

Voyage 1 Limited

Woolston Road

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection visit took place on 20 and 26 May 2015 and was unannounced.

Woolston Road provides accommodation and personal care for up to eight people who have learning disabilities or autistic spectrum disorder. There were four people using the service at the time of this inspection.

The service has a 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.

The systems in place to help ensure that medicines were managed safely were not always implemented effectively. Risk management procedures were not consistently followed in line with the home's policy and procedure.

The service did not always arrange training and support to help ensure changes to people's needs and behaviours were responded to effectively and staff were confident in their approaches.

Care and support plans were personalised but did not always contain current information, which would support staff to respond in a timely and effective manner to people's needs. Some identified health issues had not always been acted upon and recorded.

Summary of findings

The system of quality and safety audits was not always sufficiently robust to drive improvements.

Staff supported people to take planned risks to promote their independence. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet the needs of people currently using the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The registered manager understood when an application should be made and how to submit one

People were supported to eat and drink enough to meet their needs and were involved in menu planning and in cooking their own meals.

We saw staff were responsive to people's needs and listened to what they said. There was a complaints procedure in place and people told us that they were aware of how to make a complaint.

People spoke positively about the manager and staff and how the home was run. The registered manager promoted a positive and open culture within the service, which encouraged people's involvement.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The systems in place to help ensure that medicines were managed safely were not always implemented effectively. Risk management procedures were not consistently followed.

Staff had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse.

People were supported to take planned risks to promote their independence.

Staffing levels were sufficient and organised to take account of people's planned activities and support needs.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not always receive training in a timely way to help ensure they had the right, knowledge and skills to effectively deliver care and support.

People had access to a variety of healthcare professionals. However, identified issues had not always been acted upon and recorded.

People's consent to care and support was sought in line with relevant legislation and guidance.

People were supported to eat and drink enough to meet their needs and to make choices about what they ate.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind and caring in their approach to people and supported them to express their views and be involved in making decisions about their care and support.

There was a good rapport between staff and the atmosphere in the home was welcoming and supportive.

Staff worked in a manner that respected people's choices, privacy and dignity.

Good



Is the service responsive?

The service was not always responsive.

Some of the care and support plans were in need of reviewing and updating, to support staff to respond in a timely manner to people's changing needs.

People were supported to do the things that interested them. Care plans were tailored to each individual and reflected their personal preferences.

Requires improvement



Summary of findings

There was a complaints procedure in place and people felt the service responded appropriately to any concerns or complaints they had.

Is the service well-led?

The service was not always well led.

The systems in place to assess and monitor the quality and safety of the service and to help ensure people were receiving appropriate support were not always sufficiently robust to drive improvements.

The registered manager promoted a positive and open culture within the service, which encouraged people's involvement.

Requires improvement



Woolston Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 20 and 26 May 2015 and was unannounced.

The inspection was carried out by two inspectors.

Before we visited the home we checked the information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we met and spoke with two of the people who use the service. We also spoke with three support workers, the registered manager and the operations manager. We observed interactions between staff and people who use the service. We reviewed a range of care and support records for the four people, including care needs assessments, medicine administration records, health monitoring and daily support records. We also reviewed records about how the service was managed, including risk assessments and quality audits.

Following the inspection we received feedback from an external health and social care professional who had been involved with the service.

This was the first inspection of Woolston Road since the current provider took over the running of the service in June 2014.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home.

There were organisational policies and procedures in place regarding the management of medicines. The staff training plan showed that 100% of staff that administered medicines had received the relevant training via online learning. Records showed that it was company policy for staff to receive three competency assessments before administering medicines. However, for one staff member there had only been one competency assessment recorded on 15 October 2014. The registered manager confirmed that this staff member was administering medicines.

There were gaps in signing in the medicines administration records (MAR) and the last monthly audit dated 6 March 2015 that would have identified this had not been fully completed. The daily audit was also ticked to say there were no errors despite one having been identified. There were a number of hand written entries of medicines on the MAR charts. We discussed with the registered manager that this could pose a risk of incorrect information being transferred by staff, which could pose a potential risk of errors in administration.

