

Voyage 1 Limited

Falcons Rest and Poachers Cottage

Inspection report

Falcons Rest
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Falcons Rest and Poachers Cottage is a care home that provides personal care for up to 14 people with a learning disability who may also have physical disabilities and/or sensory impairments. The site consists of two purpose-built houses, named Falcons Rest and Poachers Cottage respectively. At the time of our inspection visit, there were 14 people living at the home.

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

People's experience of using this service:

- ☐ We were not assured the provider and management team always engaged effectively with people's relatives and the community professionals involved in people's care.
- ☐ Staff expressed concerns over the service's ongoing staff recruitment and retention issues. The provider had a recruitment and retention strategy in place designed to address these issues.
- ☐ Staff understood how to recognise and report abuse.
- ☐ Risks associated with the premises, equipment used and people's individual care needs had been assessed, kept under review and plans put in place to manage these.
- ☐ Staffing levels at the service enabled people's needs to be met safely.
- ☐ People's medicines were handled and administered by trained staff who underwent annual competency checks.
- ☐ The provider had put measures in place to protect people, staff and visitors from the risk of infections.
- ☐ People's care needs were assessed and reviewed to achieve effective outcomes.
- ☐ Staff received ongoing training and supervision to enable them to succeed in their roles.
- ☐ People were supported to make choices about what they ate and drink, and the risks associated with their nutrition or hydration were managed with specialist input.
- ☐ People were supported to access community healthcare services to ensure their health needs were monitored and addressed.
- ☐ The purpose-built environment in which people lived enabled staff to meet their individual needs effectively.
- ☐ People were treated with kindness, dignity and respect by staff and management.
- ☐ Staff and management understood their role in promoting equality and diversity within the service.
- ☐ People's individual communication needs were assessed to promote effective communication.
- ☐ People's care plans were individual to them and covered key aspects of their care and support needs.

- ☐ People had support to participate in a range of social and recreational activities.
- ☐ People's relatives understood how to raise any concerns or complaints regarding the service.
- ☐ Steps were taken to establish people's wishes for their future care.
- ☐ The provider had quality assurance systems and processes in place to enable them monitor the safety and quality of people's care.
- ☐ Staff felt well-supported and valued by an approachable management team.

We found the service met the requirements for 'Good' in four areas, and 'Requires improvement' in one other area. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: At the last comprehensive inspection, the service was rated as 'Requires improvement' (inspection report published on 20 April 2018). At this inspection, the overall rating of the service has improved to 'Good'.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any information of concern is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

Falcons Rest and Poachers Cottage

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by one inspector.

Service and service type: Falcons Rest and Poachers Cottage is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission and there was a registered manager in post. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of our inspection visit was unannounced.

What we did when preparing for and carrying out this inspection:

Before the inspection visit, we reviewed information we had received about the service since our last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch.

Prior to our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during the planning of our inspection of the service.

During the inspection, we spent time with people in the communal areas of the home to see how staff supported the people they cared for.

We spoke with six people who lived at the service, six relatives, four health and social care professionals, and the provider's managing director for the south west region. We also spoke with the operations manager, the registered manager, a deputy manager, two senior care staff and five care staff.

We reviewed a range of records. These included four people's care files, accident and incident records, complaints records, medicines records and two staff recruitment records. We also looked at staff training records, records associated with the safety of the premises and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection on 16 February 2018, we rated this key question as 'Requires improvement'. We asked the provider to take action to make improvements in relation to the management of people's medicines and the management of risks associated with people's care and support needs. At this inspection, we found this action had been completed.

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

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff had received training in how to recognise and report abuse involving the people who used the service. They told us they would report any concerns of this nature to the management team without delay.
- ☐ The provider had procedures in place to ensure the appropriate external agencies, including the local Safeguarding Adults team, were notified of any abuse concerns in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- ☐ People told us they felt safe living at the home, and people's relatives had confidence staff adopted safe working practices.
- ☐ The risks associated with people's individual care and support needs had been assessed, reviewed and plans put in place to manage these. This included an assessment of people's mobility needs and risk of falls, their health needs, their behaviour support needs, and any risks associated with their eating and drinking.
- ☐ Staff understood the need to follow people's care plans and risk management plans, and told us they read and referred back to this guidance as needed.
- ☐ Staff told us they were kept up to date with any changes in the risks to people. This was achieved through, amongst other things, daily handovers between shifts, and the use of a staff communication book and 'read and sign' folder for updated documents. A staff member explained, "We are always kept up to date all the time. If it's not written in the communication book, it's handed over verbally."

