

Voyage 1 Limited

Riverside & Roseberry Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Riverside and Roseberry Lodge on 14 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Riverside & Roseberry Lodge provides support for up to 12 people with learning disabilities. It comprises of two bungalows connected internally by a corridor and each bungalow provides six places for people. In one bungalow there are six individual flats and in the other

bungalows there are six single occupancy bedrooms. The service is also registered to provide personal care for people who live in their own home but as yet this does not happen.

The home had a registered manager in place and they have been in post for over five years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 service operates two distinct services, with more independent living services provided in the bungalow made up of flats. The bungalow with single bedrooms provides services for people who are dependent upon staff to assist them with all aspects of their personal care. Thus, staff both deliver personal care and provide support to assist, to develop impulse control, and to manage people's behaviour and reactions to their emotional experiences.

Six of the people we met had difficulty communicating verbally and we could not engage in complex discussions about the service. Staff were able to interpret the non-verbal cues they provided and we were able to observe their experience of living at the home. The other six people we met were very able to discuss all aspects of the service, staff behaviour and their experiences.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training. The registered manager was in the process of reviewing all of the people who used the service to determine if people had capacity to make decisions. Where appropriate the manager was applying for DoLS. We found that for the more independent group of people staff struggled to make use of the capacity assessments. Staff felt people had capacity but the assessments they completed showed this was not the case. We highlighted the difficulty staff were having and the registered manager took action to ensure staff were able to understand the outcome of capacity assessments and what actions they needed to take. Staff were making 'best interest' decisions but the templates they had did not allow this type of information to be fully recorded. We heard that the provider was in the process of sending updated documentation, which would address this issue.

People we spoke with told us that staff made sure they were kept safe. The majority of the people we spoke with were extremely complementary about the service and told us how staff had enabled them to develop a wide range of skills.

We observed that staff had developed very positive relationships with all of the people who used the service.

We saw that where people experienced high levels of anxiety staff were able to discreetly reduce the impact on the individual and those people around them. Interactions between people and staff were jovial and supportive. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity.

We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. Those people who were able to, were encouraged and supported to go out independently and others routinely went out with staff. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

The people living in the flats told us that the staff worked with them to help to reduce risks when going out and about. We saw there were systems and processes in place to protect people from the risk of harm.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

We saw that people living at Riverside and Roseberry Lodge were supported to maintain good health and access a range healthcare professionals and services. We found that staff worked well with people's healthcare professional such as consultants and community nurses. People were encouraged to have regular health checks and staff supported people to attend appointments.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. The people we spoke with discussed their support plans and how they had worked with staff to create them.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Summary of findings

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people who experienced both learning disabilities and mental health disorders. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that four to five staff routinely provided support to 12 people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People

we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

The provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the manager had implemented these and used them to critically review the service. This had led to the systems being extremely effective and the service being well-led.

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 safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff were able to recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005 and were applying the legislation but needed a little more support when completing the capacity assessments for people whose capacity to make decisions varied. The registered manager was ensuring staff were provided with this support.

People were provided with a choice of nutritious food, which they choose at weekly meetings.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that staff were extremely supportive. That staff had assisted them to develop the skills they needed to manage their mental health needs and live independently.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. These plans were tailored to meet each individual requirements and were reviewed on a regular basis.

Good



Summary of findings

People, who were able, were involved in a wide range of every day activities and led very independent lives. We saw people were encouraged and supported to develop the skills needed to live independently.

Staff had a comprehensive understanding of people's communication style and readily interpreted non-verbal cues. People were actively involved in activities and outings and this was tailored to their preferences.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

The service was well led.

The service was well-led and the registered manager was extremely effective at ensuring staff delivered a good service. We found that the manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Good



Riverside & Roseberry Lodge

Detailed findings

Background to this inspection

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

An adult social care inspector completed this unannounced inspection of Riverside and Roseberry Lodge on 14 January 2015. Before the inspection we reviewed all the information we held about the home.

Before the inspection we reviewed all the information we held about the home. We reviewed the information included reports from local authority contract monitoring visits. We also reviewed the provider information return (PIR) that was submitted. 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 found the PIR to be detailed, informative and accurately answered our questions.

During the inspection we met and spoke with 11 people who used the service. We also spoke with the registered manager, a senior support worker and four support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at five people's care records, four recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

Is the service safe?