Medicines were safely stored and the medicines cabinet was clean and in good order. The service had good practices in place when medicines were no longer in use. The pharmacist collected and signed for unwanted medicines each time repeat prescription medicines were delivered. There were clear policies and procedures in place regarding storage and administration of controlled drugs. There were no controlled drugs in use at the time of our visit. A member of staff signed for and held the keys to the medicines cabinet.

Staff were aware of their responsibilities to report any concern regarding the abuse or neglect of a person using the service. The staff training plan showed that 93% of staff had received updated safeguarding training. The remaining staff were due to complete this as part of a rolling programme. Some of the people using the service displayed unique behaviours that could be described as 'challenging'. We saw that staff had been trained in

'de-escalation' methods. The registered manager told us that new training was being introduced and that all new staff would be required to complete the new training within three months of their start date.

There were policies and procedures in place regarding control of substances hazardous to health (COSHH) management and for the safety of the environment. We saw that all COSHH substances were safely locked away. Staff were provided with protective clothing and antiseptic hand wash dispensers were located throughout the home. The training plan showed that 100% of staff had undertaken health and safety awareness and infection control as online learning. All areas of the home that we observed were clean.

People were supported to take planned risks to promote their independence. For example, one person was enabled to access the community on their own, based on a risk assessment and guidelines agreed between the person and the provider. On the day of our visit the person had gone to an activity using public transport and had kept in touch with staff by mobile phone. Later in the day we observed the person discussing and agreeing with the registered manager another independent activity.

Risks both personal and environmental were completed and a 'traffic light' system was used to identify the severity of the risk. The risk assessments stated that if a risk was identified at a certain level, a Risk Consideration Meeting was to be held to agree how the risk was managed. We saw that this was not consistently followed and where some risks had been identified, the meetings had not taken place. For one person who had been identified in their assessments as having mental health needs, their mental health plan had not been completed. For another person a risk that had been identified as 'Red' had generated a risk management plan completed on the 19 February 2013. There was no Risk Consideration Meeting recorded and the plan had last been reviewed in 2014. We raised this with the registered manager as an area for improvement.

Staffing levels were sufficient and reflected the assessed needs of people using the service, as identified in their support plans and risk assessments. The service employed the registered manager and eleven support workers. The staff rota was organised around the activities that were

Is the service safe?

important to people, which included daytime and evening activities. The staff group was made up of regular staff and experienced bank staff, which provided continuity of support for people.

A system was in place to keep track of and record relevant checks that had been completed for all staff who worked in the home. We looked at the records of three members of

staff. The records included evidence of Disclosure and Barring Service (DBS) checks; confirmation that the staff were not on the list of people barred from working in care services, references from previous employers and employment histories. These measures helped to ensure that only suitable staff were employed to support people who used the service.

Is the service effective?

Our findings

A person said, “I like living here and people are good to me. Don’t like it when there is a lot of shouting but now that (another person) has left it’s much quieter now. I have my own things in my room. The food is nice and odd times I go out for dinner”.

Staff received training to assist them to carry out their role effectively, however the training they received was not always relevant to the needs of individual people. The registered manager told us the service catered for people with complex needs including mental health needs, alcohol abuse, sexuality issues and forensic backgrounds. Although there was evidence that staff received behaviour awareness and behaviour management training, there was no evidence that training specific to the needs of each person receiving a service had been completed. The registered manager told us that they and one other staff member had attended sexuality awareness training but there was no evidence available to show that this had been cascaded to the rest of the staff team.

Staff told us that this was a concern as one person would be coming back from receiving treatment. Staff comments included “There is no training in place at the moment for when (the person) comes back and this is a worry. There needs to be more staff co-ordination and a lot more training to ensure that we are all working together effectively”. Another staff member told us “I have some reservations for when (the person) comes back, there needs to be very clear plans in place”.

