Voyage 1 Limited

Fenney Lodge

Inspection report

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Date of inspection visit: 17th & 18th July 2014
Date of publication: 16/12/2014

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Fenney Lodge is a care home for people with learning disabilities. The service can accommodate up to eight people and is situated in Catcliffe, close to Rotherham.

When we inspected the service in November 2013 we had concerns about the management of medicines in the home. We went back and inspected the service in February 2014 and we found that improvements had been made and appropriate arrangements were in place for the safe management of medicines. We found the service met the regulations at that time.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who

Summary of findings

has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We inspected the service on the 17 and 18 July 2014. The inspection was unannounced and the inspection visit was carried out over two days.

At this inspection we saw there were systems in place to make sure people were protected from the risk of harm. We saw that staff responded well to people and understood their individual needs and ways of communicating. The deputy manager told us they were confident that all staff had a good understanding of the Mental Capacity Act 2005.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. There were recruitment and selection procedures to make sure the proper checks were carried out before new staff started work.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

People had individual personal plans that were centred on their needs and preferences and had a good level of information, which explained how to meet each person's needs. People told us that they had been involved in their plans and contributed to their reviews, unless they chose not to.

People had varied interests and were supported to get out and about. We saw that staff were very respectful and made sure people's privacy and dignity were maintained.

Everyone we spoke with said they felt comfortable raising any concerns with staff and the service learned from incidents and from people's feedback and used this as an opportunity for improvement. For instance, people were provided with 'I'm worried cards' to use if they wanted to share a concern or complaint.

There was a positive culture which was inclusive and empowering for the people who lived in the home. People we spoke with told us they felt involved in their care and support and the staff were easy to talk to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. All the people we spoke with who used the service told us they felt safe. Family members said their relatives were kept safe and, overall they were happy with the care provided. Staff were trained to recognise any abuse and knew how to report it.

The deputy manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being placed on them.

The way staff were recruited was safe and thorough pre-employment checks were undertaken before they started work.

Is the service effective?

Good

The service was effective. People were supported by staff who were well trained and supported to give care and support that met people's individual needs.

People told us the staff supported them with their health needs. The records we saw showed people saw their GP and other specialist health care professionals when they needed to.

People's plans were clear about what they liked and didn't like to eat. There was guidance about the way people's food should be prepared and any special equipment they used to help them to be as independent as they could.

Is the service caring?

Good

The service was caring. People told us the staff were kind and caring. Staff showed patience, gave encouragement and had respectful and positive attitudes.

Staff we spoke with had a good understanding of people's likes and dislikes and their strengths and needs. We saw that they encouraged people to be as independent as they could be.

People who used the service and family members told us they felt staff listened to them and valued what they said and people had access to independent advocates, who could speak up on their behalf.

Is the service responsive?

Good

The service was responsive. Staff asked people's views, encouraged them to make decisions and listened to them.

There were plans that clearly showed people's diverse needs, preferences, interests and goals. People were involved in activities they liked, both in the home and in the community. They were supported to maintain relationships with their friends and relatives.

Summary of findings

There were systems in place to deal with complaints. People we spoke with felt comfortable to talk to staff if they had a concern.

Is the service well-led?

Good 

The service was well led. We saw good leadership and the service had clear values, which included choice, involvement, dignity, respect, equality and independence for people.

There were systems to monitor the quality of the service and to learn from safeguarding concerns, accidents and incidents.

People using the service had meetings and filled in questionnaires, so they had a chance to say what they thought about the service.

Fenney Lodge

Detailed findings

Background to this inspection

The inspection was undertaken by an adult social care inspector. At the time of our inspection there were eight people who used the service. We spoke with seven people and seven staff. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's personal plans. As part of the inspection process we spoke with three people's relatives to gain their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Using SOFI we spent time observing four people. This showed us there was very positive interaction between these four people and the staff supporting them. We spent time observing, less formally, the interaction between people and the staff supporting them.

Before our inspection we reviewed all the information we held about the service including notifications received by the Care Quality Commission. The provider sent us 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 contacted Rotherham Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We spoke with a representative of the Rotherham council contracts team to get feedback about the service and these organisations had no concerns to share with us.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

We looked at how the service protected people from abuse. The seven people we spoke with who used the service told us they felt safe and the family members we spoke with said people were kept safe from abuse. One relative told us there had been, "100% improvement since the new management team took over around 18 months ago."