Our findings

Some people had very limited verbal communication skills so we observed their reactions and how staff worked with them. People who were able to told us what they thought about the home and staff. People told us that they were extremely pleased to be living at the home and this was because staff kept them safe, understood how to support them and were very caring.

People said, “This is the best place I have ever been and it is just right for me.” And, “I like here, the staff really make sure I’m okay.”

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed e-learning safeguarding training this year and dates were identified for when the refresher training needed completing in 2015. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had safeguarding and whistleblowing policies and these had been reviewed in October 2014.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people’s health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed six people’s care records and saw that staff had assessed risks to each person’s safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as going out independently, the communication of ill-health and risk to others. This ensured staff had all the guidance they needed to help people to remain safe. Staff we spoke with told us how they ensured the plans had been developed to so that they identified risks in a consistent manner. They discussed why measures were in place. For instance, we heard how staff assessed people’s mood to identify what may cause them to become distressed then put measure in place to reduce the occurrence of these events in order to ensure they and others were kept safe.

The four staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case and four staff in each unit during the day and a waking night staff and a sleep-in staff member were on duty overnight in each unit.

People we spoke with said, “The staff go out of their way to make sure everything is alright.” And, “I get the bus myself now but staff made sure I was okay and knew how to do this.”

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

Is the service safe?

All staff had been trained and were responsible for the administration of medicines to people who used the service. We spoke with people about their medicines and said that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way. Arrangements were in place for the safe

and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people who told us they thought the staff were excellent and had ability to provide a service, which met their needs. People told us the care was very good and felt the staff had supported them to develop the skills they needed to live more independently. One person said, “The staff are fantastic and have really helped me a lot. I am now at a point where I can think about moving to my own flat. I’ll still need support from staff but much less than when I first moved here. I can’t believe how well I have done.”

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had mental health disorder, various communication techniques and specific health conditions such as epilepsy. Staff told us their training was up to date and the records confirmed this to be the case.

Staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and use of physical interventions.

We found that the majority of the staff had worked at Riverside and Roseberry Lodge since it opened but saw that staff had completed an induction when they were recruited. This had included reviewing the service’s policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us the manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they and the senior staff carried out supervision with all staff on a bi-monthly basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We also saw that an annual appraisal was carried out with all staff. From our discussions we found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The manager was in the process of ensuring, that where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff that we spoke with understood the principles of the MCA and ‘best interest’ decisions and ensured these were used if needed. Staff knew which relatives had been appointed as a deputy for the person’s care and welfare and if any one had lasting power of attorney for care and welfare as well as finance.

Staff we spoke with understood DoLS and discussed the recent changes to the process and who would need to have one in place. In light of this change staff had completed capacity assessments for the people who used the service to determine who may lack capacity to agree to remain at the home and be under constant supervision. We saw that the decision specific capacity assessments for two people who led more independent lifestyles indicated in that they may have difficulty weighing up information. The form however was completed with final judgement that the person had capacity to make decisions. We discussed this contradiction with the manager, as the form should have indicated that the person did not have the capacity. They reviewed this matter with the person completing the form and addressed the gap in their understanding of how to complete these documents.

Staff and the people we spoke with told us that they tended to plan the menus a week ahead and each person decided what they would like to have to eat but could change this if they wanted. We heard that some people would make snacks but on the whole staff cooked the meals. We observed that each person had different meals and each looked very appetising and was plentiful. We heard that people would go shopping with the staff to the local supermarket. We observed the lunch time of people who used the service.

From our review of the care records we saw that nutritional screening had been completed for people who used the service, which was used to identify if they were

Is the service effective?

malnourished, at risk of malnutrition or obesity. We found that in general people were all within healthy ranges for their weight, and staff supported people to maintain a healthy diet.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their treating team and when concerns arose staff made contact with relevant healthcare professionals. For instance

people had recently been referred them to secondary healthcare services such as psychiatry and cardiology. We saw that, where possible, people had been supported to make decisions about the health checks and treatment options and 'best interest' decisions were being made for other people around managing their health. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

The people we spoke with said they were extremely happy to be living at the home. They told us staff would discuss decisions they wanted to make and go through what the potential consequences these might have, which they found extremely helpful. People told us that the staff genuinely cared about them and they felt they were treated like family. People told us staff respected them and dealt with any issues in a very tactful manner.

People said, “The staff are brilliant.” And, “This is the best place I have ever been and believe me I have been to a few places.” And “I really like it here.”