The service did not always arrange training and support to help ensure changes to people’s needs and behaviours were responded to effectively and staff were confident and consistent in their approaches. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were plans for further training. The operations manager informed us the organisation was liaising with a local authority community team about training to update staff knowledge and skills regarding alcohol misuse. The registered manager told us she had recently completed a two day training course on positive behaviour and planned to send two senior support staff on the same training. We

were informed that a psychologist had carried out a training briefing with staff in relation to supporting one person who had now left the service. This training was not documented.

One member of staff said they felt that the training they received was adequate to meet people’s current needs. They mentioned that training was planned in relation to Asperger’s Syndrome.

Staff told us they had a good induction. This included ‘shadow working’ alongside an experienced member of staff for two weeks. A member of staff said they had learned a lot from the e-learning training they had received. They told us they could ask any questions and felt well supported by the registered manager and operations manager. They told us they had read through care and risk management plans. Following any incident they had a discussion with the registered manager in order to receive support and facilitate learning and development. We saw records of debrief discussions that had been carried out with staff.

The records of each member of staff included an induction checklist, however one of these had not been completed, making it unclear whether the person had received a full induction. Part of the incomplete record related to guidance about managing violent or aggressive behaviour, which would have been particularly relevant to a new member of staff entering the service.

Records of staff supervision and appraisal were kept, showing that processes were in place to offer support, assurances and learning to help staff development. We saw supervision records for three staff, which showed the registered manager had updated each member of staff about a safeguarding incident. Discussion had taken place about progress on actions identified at previous supervisions, including person-centred reviews and supporting people. Training needs and what was or was not working well were also discussed during the meetings and recorded. A record was also on file relating to an unannounced night time spot check by the registered manager on 1 May 2015, including a report on feedback given to the night staff.

There were health action plans in place for each person. Some of these records indicated that identified issues had not always been acted upon and recorded. An example of this was that one person was identified as needing to

Is the service effective?

register with a new dentist by 22 May 2015. There was no record that this had happened. We asked the registered manager who checked and confirmed that this had not been actioned. The last recorded visit to a dentist for this person was 2 May 2013. For another person it was identified that they should attend the GP surgery regarding concerns with their feet. This also had not been actioned and was important as this person refused to attend the chiropodist. We raised this with the registered manager as an area for improvement.

One person had been identified as having mobility problems. This was being well managed with the help of physiotherapy services. The person had privately purchased a wheelchair from which they had suffered a fall. Risk assessments were in place but the wheelchair had not been checked by an occupational therapist to ensure that it was suitable and safe for the person's needs.

The records showed that people had access to a variety of healthcare professionals including local doctors, community mental health and learning disability teams and physiotherapy services. People also attended dentists, opticians and had access to a chiropodist. Health action plans also included very clear and accessible emergency 'grab bags' and Hospital Passports that gave detailed information should a person need to be admitted to hospital or receive treatment.

A health and social care professional involved in one person's care told us the individual was referred to specialists appropriately and supported to maintain good health. They also said the service took into account the person's mental capacity and consent.

Where appropriate, people's mental capacity were being assessed and taken into consideration when planning their care and support needs. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions and staff were able to describe the principles and how they applied to the service. We observed that staff sought people's consent before providing care and support.

A record of a discussion between the registered manager and a relatively new member of staff demonstrated the manager's commitment to treating consent issues

seriously. The manager had guided the member of staff to provide the person using the service with the information he needed to make the best decision, reinforcing that the final decision was the person's to make as he had been assessed as having capacity. If the person's decision was making an impact on his own or others wellbeing then the issue would be addressed through a multi-disciplinary process.

In each section of the care plan there was a place for the person using the service to sign and agree to the care plan. These were sporadically completed and did not clearly indicate that the person had consented to the care they were receiving. We noted that one person had refused to sign any documentation however, we were told that the person discussed their care plan with their key worker.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No one living at the home was currently subject to DoLS. The registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Information and guidance about the MCA and DoLS was on display in the office.

Menu records showed that people were offered a variety of healthy and nutritious meals. Menus showed that this included breakfast, lunch, dinner and supper choices. People were involved in menu planning and in cooking their own meals. Examples of this were seen when one person did not like what was on the menu for lunch and was supported with a large choice of available alternatives. Another person was actively involved in preparing their own lunch to the level they were risk assessed as safe. People told us that they enjoyed the food on offer and also enjoyed going out for meals in cafes and pubs.