The deputy manager told us the policies and procedures for safeguarding and whistle blowing were part of the induction when new staff started work. Safeguarding training was updated regularly. This was confirmed by the staff training records we saw. We also saw one new staff member undertaking e-learning in safeguarding, as part of the first week of their induction. We saw that the policies about whistle blowing and safeguarding people from abuse were available and accessible to all members of staff.

The staff we spoke with had a good understanding of safeguarding people from abuse and how to report it and we saw evidence that the registered manager had referred safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission.

The four people's records we saw included mental capacity assessments. These showed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure.

The deputy manager told us staff had received training in the principles associated with the Mental Capacity Act 2005 (MCA). The records we saw of staff training confirmed this. The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions.

We asked whether anyone was subject to a Deprivation of Liberty Safeguards authorisation (DoLS). These safeguards make sure that people who lack capacity are not deprived of their liberty unlawfully and are protected. The deputy manager told us they were aware of the process and we saw that where appropriate, applications had been submitted and approved. One person had been subject to a Deprivation of Liberty Safeguards authorisation that had been under review.

The staff we spoke with were clear about their role in promoting people's rights and choices. We saw that when people did not have the capacity to consent in a particular instance, decisions were made in the person's best interest and took into account the person's likes and dislikes. The deputy manager told us people who lived in the home had received support from independent advocates and they were involved where decisions were more complex.

We saw records in two people's files that showed best interest meetings had taken place and that decisions made on people's behalf, were made in accordance with the principles of the Mental Capacity Act. Meetings usually involved people who were important to the person and involved in their life, along with staff from the home and other professionals. Although it was clear that the person was the centre of the decisions made and people had had some access to independent advocates we felt further use of independent advocates would improve the service. Especially when best interests decisions were made for people who did not have anyone close who could represent them. We discussed this with the deputy manager at the time of the inspection and they were receptive of our suggestion.

We looked at how the service managed risk. People's choices and decisions were recorded in their plans and reviews. From talking to people who used the service and the staff it was clear people were supported to be as independent as possible. The records we looked at had an assessment of each person's care and support needs and people had risk assessments specific to their needs and lifestyles. They included areas such as going out in the community, moving and handling and falls. The assessments were clear and outlined what people could do on their own and when they needed assistance. They gave guidance to staff about how the risks to people should be managed.

The deputy manager told us sometimes people displayed behaviour which challenged the service. In the provider information return (PIR) the provider sent us they told us people's behaviours were handled in the least restrictive way and all staff were trained in non-violent crisis intervention. The staff we spoke with told us the training they were given in non-violent crisis intervention (NCI) focused on strategies, such as de-escalation techniques to help staff prevent a person's behaviour from escalating.

Good

Is the service safe?

We saw that where a risk had been identified that someone may display behaviour which challenged the service there was clear guidance for staff in people's plans and risk assessments to help staff to deal with any incidents effectively. We saw the risk assessments and risk management strategies in people's files. These focussed on staff using the least restrictive approach, diverting people's attention and de-escalation and included respecting people's dignity and protecting their rights.

We looked at how the service managed staffing and recruitment. No one we spoke with raised any concerns about the numbers of staff available. There were sufficient staff on duty to keep people safe during our inspection and most people had one staff member supporting them individually. The deputy manager explained how the service regularly reviewed staffing levels and adjusted them based on people's assessed needs and risks. They explained this was part of the discussion in team meetings and in the registered manager's monthly meeting with the operations manager.

We looked at recruitment records of six staff members and spoke with three staff about their recruitment experiences. Relevant checks had been completed before staff worked unsupervised and these were clearly recorded. Checks included taking up written references, identification check, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The recruitment system included applicants completing a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. We saw that interview notes were kept on each staff member's records to show that the recruitment process tested candidate's suitability for the role they had applied for. A care manager told us all staff went through a four week induction to the job and underwent training.

The provider had told us people who used the service were part of the interview process in recruiting staff. They told us they aimed to improve the way this was done by making the process more formal and using pictorial resources to support people to make their decisions. This helped to make sure people were involved in decisions about the service.

We looked at how the service managed premises and equipment. The home was homely and well maintained. There was wheelchair access and it was equipped throughout to enable people with physical disabilities to be as independent as they could be, such as ceiling mounted hoists in people's bedrooms. Most people used wheelchairs and four people's wheelchairs were electric, which helped them to move about independently. There was guidance for staff about what support each person needed with their mobility in their plans, risk assessments and review and information in each person's records to show what equipment they needed to help with their independence and to provide their care and support safely. This included any special requirements about the use, storage, maintenance, testing and inspection of the equipment. We saw that slings for hoists were kept in people's room and only used for that person. The deputy manager told us staff checked equipment, such as hoists and wheelchairs before they were used to make sure they were fit for purpose.