Staffing and recruitment

- ☐ The staff we spoke with felt the staffing levels maintained at the home were safe. However, they were concerned about the provider's staff recruitment and retention problems, the current number of staff vacancies and the pressure they felt to work overtime to cover shifts. We discussed these issues with the provider. We saw they had a staff recruitment and retention strategy in place, the effectiveness of which was continually being reviewed. The provider also monitored staff overtime hours to ensure these were not excessive, and used agency staffing, where possible, to cover staff shortages.
- ☐ People told us staff were available to help them when they needed support.
- ☐ Most people's relatives were satisfied with the staffing arrangements at the service. However, one person's relative was concerned their loved one may not always have the correct level of staff support. We discussed this issue with the management team, who provided assurances this person's staff support was organised in line with their current funding arrangements.

- During our inspection, we found the number of staff on duty, and their range of skills, enabled people's needs to be safely and effectively met across both houses.
- We found the provider followed safe recruitment practices when employing new staff.

Using medicines safely

- The provider had systems and procedures in place designed to ensure people received their medicines safely and as intended, which had led to a reduction in medication errors at the service since our last inspection. Any medication errors which occurred were investigated to reduce the risk of further occurrence.
- Staff involved in handling and administering people's medicines underwent annual training and competency checks.
- The information recorded on people's medication administration records (MARs) was clear, accurate and up-to-date.
- People's medicines were stored securely in the home's medication cabinets and in locked cabinets within people's personal rooms.

Learning lessons when things go wrong

- The provider had systems and procedures in place to enable staff to report and record any accidents, incidents or unexplained injuries involving the people who lived at the home. The staff we spoke with told us they followed these procedures.
- The management team and provider monitored these reports, on a continual basis, to identify any patterns and trends and take action to prevent things from happening again.

Preventing and controlling infection

- Staff received training in the provider's procedures for protecting people, staff and visitors from the risk of infections. They were clear when they needed to make use of the personal protective equipment supplied (e.g. disposable gloves and aprons), and we saw them using this as they assisted people with their meals and personal care.
- During our inspection, we found an appropriate standard of hygiene and cleanliness was maintained through both houses and that adequate hand-washing facilities were available.

Is the service effective?

Our findings

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

At our last inspection on 16 February 2018, we rated this key question as 'Requires improvement'. At this inspection, we found the provider had made improvements in the service.

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

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

- ☐ Before people moved into the home, the management team met with them and their relatives to assess their needs and wishes and ensure the service was able to effectively meet these.
- ☐ People's individual care and support needs were kept under regular review by the management team, and their care plans adjusted in line with changes in need.
- ☐ The registered manager kept themselves up to date with current legislation and best practice guidelines through, amongst other things, regular communications from the provider and attending the provider's managers' meetings and 'quality roadshows'.

Staff support: induction, training, skills and experience

- ☐ People and their relatives were satisfied with the overall competence of staff. One person explained to us staff understood how to help them calm them down when they were feeling upset or frustrated.
- ☐ New staff completed the provider's induction programme to help them settle into their new roles and understand the individual needs of the people they would be supporting. Staff spoke positively about their induction experience. One staff member told us, "It [induction] was quite helpful. First, I read people's care plans to get to know them, then I did shadowing [working alongside more experienced staff] to understand their routines and then I did e-learning. It was a good balance."
- ☐ Following induction, staff participated in a rolling training programme designed to give them the necessary knowledge and skills to meet people's individual needs. Staff told us their training enabled them to work with confidence. Some staff referred to the specific benefits of the 'resilience training' they had attended, which enabled them to work in a person-centred way whilst coping with work demands.
- ☐ Aside from training, staff attended one-to-one meetings with the management team, during which they could raise any work-related issues or training needs, and receive constructive feedback on their work.
- ☐ We saw the management team had produced a series of flow charts, since our last inspection, to help staff understand the sequence of actions to take in response to key work scenarios, such as responding to abuse concerns.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People and most relatives we spoke with talked positively about the food and drink provided at the service. One relative described how staff had helped their loved one return to a healthy weight through encouraging a balanced diet and regular exercise.
- ☐ Staff supported people to choose what they wanted to eat and drink on a day-to-day basis, taking into

account their individual communication needs. For example, we saw how staff helped one person to choose the flavour of squash they wanted by supporting them to point at their preferred bottle. The management team had produced a colourful wall-mounted 'food board' with detachable images of foods to support and record people's meal choices.