Where risks had been identified, for example people refusing to eat, professional help and advice had been gained and supplement meals made available. One person had very specific requirements regarding the types of food they purchased and consumed. We saw that this was fully supported by staff and the person had their own store cupboard and separate shelf in the freezer.

Is the service caring?

Our findings

Two people who lived in the home told us that they enjoyed living there and were happy with the people supporting them. One person said “The staff are all pretty good and I get on with them”. A health and social care professional involved in one person’s care told us they had not observed any poor practice at the service. They had seen good practice, for example the person’s key worker respecting the person’s wishes and maintaining confidentiality.

We observed that staff were kind and caring in their approach to the people using the service. There was a very good rapport between staff and the atmosphere was welcoming and supportive. We saw that there were very positive interactions between staff and the people they supported. An example of this was that one person had been given a number of exercises to complete each day in order to assist their mobility. The staff member supporting them did the exercises along with the person in order to motivate and encourage them. Another person was fully involved in carrying out and recording the weekly fire checks. Both people told us they were very happy living in the home and said that they were listened to and well supported.

Staff said that the ethos of the home was to support each person as an individual and to celebrate their diverse needs and choices. One staff member said “I love my job, it’s great seeing people develop their skills to become more independent”. The registered manager and a member of staff involved a person in checking receipts and balances and signing the record in relation to the person’s budget and expenditure. People were also involved in the running of the service through regular resident’s meetings that were recorded and shared.

We saw that there was a ‘dignity poster’ displayed in the hall of the home, where people were able to add actions they would like staff and other people to take in order to ensure everyone in the home was treated with dignity and respect. A member of staff told us that one person had commented that they did not like staff entering the office while he was standing at the doorway talking with the manager, which he liked to do. Staff had taken this on board. Another member of staff told us their training had included how to address people properly and to give people space.

Is the service responsive?

Our findings

A person using the service told us “It’s alright at the moment and I haven’t got a problem with this place at all. There have been problems here but I told everybody that I wasn’t happy and the boss (manager) did something about it”.

Care and support plans were personalised but did not always contain current information, which would support staff to respond in a timely and effective manner to people’s needs. We looked at four care plans and supporting information including risk assessments and health action plans. There were also daily records in place in the form of ‘daily communication books’ for each person. In general these contained clear information, however we saw that there were some gaps in entries for one person on the 1, 8 and 19 May 2015. For another person there were gaps in their food and fluid section on 2 and 11 May 2015. We raised this with the registered manager as an area for improvement. If people’s changing support needs are not recorded consistently, there is a risk that staff working with people with complex needs may not be supported to respond appropriately as those needs change.

Staff were swift to respond to people’s needs and to act calmly and professionally if a crisis arose. During one lunchtime we saw staff demonstrate skill and understanding in anticipating a person’s needs. Staff demonstrated knowledge and understanding of people’s preferences and choices. They were aware of how individuals communicated their needs and wishes and the agreed methods for staff supporting them. The organisation employed a behavioural support specialist and we were told the service was also seeking additional professional assistance to support one person.

A member of staff told us they thought the service was “Very person-centred”. As a person’s keyworker they took part in on-going reviews with the person receiving support, in a manner that suited the individual’s expressed

preference. The keyworker wrote the care and support plan updates based on conversations with the person and then showed them the plans to check they were in agreement. The reviews consisted of a “Series of compromises about what the service can do and (the person’s) choice of how their support is delivered”. Records showed how staff had discussed another person’s funded support hours with them, in order to agree how staff could provide support at the most appropriate times to fit with the person’s chosen activities.

For each person using the service there was an individual programme of activities and outings in place. People could select from a range of activities provided through the organisation’s day centres and also more individualised activities of their choice. This included educational facilities, football training, visits to animal parks and places of interest, visiting local cafes and pubs, train spotting and accessing the local church and community. Two people told us that they were looking forward to a planned holiday they had chosen. For one person we saw that staff had come up with innovative ways to ensure they were involved in a variety of outings in a very person centred manner. A staff member said, “We aim to ensure that this person has something to do every day that they enjoy”.

