

Voyage 1 Limited

Fenney Lodge

Inspection report

St Mary's Drive
Catcliffe
Rotherham
South Yorkshire
S60 5TN

Tel: 01709838360
Website: www.voyagecare.com

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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 ●

Summary of findings

Overall summary

About the service:

Fenny Lodge is a care home for people with learning disabilities, it can accommodate up to eight people in one house. Accommodation is provided on two floors, a lift is available to access the first floor. The service is situated in Catcliffe, close to Rotherham.

The service operated in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Management processes were in place to monitor and improve the quality of the service. However, these were not always effective and did not always identify opportunities for improvement.

People were protected from abuse by staff who understood how to identify and report any abuse concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these. Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable care. The provider and management team sought to learn from any accidents or incidents involving people. Steps had been taken to protect people from the risk of infections.

People's individual needs and requirements were assessed with them before they started to use the service. Staff received an effective induction, followed by ongoing training and management support to enable them to work effectively. People had enough to eat and drink, and any risks associated with their eating or drinking were assessed and managed. Staff and management worked effectively with community health and social care professionals to ensure people's health needs were met and to achieve positive outcomes for them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff adopted a friendly, caring and professional approach in their work and this gave people confidence to express their views about the care provided. People were treated with dignity and respect at all times and staff promoted their independence. Staff and management understood the need to promote equality and diversity and consider people's protected characteristics.

People and their relatives' involvement in decision-making about the care provided was encouraged by staff and management, and their views were listened to. People's care plans supported a person-centred approach and were followed by staff. People had support to pursue hobbies, access the local community and participate in recreational activities. People and their relatives understood how to raise any concerns or

complaints about the service. People's wishes and choices about their end of life care were explored with them, where appropriate.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection:

The last rating for this service was Good (report published 20 February 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Fenney Lodge

Detailed findings

Background to this inspection

The 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Fenny Lodge is a care home for people with learning disabilities, it can accommodate up to eight people in one house. Accommodation is provided on two floors, a lift is available to access the first floor. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and took place on 23 July 2019.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

During this inspection we spoke with two people and one relative.

As part of this inspection, we spent time with people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people that could not talk with us.

We spoke with the registered manager and four members of the staff team.

We reviewed three people's care records and other documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

Details are in the Key Questions below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies.
- The provider's procedures gave staff guidance and steps on how to keep people safe.
- A relative we spoke with told us, "Oh yes, people are very safe here. I am very confident."

Assessing risk, safety monitoring and management

- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics. Staff followed positive risk taking which supported people to have meaningful lives, and to undertake a range of activities.
- People's assessments included detailed information about potential causes of anxiety and how to identify when a person was communicating distress through their behaviour. There was clear guidance for staff to follow if people displayed behaviour that challenged the service.
- A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone to ensure that there were arrangements in place to support them to evacuate the building safely in the event of an emergency and these were reviewed regularly. Staff told us they understood them.
- An external fire safety assessment had been completed and had identified no risks. There were regular fire drills.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. Only those staff appropriately trained, administered medicines to people. People confirmed that they got their medicine at regular times. Comments included, "Yes I always get my tablets." We observed staff giving people their medicine and checking whether people required any 'as required' medicine such as pain relief.
- Protocols were in place for medicines that were to be taken as and when needed (PRN). Although, one person's medication had PRN handwritten on the box, there was no supporting evidence from the GP or pharmacist to confirm this decision.
- There were safe arrangements to receive, store and dispose of medicines.

- We identified some issues, such as several temperature records of the medication room which were in excess of 25 degrees celsius. These did not pose significant risk to people however, the registered manager committed to address them immediately by contacting the pharmacy for advice, organising individual and group supervision and ensuring audits were more robust and frequent.

Staffing and recruitment

- People continued to be supported by staff who had been safely recruited. A full employment history and references were obtained. Disclosure and Barring Service (DBS) criminal record checks were completed. The DBS helps employers make safer recruitment decisions.
- A relative told us there were enough staff. They said, "There always seems enough staff around to get things done."
- Records showed that sufficient support staff were routinely on duty to provide people with the assistance they needed. We saw people promptly being assisted to undertake a range of everyday activities.
- There were contingency plans to cover emergency shortfalls, such as sickness.