- If people disliked the mealtime options available, they were offered alternatives. We saw one person was offered a yoghurt after declining their lunch, which they ate well.
- Any complex needs or risks associated with people's eating and drinking had been assessed, reviewed and managed with appropriate specialist advice from the local speech and language therapy (SLT) team and dietitians. This included the provision of texture-modified and specialised diets. People's current SLT guidelines were clearly recorded on laminated mealtime information sheets, along with their food and drink-related preferences.

Staff working with other agencies to provide consistent, effective, timely care

- We saw staff and management liaised with a range of community health and social care professionals to ensure people's individual needs were being met. This included people's GP, community nurses, social workers, the local authority's Integrated Care Home Team, and independent advocacy services.
- Individual 'hospital passports' had been produced to give hospital staff helpful information about people's needs and preferences in the event of a hospital admission.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were assessed, reviewed and care plans developed in relation to the management of long-term medical conditions, such as epilepsy and diabetes.
- Health action plans had been developed to establish what support each person needed to remain healthy.
- Staff supported people during routine medical appointments and check-ups. This included annual 'Well Person Health Checks' and medication reviews.
- Staff monitored any changes in people's general health and helped them access professional medical advice and treatment in the event they became unwell. One relative told us, "They [staff] are good at quickly picking up when [person's name] is not well."

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

- The home's two houses had been purpose-built to meet people's needs. They included spacious communal areas, wide corridors for mobility aids and equipment, specialised bathrooms, separate activities rooms and a sensory area.
- We saw people had appropriate space to socialise with others and receive visitors, participate in recreational activities, eat in comfort, or spend time alone.
- Staff confirmed the design of the premises and specialised care equipment available enabled them to meet people's needs safely and effectively. One staff member told us, "We have got all the right equipment we need. [Person name's] hoist broke the other day and they [provider] fixed it immediately."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- ☐ Staff understood people's rights under the MCA and what this meant for their work with people. We saw they actively supported people's day-to-day decision-making and respected people's choices.
- ☐ Where serious decisions were to be made about people's care, the provider had undertaken formal mental capacity assessments and recorded associated best-interests decision-making. This included decisions about people's medicines, food and activities.
- ☐ The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements. Where DoLS authorisations had been granted for individuals, the provider reviewed and complied with associated conditions. A community professional spoke positively about the management team's understanding of people's rights under the MCA.

Is the service caring?

Our findings

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

At our last inspection on 16 February 2018, we rated this key question as 'Good'. At this inspection, we found people continued to be treated in a consistently caring and respectful manner.

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

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

- ☐ People and their relatives spoke positively about the caring approach staff adopted towards their work. One person told us, "They are good staff ... They spoil me." Another person said, "I am happy here. I like the staff who look after me."
- ☐ We staff met people's care needs in an attentive, patient and caring manner, took the time to listen to people and responded to their requests with professionalism.
- ☐ The staff we spoke with understood the need to promote people's equality and diversity in their work, and spoke positively about the provider's approach towards these issues.

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

- ☐ People's individual communication needs had been assessed and recorded, and staff had been provided with guidelines on how to promote effective communication with each individual.
- ☐ We saw staff encouraged and supported people to make decisions about their day-to-day care, such as what they wanted to eat and drink.
- ☐ The management team understood where to direct people for independent support and advice on their care, and supported people to access these services as needed.
- ☐ Periodic 'house meetings' were organised to give people the opportunity to express their views on key aspects of the service, as a group.

Respecting and promoting people's privacy, dignity and independence

- ☐ We saw staff spoke to the people they supported in a respectful manner and ensured their intimate care needs were met discreetly.
- ☐ Staff recognised the need to protect people's rights to privacy and dignity, and gave us examples of how they achieved this in their day-to-day work with people. This included protecting people's modesty and privacy during personal care tasks, and promoting their independence. On this subject, one person told us, "I do my own shopping. I also put my things in the wash and help with my bedding."
- ☐ The provider had systems and procedures in place to protect people's personal information and we saw staff adhered to these.