On the first day of the inspection, two people had gone on a trip to Longleat. Another person had accessed an activity in the community independently using public transport. We observed that a person changed their mind about a planned activity on the day and staff discussed alternative activities with them. The home had two vehicles available to provide transport to activities.

There was a complaints procedure in place and people told us that they were aware of how to make a complaint. One person said, “They (the staff) are pretty good, if you do complain about anything, they make sure something is done about it”. The registered manager showed us a record detailing the action that had been taken to respond to and address a concern.

Is the service well-led?

Our findings

People expressed their satisfaction with the service they received and the way the home was managed. A health and social care professional involved in one person's care confirmed the service delivered high quality care and told us the person was very happy living at Woolston Road. They told us the service worked in partnership with them to ensure the person's needs and his desired outcomes were met appropriately.

Regular audits of the quality and safety of the service took place and were recorded. The registered manager sent a weekly service report to the organisation's quality assurance team, who contacted the manager for further details and provided support if and when appropriate. The quality assurance team carried out unannounced audits of the service to check on standards of quality and safety. The registered manager also undertook a quarterly audit of the service, which was checked and monitored by a senior manager. Where necessary, action plans were created. The registered manager told us she felt well supported by her line manager. During the inspection we raised areas for improvement with the registered manager about omissions in recording and following up actions in relation to the safety, effectiveness and responsiveness of the service. This showed that the system of audits was not always sufficiently robust to drive improvements.

The operations manager told us the organisation used corporate communications bulletins to disseminate any important information to services, such as safeguarding matters. One example of this being used was following a person being injured in one service, a bulletin was sent to all services requiring urgent action and feedback to help ensure any similar incidents did not occur.

Records were also kept of the manager's and senior staff observations of staff good working practices. For example, when staff had asked for confirmation of the identity of a pharmacy representative; when feedback had been received from an external professional about staff being respectful and knowledgeable about people using the service; and staff responding well to a challenging situation.

Accidents and incident forms were used to help improve the service and monitor the effectiveness of staff interventions. Although issues were usually followed up

with staff in supervision, we raised with the manager one form where it was not completed to show actions had been taken and followed up in accordance with the home's policy and procedure.

We saw minutes of staff meetings, the most recent being 25 April 2015. These records contained reminders about policies and procedures, however they did not give an indication of how staff were asked for or encouraged to give their opinions. The registered manager said she would ask people's key workers to add summary updates to the team meeting minutes, in order to provide better evidence of how issues were discussed with staff.

Staff told us the registered manager was approachable and supportive. Their comments included "The manager here is amazing and always goes by the book. It is a well organised and efficient house and you know what is expected of you". One member of staff told us the registered manager had an 'open door' policy and listened and acted on suggestions, for example ideas about supporting people who used the service. The manager involved senior support workers in discussions about potential new admissions to the service, which also gave staff a voice in how the service was run.

Staff were aware of the aims and objectives of the service and how to make these a reality for people who lived in the home. A member of staff told us the service was about "Making people as independent as possible and not de-skilling people". They said they felt the organisation learned from incidents and this was communicated to staff through supervisions and regular team meetings. Another member of staff commented that the service promoted "A very positive environment, where we are able to involve the people we support". They told us that staff meetings were used to further discuss issues such as the least restrictive ways of providing support, to enhance people's independence.

One member of staff said "Communication wasn't always this good. We got better at handing over very specific information". They told us staff had also got better at disengaging from a previous resident more quickly. Incidents were followed by debrief meetings and discussions about "What could have been done differently". They commented that this was "Good for consistency and also for staff morale. No-one is blamed". Another member of staff told us about a time they had used the management on-call system. They said they had found the system to be effective and supportive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not always receive the support and training that are necessary for them to carry out the duties they are employed to perform. Regulation 18(2)(a).