The provider had told us advice was sought from specialist agencies such as physiotherapists and occupational therapists to make sure people had the right equipment to meet their needs. This was confirmed by the records we saw. People's plans and assessments had been reviewed regularly and reflected changes in people's needs. For example, one person had been referred to an occupational therapist for a review and support and advice had been provided to staff on how to help them to transfer between bed and chair.

Good

Is the service effective?

Our findings

We looked at how the service trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. All the staff we spoke with said their employer was good at making sure they had good quality, relevant training. They said the induction and ongoing training they had was useful and helped them feel confident to support the people who used the service and the training they had received was worthwhile and helpful.

We spoke with two members of staff who were completing their induction. They both spoke highly of the support, training and guidance given to them. They felt they had been given the skills on induction to carry out their role. They also told us they had a period of 'shadowing' experienced care workers before they were allowed to work unsupervised. This was until they felt comfortable and confident and also gave the people who used the service time to get to know them.

Staff had individual learning and development plans. These were regularly reviewed, discussed and recorded as part of the supervisions and appraisal process. Staff received training in areas such as health and safety, moving and handling, first aid, food hygiene, medication and the prevention and control of infection. Other training to help people to do their jobs well included the role of the health and social care worker, values and attitudes, effective communication, cognitive behavioural therapy, person centred support and nutrition awareness. There was an effective system in place, designed to make sure staff received the training and the updates they needed. We spoke with one staff member who told us there was training 'constantly' available. Another told us a member of the team was the training champion and "follows you around until you do that training."

We looked at how people were supported with their health. We saw three people's health care plans and these were in a format for people with learning disabilities, with large print and pictures. People had been involved in completing them. People also had 'hospital passports' to help make sure all their relevant details were provided if they went to hospital. The records we saw also showed people's health needs and preferences were known and kept under review.

The staff supported people to have access to health care services including GPs, opticians, dentists, chiropodists, occupational therapists (OT) and speech and language therapists (SALTs).

During the inspection we saw that one person went to an appointment with the doctor and a staff member supported them. Another person they told us staff were good at helping them to see their doctor if they needed to.

We looked at how people were supported with eating and drinking. We checked four people's files and found their care plans contained good information about the areas they needed support with and any risks associated with their care. For instance one person was at risk of losing weight and was seen by a dietician to review their nutritional intake and weight. The dietician had given advice and staff were following the plan of care.

The provider had told us two staff were nutritional champions and nutritional matters were discussed at staff meetings, key worker meetings, house meetings and in individual menu planning meetings with the people who used the service. This was confirmed by the people we spoke with, who told us they had a variety of meals, based on their choices.

The records we saw confirmed that in people's menu planning meetings they discussed choices, such as eating alone or with others, and their individual and cultural preferences. Menus, meals, snacks and drinks were also discussed in house meetings. The people who used the service were fully involved in menu planning and able to request specific meals. People were supported to buy, prepare and cook their meals and snacks, depending on their choices and abilities.

People's weight was checked at regular intervals. This helped staff to make sure people maintained a healthy weight. Where people were assessed as 'at risk', records were seen detailing what they had been given to eat and drink'. Where necessary, people's diets and menus had been put together with input from relevant professionals. One person's file showed they, and the staff supporting them, had help and advice from a dietician about their special diet. We saw the advice from a speech and

Good

Is the service effective?

language therapist about what foods were appropriate for people when they needed a soft diet. We also saw that people's religious and cultural needs and preferences were catered for.

People had risk assessments and personal plans about their particular needs including, where appropriate, guidance about the way their food should be prepared. People's plans also included any special equipment they used. This included things like slip mats, plate guards and adapted spoons and cups, which helped them to be as independent as they could be with eating and drinking.

There was a good choice of food available including fresh fruit. We saw staff providing support at meal times and throughout our visit and saw them responding to people's needs and preferences in a positive way. We saw that meal times were flexible, depending on what suited people, unhurried and relaxed with staff and people who used the service eating together. We saw people involved in baking cakes and making drinks with staff support.

The provider had told us that over the next couple of months, they intended to improve the way people were supported to be involved in the menu planning meetings by using more pictures to help people make choices about their meals and how they should be cooked.

Good

Is the service caring?

