

Voyage 1 Limited

Rhodlands

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 ●

Summary of findings

Overall summary

About the service

Rhodelands is a residential care home and is registered to provide care for up to seven younger adults with learning disabilities or autistic spectrum disorder. At the time of our inspection seven people used the service. The home stands in its own grounds with an enclosed garden and car parking.

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 and what we found

At this inspection we found continued evidence to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

The service was safe. There were systems and processes in place to protect people from harm. Medicines were safely managed and administered by suitably trained and competent staff. Recruitment processes were of good quality.

People and their relatives were positive about the service and the care provided. Staff were kind, caring and compassionate. The home was welcoming and friendly. It was clear people and staff had formed good relationships. Staff respected people's privacy and dignity.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were suitable and sufficient numbers of qualified staff to support people in line with their assessed needs.

Care planning was extremely person-centred and people were encouraged to retain their independence. People were supported by a regular staff team who knew them well. Social activities met people's individual needs and enabled people to live as full a life as possible.

The registered manager was proactive and visible within the home. They operated an open-door policy. People, relatives and staff knew them well.

The provider had a complaints procedure in place and relatives were aware of how to make a complaint. Relatives and staff were regularly consulted and asked for feedback about the quality of the service.

The registered manager was clear in their desire to provide person-centred and high-quality care to everyone who used the service. Relatives and staff felt the service was well-managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rhodelands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector conducted the inspection.

Service and service type

Rhodelands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

Day one of the inspection was unannounced. Inspection activity started on 11 November and ended on 19 November 2019. We spoke with relatives to gain their views on the service on 14 and 19 November 2019.

What we did before the inspection

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

During the inspection

We spoke with one person and three relatives about their experience of the care provided. We spoke with

five members of staff including the registered manager, deputy manager, senior support worker and support workers.

We carried out observations in the communal areas of the care home. We reviewed a range of records. This included two people's care plans in detail and multiple medication records. We looked at two staff files in relation to recruitment, staff supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff knew how to raise a concern and told us they felt confident this would be addressed by the registered manager.
- The provider's safeguarding and whistleblowing policy was displayed on the notice board in the registered manager's office. Staff told us they would blow the whistle and report their colleagues if they were concerned about the quality of care being provided.
- Concerns were reported by the registered manager in accordance with requirements.

Assessing risk, safety monitoring and management

- Relatives told us they felt people were kept safe. Comments included, "Yes. I am happy with the care provided" and "[Name] has staff with them all the time."
- Risks associated with people's care and support were well assessed and showed clearly how these risks could be minimised. People had plans in place to show how they would need to be supported if the home needed to be evacuated, for example as a result of a fire.

Staffing and recruitment

- Staffing levels were based on the assessed needs of the people at the service.
- People were supported by staff who were recruited safely.

Using medicines safely

- Medicines were safely managed and were administered by staff who had received specific training. People were given the time they needed to take their medicines.
- Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.
- Checks on the management of medicines was carried out daily. We saw identified errors were thoroughly investigated and remedial action taken where appropriate.

Preventing and controlling infection

- Staff observed good infection control practice by wearing personal protective equipment such as gloves and aprons when assisting people.
- The home had received a five-star food hygiene rating. Five is the highest score available.

Learning lessons when things go wrong

- Records showed the registered manager monitored and analysed any health or safety incidents involving

people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Ensuring consent to care and treatment in line with law and guidance

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

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

- Consent had been sought for people to receive care and treatment. Care plans were developed, where appropriate, with people's authorised representatives and healthcare professionals.
- The registered manager continued to assess and document people's capacity appropriately.
- Good processes remained in place to manage DoLS applications and renewals.

Staff support: induction, training, skills and experience

- New staff completed an in-house induction and were supported in their role through a 'buddy' system approach. The home held resident 'meet and greet' meetings for new staff to be introduced to people. Staff were supported to complete the care certificate. The care certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. A relative told us, "Staff know what they are doing."
- Records showed staff completed a range of training the provider considered mandatory which was up to date.
- Regular staff supervisions were held throughout the year with the registered manager to support staff to develop in their roles. Staff received annual appraisals.

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

- Staff were responsible for preparing and cooking meals. Staff told us people were able to choose what they wanted to eat, and this was done on an individual basis.

- Staff were aware of people's likes and dislikes.

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

- Care plans and daily notes showed people were supported to maintain their health and there was involvement from healthcare professionals, social care and advocacy as needed.
- The communication book showed staff were contacting appropriate professionals when an issue arose which showed they were responsive to people's needs.

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

- The design and layout of the building was appropriate for the needs of the people who lived there.
- Bedrooms were en-suite and decorated in ways which were individual to each person. For example, the staff team had recognised one person preferred to spend much of their time in their bedroom and decided to enhance the space based on the person's personal preferences. The bedroom was painted blue and redecorated in an 'under the sea' theme using interactive boards, fish scenes and fish mobiles. We saw photographs of the person displaying positive responses to their new bedroom and feedback from a relative had been exceptionally positive.
- Secure outdoor spaces were accessible for people to use if they so wished.

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

- People's health needs were met in a timely way. People were registered with GPs, opticians and dentists.
- People were supported to see a dentist at regular intervals. Staff told us they supported people with oral hygiene twice per day.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with compassion, kindness, dignity and respect. There was a friendly atmosphere in the home.
- The registered manager had a good understanding of their responsibilities under the Equality Act 2010, for example to ensure that people had equal opportunities to get the support they needed regardless of age, gender, sexuality or faith.
- Relatives spoke highly about staff. Comments included, "We are very happy with the staff and the way things are run. [Person] would let us know if they were unhappy about anything" and "They [staff] do a good job."

