment of the new home manager. Staff told us the new home manager had created an open and inclusive environment where everybody felt their contribution was valued and recognised. We observed the new manager and team leader were highly visible and readily available to people and staff.

Staff consistently told us the new home manager and management team had improved the staff team spirit and provided consistent guidance and support. One staff member told us, "The new home manager has improved staff morale because she listens to us [staff] and leads by example."

People, relatives and staff told us that there was a close family atmosphere in the home where people cared for one another, which we observed in practice. They told us that the new management team had maintained and developed these qualities within the service.

Relatives and health and social care professionals spoke highly about the effective management of the service. One relative told us, "The new manager is really on the ball, they respond quickly to any problems and always keep us informed."

Health and social care professionals and care commissioners consistently told us the home was very well organised and staff knew how to support people with learning disabilities. Health and social care professionals told us they experienced good communication with the management team and staff who were always open and honest. Relatives told us they experienced excellent communication with the home and staff always knew what was happening in relation to their family member whenever they called or visited.

Staff understood their role and responsibilities and had confidence in their management team. Staff told us the new home manager frequently worked alongside them and provided constructive feedback about their performance and was quick to recognise and thank them for good work.

Throughout the inspection we observed how the new home manager was committed to providing staff with clear guidance on the care and support people required, for example; providing reassurance to support staff with people who were becoming anxious.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. The management team completed a series of quality audits

including care files, health and safety, fire management and maintenance. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service.

The new home manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care. For example, the close liaison with respective specialist nurses to support individuals' complex care needs.