Our findings

All the people we spoke with who used the service told us staff were caring and supportive towards them. They all indicated staff were kind and respected them. They told us they liked the staff, for instance one person said, “I am happy” and “The staff are nice.” Another person told us, “I like the staff. They help me” and “They are easy to talk to.”

People told us they made decisions about their lives and made lots of choices every day. This included what they did with their time, the activities they wanted to do, what and where they wanted to eat and what clothes they wanted to wear.

During our SOFI observation we saw there were very positive interactions between the two people we observed and the staff supporting them. The staff members engaged with people, talking about things people were interested in and liked doing. They encouraged people to engage in activities and to make choices. We saw staff often asked people how they were and if they wanted or needed anything.

People had their own, detailed personal plans. This helped to make sure care was individual and centred on each person. The plans included what was important to people and how staff should support them to maintain their privacy and dignity and people were involved in their planning. One staff member told us a member of the team made tabards for the people who needed their clothing protected when eating, as they were appropriate for people’s age, discreet and practical for people.

The provider told us all new staff read people’s plans as part of their induction and spent time getting to know people. They told us staff showed respect and consideration by knocking on doors before entering, ensuring private communication was not overheard and dignity was maintained when providing personal care.

During our visit we saw that staff engaged with people in a respectful way and attended to people’s needs in a discreet way, which maintained their dignity. The records we saw confirmed that staff received dignity training and a member of the team was a dignity champion. One staff member we spoke with said they felt very privileged to be part of the team. They said there was attention paid to detail to make sure people had really nice life experiences.

The deputy manager and staff we spoke with were thoughtful about people’s feelings and wellbeing and the staff we observed and spoke with knew people well, including their personal histories. They understood the way people communicated and this helped them to meet people’s individual needs. The people’s plans we saw included people’s religious and spiritual beliefs.

We looked at how people were supported to be involved and make decisions. The people we spoke with who used the service all confirmed they felt they were listened to. One person said, “Staff listen to me.” Another person told us, “I decide what I want.”

The provider had told us they had improved the way review meetings were done. They wrote, “Each year a person centred review occurs where the individual is at the centre of the meeting and we discuss what's working, what's not working, how best to support the person and what's important to and for them. After each review we evaluate the effectiveness of the review and identify what could be done better at the next review.” The records we saw confirmed this.

We saw that advocacy services were available and information about local advocacy service was displayed in an 'easy read' format. Where appropriate, people’s family members were encouraged to be involved in their reviews. Family members were also invited to monthly coffee mornings at the home. This gave them further opportunities to share their views.

Good

Is the service responsive?

Our findings

We looked to see if people received care that was personalised to their needs. The provider had told us everyone had person centred support plans. Each part was developed to include the person's likes, preferences, communication plan, decision making plan, cultural and spiritual needs and mobility support. Placement reviews took place annually and in-house reviews every six to eight weeks. This was confirmed by the records we saw. People were consulted about who they wanted to attend their review meetings.

People had been involved in developing their care plans. The files we looked at showed people were given choice and were supported in promoting their independence. However, one person had consistently said they did not want to be involved in their care planning and reviews and this was clearly documented in their records. One person told us they wanted to move to a more independent setting and the deputy manager explained the person's social worker was working with them about this. When we looked at their file, we felt this could have been better reflected in their records.

The seven staff members we spoke with were knowledgeable about the needs of the people they supported. They were able to give us examples of choices they offered people and how they promoted people's independence. For instance, one staff member told us that one person liked to choose what hair care products they wanted to use. The people we spoke with told us staff helped them and, throughout the two days of our visit we saw they were encouraged to make choices about a range of things, such as what, when and where they wanted to eat and what activities they wanted to be involved in, this helped to made sure their needs were met.

People were supported to be involved in activities in the home and in the community. This was documented in the plans of care for each person and was appropriate to their age, gender, cultural background and disabilities. Over the two days of our visit people were out and about doing different things. For instance, people attended various local day services and clubs, went out to shops and cafes and one person visited a wildlife centre. One family member said, "They do get out and about a lot."

People told us about the activities they had been on and what was being organised. It was evident that staff supported people to live their lives in the way they choose and to be as independent and active as possible. For instance, on the first day of our inspection three people were discussing how they were looking forward to going to a night club that night. The staff supporting them told us they had been before, most people had really enjoyed it and those who had not liked the loud music had opted out this time.

Two people told us about their interests. One person told us they liked to go to the seaside and shopping and told us about trips they had enjoyed. Another told us about their interest in trains and about the activities they did. Some people also showed us their bedrooms and they reflected their tastes and interests.