During the time of the inspection we met and spoke with 11 people who used the service. People told us that prior to people coming to stay, they were given the option to come for visits to help make an informed decision about whether they wanted to move in. Staff told us that they regularly reviewed people’s needs to ensure the home could meet them. The care records we reviewed confirmed that this was the case.

We reviewed the care records of three people and found that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed, which we found from our discussions with staff and individuals met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans.

During the inspection we spent time with people sitting in the communal lounge area and dining room. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. We saw that when people became anxious staff intervened in very supportive ways and both distracted individuals; discussed other subjects and assisted people to retreat to quieter areas of the home. The techniques the staff used effectively re-assured people and we found staff sensitively deployed these measures.

The manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoyed numerous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff appeared caring. We saw that staff gave explanations in a way that people easily understood. This demonstrated that people were treated with dignity and respect.

The manager and staff discussed how they worked with people to support people to become as independent as possible. We heard how staff had worked with people assisting them to develop the skills they needed to lead more independent lives. We saw that the two units provided different levels of support with one side of the home providing flats for people and the other having bedrooms. People told us that they cleaned their flats but staff gave them a hand when needed. The environment was well-designed and supported people’s privacy and dignity.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We discussed the personal care that was provided and found the staff were adept at supporting people with personal hygiene in a discreet manner. We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

Some of the people who used the service needed support to manage their emotional responses to everyday activities and stressors. We saw that staff were able to discreetly and effectively provide this type of support. We saw and people told us that staff were extremely responsive to each person's individual needs. We also saw that where people had limited verbal communication skills staff understood exactly what they were trying to ask for and wanted. We saw that staff were extremely attentive and constantly checked that they were following people's wishes.

People told us that they felt staff provided them with the opportunity to be as independent as possible. People also told us that they were involved in a wide range of activities both inside and outside the home. We saw that all of the people who used the service were routinely going out to a variety of activities such as out for meals, on holiday, to the cinema and local pubs.

People said, "I make my own way home from college." And, "There is always plenty of things for us to join in." People told us that they went to see bands and to the theatre as well as shopping.

During the inspection we spoke with staff who were extremely knowledgeable about the care and support that people received. The people we spoke with told us they

found that the staff made sure the home worked to meet their individual needs and assisted them to reach their goals. We found that as people's needs changed their assessments were updated as were the support plans and risk assessments.

The people who used the service that we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We saw that the complaints procedure was written in both plain English and easy read versions. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the manager or staff.

People told us that they had never felt the need to complain. We saw that there had not been any complaints made in the last 12 months. The manager discussed with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. We found that the manager had a thorough understanding of the provider's complaints procedure.

People said, "I have never been unhappy with the staff." And, "I don't have any complaints but if I did I know staff would sort them out." And "It is wonderful here."

Is the service well-led?

Our findings

People who used the service we spoke with during the inspection spoke very highly of the home, the staff and the manager. They told us that they thought the home was well run. They found that staff recognised any changes to their needs and took action straight away to look at what could be done differently. We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the care delivered was completely person centred. We found that the manager had developed a service, which readily supported people with very different needs.

People said, “The staff are fantastic.” And “The manager is really good and they are all like family to me.” Staff told us, “I love working here. I take pride in my work as I know everyone is really caring and we are really providing a valuable service.”

The staff we spoke with described how the manager constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. Staff told us that the manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the manager. Staff told us they found that the manager used all their feedback in the review of the service and valued their suggestions. Staff told us there was good communication within the team and they worked well together. We found the manager to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

The home had a clear management structure in place led by an effective manager who understood the aims of the

service. Although they had managed the service since it opened, they were not complacent and continued to strive to improve support they offered. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided at Riverside and Roseberry Lodge. For example they used accessible formats for all posters and notices. Also people who used the service were actively involved in the recruitment process. The manager had a detailed knowledge of people’s needs and explained how they continually aimed to provide people with good quality care.

We found that the manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had very comprehensive systems in place for monitoring the service, which the manager fully implemented. They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely identified areas they could improve. They then produced very detailed action plans, which the senior managers checked to see had been implemented. Also the provider had external reviews completed on a bi-annual basis, which complemented the manager and senior manager’s reviews. This combined to ensure strong governance arrangements were in place and an exceptional service was delivered.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. The staff found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. We also heard from the people who used the service that their views about the home were regularly sought both through surveys and in meetings and acted upon.