Preventing and controlling infection.

- Staff followed appropriate infection control processes and procedures which protected people from the risks of poor infection control. Staff completed infection control training as part of their induction and the provider's required training. The provider had an infection control policy for them to refer to.
- Some staff wore false or painted nails and jewellery which was contrary to NHS guidance. The registered manager assured us this would be addressed through individual supervision.
- The home was clean and smelled fresh throughout, including bedrooms which were unoccupied at the time of inspection.
- We observed staff using PPE correctly to ensure that people were protected from the risk and spread of infection.
- On the day of our visit the kitchen was clean although not all refrigerated food was stored with an 'opened on' date recorded. Records of safety checks were kept although the recording of fridge and cooking temperatures were not consistently recorded.

Learning lessons when things go wrong

- Accidents and incidents had been recorded by staff and monitored by the registered manager to try to prevent similar incidents being repeated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs and preferences were assessed and recorded. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.
- We saw that information was available to staff on noticeboards to enable them to keep up to date with best practice guidelines and meet people's needs effectively.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Staff support; induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff were knowledgeable about the people and topics we asked them about.
- Staff told us the training was good, relevant to their role; and they felt well supported to deliver good standards of care.
- Staff received regular supervision and appraisal to review their individual work and development needs. Observations and competencies were carried out to ensure staff continued to meet the required standards.

Supporting people to eat and drink enough with choice in a balanced diet

- People had access to food and drink throughout the day and the overall dining experience for people was positive.
- People were helped to eat and drink enough. Support staff assisted each person to be involved in planning, shopping for and preparing their meals.
- People had been consulted about the meals they wanted to have. They were offered a variety and choice of meals that provided them with a balanced diet.

- People were positive about their meals. A person said, "I like my dinner here." A relative told us, "The food is excellent."

Staff providing consistent, effective, timely care within and across organisations

- Staff told us they worked well together and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People living at the service had regular access to a range of healthcare professionals in the community or who visited the home as appropriate. Detailed records were kept.
- People were supported to receive good care when they had to transfer between services. For example, each person had a detailed hospital passport to take with them should they ever need to go there. This contained vital information including their health conditions, medicines and communication needs.

Adapting service, design, decoration to meet people's needs

- People had appropriate space to socialise with others, eat in comfort, receive visitors or spend time alone if they wished to. The home had an enclosed courtyard for those who wanted to spend time outdoors, and we saw people using this.
- The design of the premises enabled staff to safely meet people's needs and also promoted people's independence. This included good accessibility for people who used self-propelled electric wheelchairs.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA.

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.

- We saw people's capacity to make decisions had been considered in their assessments and these included information about how people used non-verbal communication to express consent or not. We saw care staff seeking consent from people before supporting them and in making decisions about what they wanted to do and what they wanted to eat.
- At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- The atmosphere within the service was welcoming, relaxed and calm.
- Staff had developed positive and caring relationships with the people they supported. People were at ease with staff and they smiled and laughed with them.
- People and their relatives told us staff were kind, caring and attentive. One person said, "The staff are nice." A relative said, "All the staff are fantastic, I can't fault anything they do."
- Staff and management understood the need to promote equality and diversity through their work and consider people's protected characteristics. One staff member said, "It's important to have an inclusive approach and adapt to people's needs."

Respecting and promoting people's privacy, dignity and independence.

- We observed staff interaction and saw staff treated people with dignity and respect. Although when one person requested a snack a staff member said, "No, it's not snack time yet, you need to wait five minutes; it's important to stick to your routine." The registered manager told us this would be addressed in individual supervision.
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive and people were comfortable with the care provided. Staff explained how they knocked on doors and waited for a response before entering the person's bedroom.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- We observed people carrying out tasks independently, such as eating and drinking. Staff were on hand to provide assistance and encouragement if required.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported to be involved in decisions about their care. We observed several instances of people discussing their support and staff responding as directed by the person.
- People's preferences and choices were clearly documented in their care records. For example, preferred name, likes and dislikes, and choices regarding personal care routines.
- People were encouraged to maintain friendships and contact with their families. Family members and

friends were able to visit whenever they wanted. One relative said, "I am welcome to come at any time, it's reassuring to know that."