One person said they would like to be more independent and have more opportunities to go out on their own. We were informed that issues with their health made this request a challenge for the service. The registered manager and staff told us about creative ways they supported the person, designed to give them independence when they were out, with the backup of staff support if they wanted or needed it.

Staff supported people to maintain contact with people who were important to them. There was a relationship map in each person's plan, which identified those who were important to the person. Staff told us they helped people keep in touch and most had regular visits from family members.

We looked at how the service sought people's views and managed complaints. One person's relative said they had confidence in the registered manager as they "Listen and changed things."

When asked whether they knew who to complain to two people who used the service said they would complain to the staff and were confident about making a complaint.

There were systems in place for handling complaints that would allow any themes or trends to be identified and acted on. The provider told us all complaints and concerns were taken seriously whatever format they were offered in and were responded to and stored following data protection guidelines. The complaints procedure set out the steps people could follow if they were unhappy about service. The deputy manager told us there had been no

Good

Is the service responsive?

complaints in the last year and the family members we spoke with told us they had not needed to make any formal complaints, as the service dealt with things as they arose and they got resolved before they turned into complaints. The family members said the new management team responded well to their views and suggestions.

People who used the service were provided with 'I'm worried cards' to use if they wanted to share a concern or complaint. They were written in an easy to read format for people with learning disabilities. We saw these on the noticeboard, alongside the complaint procedures.

There were regular meetings for people who used the service, called house meetings, where they could talk about what they thought about the service. Monthly key worker meetings were also held with people to identify their wishes and preferences, plan people's individual menus and resolve any issues.

Good

Is the service well-led?

Our findings

The provider had told us the registered manager was completing a leadership and management course, which they would complete in the next 10 months. This would help the manager to have improved knowledge and skills of their role. The provider told us the deputy manager was to be nominated to complete the managers' induction programme to support them in developing their knowledge and skills to help them to carry out their role in an effective and efficient way.

The service had a clear set of values. These included choice, involvement, dignity, respect, equality and independence for people. We spoke with several staff who said the values of the service were very clear and they demonstrated a good understanding of these values. They said these values were in the policies and procedures of the service, were part of their induction and on-going training, and talked about in their supervision and team meetings. Each of the staff and managers we spoke with had an understanding of equality, diversity and human rights.

There were systems in place to seek people's views, in order to help assess and monitor the quality of the service. People told us they had meetings and filled in questionnaires, so they had a chance to say what they thought about the service. The family members we spoke with said they were invited to monthly coffee mornings so they had opportunities to share their views.

The staff we spoke with all said they felt they worked in a supportive team and they were well supported by the managers. All the care staff we spoke with told us the deputy manager and the registered manager were open and approachable. They said they were clear about what standards were expected and were good at motivating the team, which had helped to improve the service.

There were systems to continually review safeguarding concerns, accidents and incidents. We looked at records of accidents and incidents and saw evidence these were reviewed by the registered manager and reported to the provider. We also saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them. One person had had a fall and we saw that staff had discussed this in their staff meeting as to how to minimise the risk for the person, without placing too many restrictions upon them.

There was a culture of learning from mistakes and an open approach. One staff member told us that during staff meetings the team looked at anything that needed to happen or change as a result of comments from people who used the service, their families, safeguarding concerns, accidents and incidents. Another said the registered manager was "Lovely" and "The communication is very good," Another staff member told us there had been improvement in the service because of the enthusiasm of the registered manger. They said staff morale and professionalism had improved and they really loved their job. Staff told us there were regular staff meetings and they were able discuss issues openly. They said the operations manager also visited once a month and spoke with everyone.

We saw that there was a policy about whistle blowing and the deputy manager told us staff were supported to question practice and whistleblowers were protected. Staff we spoke with were confident to say what they thought and said they felt the management team were willing to listen. They said their line managers were supportive, fair and open. The safeguarding records we saw showed staff had the confidence to report concerns about the care offered by colleagues, carers and other professionals. One staff member said, "You can go to any of the seniors."

The management team kept themselves and the staff up to date with new research, guidance and developments. For instance, we saw the minutes of the managers' meetings for the region were available for all staff to read and these included a section on learning opportunities and good practice.

We saw that weekly and monthly audits were carried out in areas such as health and safety, medication management and infection control. The pre-inspection information the provider sent us told us quarterly audits were carried out by the registered manager and the operations manager. The provider told us that when any areas were identified as needing improvement an action plan was produced, with a completion date, to make sure there was on-going improvement. The records we saw at the inspection confirmed this.