Is the service responsive?

Our findings

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

At our last inspection on 16 February 2018, we rated this key question as 'Requires Improvement'. At this inspection, we found the provider had made improvements in the service to ensure people received person-centred care.

Good: People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People's care plans were individual to them, covered key aspects of their care and support needs, and were reviewed and updated to ensure they remained effective.
- ☐ People's care files included information about their personal backgrounds and known preferences to promote a person-centred approach.
- ☐ Staff told us they read, followed and were informed of any changes to people's care plans.
- ☐ People had support to participate in social and recreational activities. One person told us they liked going to a local music session, doing personal shopping and getting out and about to other places. Another person said they enjoyed a local horticultural group and trampolining. The management team had taken steps to minimise the impact on people's activities whilst the recruitment of additional permanent staff who were able to drive company vehicles was ongoing.
- ☐ The management team were aware of the requirements of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. We saw examples of the accessible materials used at the service, including a pictorial activities board and complaints procedure.

Improving care quality in response to complaints or concerns

- ☐ The provider had a complaints procedure in place to designed to ensure all complaints were handled fairly and consistently.
- ☐ We saw recent complaints received by the service had been recorded and responded to by the management team and provider.

End of life care and support

- ☐ The provider had procedures in place to establish people's needs and wishes for their future care. The management team had instigated discussions with people and relatives in this regard.
- ☐ At the time of our inspection, no one living at the service was received palliative or end-of-life care.

Is the service well-led?

Our findings

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

At our last inspection on 16 February 2018, we rated this key question as 'Requires Improvement'. We asked the provider to take action to make improvements in relation to their quality assurance systems and processes. At this inspection, we found this action had been completed. However, further improvement in the service was needed.

Requires Improvement: We were not assured the provider and management team engaged effectively with people's relatives and community professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- ☐ We were not assured the provider and management team communicated and engaged effectively with people's relatives and community professionals to build their trust and confidence in the service.
- ☐ The relatives we spoke with expressed mixed views on the overall management and leadership of the service, and their direct dealings with the management team. Some relatives were satisfied with the manner in which the service was run, and felt involved in their loved ones' care. However, others described a lack of confidence in, and need for improved communication with, the management team and provider. One relative told us, "They [management team] push our views to one side." They went on to say, "They [management team] sometimes involve us, when they remember to." Another relative said, "We have a good relationship with staff, but it's not so good with management. The registered manager seems to shy away from us." A further relative told us, "I'm not confident we would be told about review meetings."
- ☐ The community professionals we spoke with also expressed mixed views on their relationship with the provider and management team. Whilst some described effective working relationships, others commented on the need for better communication or a lack of confidence in the provider's ability to maintain standards of care. For example, one professional told us, "Communication is poor; I don't get a response to emails [to the management team]."
- ☐ We discussed the feedback provided by people's relatives and community professionals with the registered manager. They told us they promoted open communication with others and sought to act on any issues or concerns brought to their attention.
- ☐ Staff felt well-supported and valued by a management team they viewed to be hands-on and approachable. One staff member told us, "Registered manager] is one of the best managers I've come across. She always comes in with a smile on her face ... They [management team] are both really helpful and help cover shifts. They always thank us every single day."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- ☐ The provider had quality assurance systems and processes in place to enable them to monitor and

improve the quality and safety of people's care.

- These included quarterly 'service audits' by the registered manager and deputy manager on key aspects of the service, such as activities provision, infection control practices and standards of care planning.
- In addition, the operations manager for the service and the provider's quality team conducted their own periodic audits on the service.
- A consolidated action plan had been produced to address the outcomes of the audits and checks completed on the service.
- Since our last inspection, the management team had introduced a 'governance book' to record their response to day-to-day quality performance issues.

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

- During our inspection, we met with the registered manager and one of the service's two deputy managers. The management team worked effectively with the operations manager and provider's quality team to maintain a shared oversight of any quality performance issues or risks at the service.
- Registered providers are required by law to tell us about certain events affecting the service or the people who use it. These 'statutory notifications' play an important part in our continual monitoring of services. The management team understood the need to inform CQC of notifiable incidents and changes within required timescales.
- The registered manager confirmed they had the support and resources they needed from the provider to manage the service effectively and drive improvements in people's care and support.
- Staff were clear what was expected of them at work and where to turn for any additional support and guidance required.