- Staff and the registered manager had built up relationships with family members and we saw positive interactions between them. Relatives told us relevant information was shared and discussed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remains as Good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us the personalised care and support provided reflected individual needs and preferences. One person said, "I am very happy. They [staff] listen to me."
- People and their relatives confirmed they were involved in decisions about the care provided. A relative said, "I am always invited to meetings but, I am here a lot and there is always communication and updates from staff."
- Most people's individualised care plans provided staff with clear guidance on their care and support needs, and what was important to the person. However, we found instances where the detail of care plans could be improved. For example, the sling configuration for those people who required the use of a hoist was not recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood people's right to have information presented to them in an accessible manner, such as larger print documents and using pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain contact with friends and family.
- The service did not have a dedicated activity co-ordinator. Staff provided interactive group and one to one activities which people enjoyed.
- People told us, "I like doing crafts," and, "I like it when I go out to different places."

End of life care and support

- For those people who wished to do so, they were supported to think and plan for the end of their life taking into account protected characteristics, culture and spiritual needs. The registered manager said not everyone had wanted to discuss this, but this was recorded as part of the original assessment of need.
- Staff recorded and communicated people's choices and wishes for end of life care, if known.

- The provider ensured end of life training was available for staff.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain They would speak to staff and felt confident to do so if needed. They did not have any complaints about the support they received. One relative told us, "I have no complaints at all."
- Information about how to complain was displayed on the noticeboard in the service.
- There had not been any complaints in the last 12 months.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection we found this key question had moved to requires improvement as systems and processes did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There were systems and processes in place across all levels of the organisation to assess, monitor and improve the quality of the service provided. However, these systems were not always robust and did not always identify opportunities for improvement.
- For example, medication audits failed to identify the issues we noted regarding medicines temperatures and PRN. The audits of care plans did not always identify that some care plans and risk assessments did not always reflect the details and guidance required. A recent visit by the local authority found similar issues. Whilst there was no immediate risk to people, the home had begun to work through an action plan to address the shortfalls straight away.
- We reviewed the provider's monthly audits, that showed that any premises issues were identified and prompt action taken to remedy them.
- There was a clear staffing structure in place and staff were clear of their responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.
- The service had systems in place to manage risks to people. There were checks to fire alarms, water, gas and equipment within the home.
- The registered manager understood their regulatory responsibilities. Notifications of significant events, such as safeguarding concerns, had been submitted to the Care Quality Commission in line with guidelines.
- When there had been reportable incidents, the registered manager had liaised with the local authority. Action was taken to prevent similar occurrences, and these were shared with staff and used as a learning opportunity.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- The registered manager was visible within the service and knew each person well.
- Staff and people spoke highly of the registered manager. Staff told us they had an open-door policy and could go and speak to them at any time. One staff member told us, "The team is very good and supportive of one another. The manager is always there when needed."

- Staff told us morale was good as they had a strong team who worked for each other.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered persons had established a culture in the service that recognised the importance of providing people with person-centred care. A relative said, "All the staff want the best for the people who live there."
- The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. There was a system to identify incidents to which the duty of candour applied so that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating was displayed, both in the service and on the provider website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted most notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines. The registered manager accepted some notifications could be more timely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives spoke positively about their relationship and communication with the management team and the overall management of the service. One person told us, "The manager is very nice to me." A relative said, "I am happy and reassured by the service here. I am never in the dark about anything."
- Staff felt their work efforts were appreciated by the management team. A staff member said, "We are not forgotten about. I always feel valued and part of the team."
- Staff had team meetings, supervisions and appraisals to enable them to communicate with the management team. One staff member told us, "I have regular supervisions and an annual appraisal. It's open so I know I can express myself."

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home appropriately to meet their physical or emotional health needs. There were also regular visits to or from dentists, opticians, chiropodists, dieticians and others. People attended day centres and other community activities.