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

- People appeared comfortable and relaxed with the staff.
- Staff knew people well and understood the importance of supporting people in communicating their needs and wishes. They understood simple communication gestures and what this meant to the person. However, one relative felt staff would benefit from widening their knowledge of Makaton sign language. Makaton uses a combination of picture symbols and hand gestures to support communication. We fed this back to the registered manager to take appropriate action.
- Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People's relatives were involved in decisions about people's care, where this was appropriate, and they wanted to be involved.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. A member of staff said, "I always ensure bedroom doors are shut and people are covered appropriately when carrying out personal care."
- Staff spoke about the people they supported with compassion and understanding.
- People were supported to as independent as possible. A member of staff told us, "I'll ask [Person] what they would like to wear that day, if [Person] is in a good mood they will get their own clothes if not, I hold up clothes for them to choose."
- People's personal information was respected and securely stored.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred, very detailed and of good quality providing staff with the guidance needed to support people. Staff told us the care plans helped them provide the person-centred support people needed. We saw individual detailed photographs were used throughout the care plans to guide staff and demonstrate people's positive impact reactions.
- People's care was tailored to meet their individual needs and preferences. Assessments and care plan documentation prompted assessors to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability.

Meeting people's communication needs

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

- People were fully supported with their sensory needs through innovative approaches. For example, individualised specialist fabric sensory boards had been sourced and fixed to various locations throughout the home to support one person with specific focal points to aid their sensory processing. We saw the person take incredible delight in using these boards by feeling the texture using their face. The deputy manager described how the staff team researched and designed the boards after a period of observing and evaluating the person's specific behaviours and responses.
- The registered manager described how the service had recently designed and made a number of three-dimensional communication boards to support a person with visual impairment. For example, a communication board incorporating paper, envelopes and a letter box supported with a braille word to enable the person to know it was letter writing day. The registered manager told us the communication boards had given additional independence to the person as they were now able to touch and read what activities were scheduled for that day without having the reliance on staff to describe the activities.

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

- People could maintain contact with those important to them. We saw one person was supported to regularly contact their family members using electronic communication technology. The registered manager told us it had been extremely important family members to be able to physically see each other as well as speaking to each other.
- People were involved in a variety of daily activities. For example, visits to the theatre, zoo, local farms and

cinema. Each person had their own weekly planner which detailed scheduled activities and suggested alternative activities in case the person changed their mind, or the weather disrupted the planned activity.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People's relatives told us they would feel able to raise any concerns with the registered manager or provider. Comments included, "I am always in contact with [registered manager] and the care staff. I am more than happy. Everything is good about the home" and "Yes. [registered manager] is a good manager."
- Robust systems were in place to document and respond to formal complaints and concerns which were raised. The service had received one formal complaint since the previous inspection and we saw this had been thoroughly investigated, responded to and actions taken to reduce the likelihood of a reoccurrence.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Care plans did not record people's cultural, spiritual or preferences for end of life wishes. We raised this with the registered manager who acknowledged there had been no discussions with people or appropriate representatives regarding end of life wishes due to the average age group of the people they supported. The registered manager told us they would discuss further with senior management.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post who provided leadership and support. They received support from a deputy manager. We found both managers open and committed to making a genuine difference to the lives of people living at the service.
- The registered manager had an 'open door' management approach which meant they were easily available to people, relatives and staff.
- Staff told us how much they loved working at the service and how supportive the registered manager was. They also described good team working and their colleagues going over and above to ensure people were well supported. Comments included, "[Registered manager] is lovely and really easy to talk to" and "[Registered manager] is very supportive and can go to them about anything."

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

- The registered manager understood their responsibility relating to the duty of candour and evidence showed they acted accordingly and in line with requirements. People's families were communicated with appropriately.

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

- Audits and other checks enabled the provider to monitor quality in the service. The registered manager and their team showed a commitment to providing people with a good standard of day to day support for people.
- The registered manager had a good understanding of the responsibilities to notify us of things which affected people who used the service, such as accidents or other matters of concern.
- The registered manager told us the service was working towards achieving accreditation with the National Autistic Society's quality assurance programme of support and development for organisations who provide services to autistic people.

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

- Feedback from relatives regarding the care provided was sought via a survey. However, we saw only one survey had been returned. The registered manager told us the new style survey form had not been well

received and this had been fed back to the provider to take appropriate action. It was hoped future changes to the next survey would encourage more feedback to be received.

- Staff meetings were regularly held, and formal feedback sought annually. Staff were able to suggest changes and improvements to the service. We saw actions taken as a result of formal feedback.
- People were encouraged to lead a happy and fulfilled life by building trust, social skills and being supported to feel confident in the community. People benefited from social functions held with other care homes managed and organised by the provider. For example, Christmas balls and garden parties. However, there was little evidence of strong links being established within the local community beyond key organisations and contact with residents from the providers other care homes.

Continuous learning and improving care

- The registered manager had a system in place to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.

Working in partnership with others

- The home worked well with local authorities who commissioned the service and health professionals where people required expert advice and intervention to achieve the best outcomes for people and to ensure people were receiving the support they needed.