

Voyage 1 Limited

Trinity Vicarage Road

Inspection report

12 Trinity Vicarage Road
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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

The inspection took place on 12 November 2015 and was unannounced. This was the first inspection of the service since it changed to a new provider in November 2014.

Trinity Vicarage Road is a registered care home providing care and support for up to four younger adults with learning disabilities or autistic spectrum disorder. Trinity Vicarage Road is a detached two bedroomed house with an adjoining bungalow and self-contained flat, all of

which share a small back garden. The property is located in a residential cul-de-sac within walking distance of the town and other facilities. There were four people using the service at the time of our inspection.

There was a registered manager at the service who had been working at the service since February 2015. 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.

People felt able to raise any concerns with staff and felt safe at the service. Staff had a good understanding of people's behaviours. Staff members were able to identify if something was wrong with people from the way that they behaved.

Staff felt well supported in their roles and felt able to raise any concerns. They received training and supervision to enable them to meet people's needs. Staff had a good understanding of people's physical care and emotional needs.

The service was working within the principles of the Mental Capacity Act 2005. Where there was a reasonable doubt that a person did not have capacity to consent to a

decision a mental capacity assessment had been carried out. Where appropriate a best interest decision had been made and a referral sent to the local authority if the decision deprived people of their liberty in any way.

The service was person centred and had a positive approach to challenges. Staff supported people to overcome fears to ensure their wellbeing. People's privacy and dignity was supported by staff. Staff encouraged people's independence.

People and their relatives contributed as much as possible in the assessment and planning of their care. Support plans were regularly reviewed to ensure that they remained relevant to meet people's needs.

The registered manager was respected by staff and was not afraid to challenge bad practice. The registered manager had developed people's knowledge of safeguarding and empowered staff to make them feel able to raise concerns.

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.

People felt safe at the service. Staff had a good understanding of the various types of abuse and knew how to report any concerns. Risks had been assessed. People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff received regular training to help them to understand and meet people's needs. The service was working within the principles of the Mental Capacity Act 2005. Staff had a good understanding of people's behaviours and there were detailed support plans around these in place.

Good



Is the service caring?

The service was caring.

Staff had a good understanding of people's physical care and emotional needs. Staff talked kindly to people and respected people's privacy. The service was person centred and had a positive approach to challenges.

Good



Is the service responsive?

The service was responsive.

People and their relatives were actively involved in their care. People were supported to take part in activities and outings. People felt able to raise any concerns.

Good



Is the service well-led?

The service was well led.

Staff told us the registered manager was supportive and they could talk to them if they needed to. The registered manager had challenged bad practice and enhanced people's knowledge to empower them to raise concerns.

Good



Trinity Vicarage Road

Detailed findings

Background to this inspection

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

This inspection took place on 12 November 2015. The inspection was carried out by one inspector and an expert by experience. The expert had experience of caring for a family member with autism.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed notifications that we had

received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service.

We met all four of the people that used the service. Two people showed us their rooms. We spoke with one person and a relative of another person that used the service. We spoke with the registered manager, the team leader and a maintenance person. We spent time at the service observing support that was being provided. We looked at records relating to medication and carried out a stock check of two medicines that were used by people at the service. We looked at care records of the two people that used the service and other documentation about how the service was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us they felt safe at the service. They told us that if they had any problems all they would have to do would be to ask for help and help would be there straight away. They told us that their possessions were safe and they didn't have to lock their doors. There was a 'see something, say something poster' on display at the service that provided people with contact details of where they could raise any concerns.

Staff had a good understanding of the various types of abuse and told us how they would report any concerns. This was consistent with the provider's policy and in line with the local safeguarding authority protocol. The local safeguarding authority have the lead responsibility to investigate any safeguarding concerns. We saw that where safeguarding incidents had been reported by staff they had been taken seriously and reported to the local safeguarding authority without any delay. This process had been followed even when the incidents that were reported were historical. This showed that staff had been provided with the knowledge and confidence to identify and report any concerns. The service had carried out thorough investigations and taken appropriate action. This included disciplinary action against staff members.

Staff told us that regular fire drills took place to familiarise people that used the service with the procedure and ensure that staff knew what to do in the event of a fire. We saw evidence that these had taken place. We saw that weekly safety checks were carried out to identify any concerns. We spoke with a maintenance person who told us how any concerns that had been identified were reported and they were then allocated out to a member of the maintenance team.

We saw that where risks had been identified risk assessments had been carried out. Risks had been assessed on a stop, think, go basis to prevent people from being risk averse but ensuring that they thought about risks and how they could reduce them.

Safety measures had been implemented in the kitchen to reduce associated risks for people. There was a locked gate in place within one of the buildings to prevent people from

accessing the kitchen without supervision. We saw that a special induction hob had been installed that automatically switched off when a pan was removed. This reduced the risk of people touching a hot hob. The kettle was emptied immediately each time after it had been used. This was to reduce the risk of people scalding themselves.

People were provided with one to one staffing throughout the day and shared two waking night staff members overnight. This enabled people's needs to be met and kept them safe. The registered manager told us that they did currently have some vacancies at the service and that they were in the process of recruiting to these roles. In the interim staff had picked up additional shifts and the registered manager had worked various shifts. This was to ensure that staffing levels continued to meet people's needs and that people received support from staff that they knew.

We looked at the recruitment information for three staff at the service. We found that the service followed a robust recruitment process and carried out pre-employment checks before people started work. We found that where a staff member had a criminal record they had declared it within their application and the service had carried out a risk assessment that identified that the conviction had no bearing on their suitability for the role. The service also had a probationary period to ensure that staff were suitable for the roles.

The majority of medicines were supplied in a bio-dose system. This system is a monitored dosage system that provides both liquid and tablet medicines in individual containers that are labelled for each person. This reduces the risks associated with the administration of medicines. We saw that where people were prescribed medicines as PRN [as required] there were protocols in place for staff to follow to ensure that people received the right amounts and at the right time. However we did find that one person's PRN protocol was not consistent with their other care records. We discussed this with the registered manager who advised us that staff did know when the person's medicine should be administered. We confirmed this with a staff member. The registered manager advised us that they would take immediate action to ensure the persons care records were consistent throughout.

Is the service effective?

Our findings

Staff received regular training to help them to understand and meet people's needs. We spoke with a staff member who was undertaking a level 3 Diploma in Health and Social Care under the Qualifications and Credit Framework (QCF). They told us that all staff carried out on line training through which they received six monthly updates. We saw that the registered manager maintained an oversight of the training and the system produced a report to show when staff had completed each training course and when they were due to complete again. We looked at the records available and we saw that staff had all completed the required training for their roles but some staff were due to complete refresher training within the next couple of months. We also saw that staff had completed additional courses specifically to support people at the service with their needs. These included training about coeliac disease and the administration of buccal midazolam. Buccal midazolam is a specialist emergency rescue medication that is used to treat prolonged epileptic seizures. Staff require specific training to enable them to administer buccal midazolam.

Staff received regular supervision. A staff member told us that they found supervision reassuring in a supportive and caring way. They went on to tell us that they received feedback about their work in a constructive way to enable them to learn from it. Records that we saw confirmed that supervisions took place approximately every six to eight weeks.

Staff received training in the Mental Capacity Act 2005 and had a good understanding of it. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that the service had considered people's capacity throughout their support plans. We found that where there was reasonable doubt that a person did not have capacity to consent to a decision a mental capacity assessment had been carried out. Where appropriate a best interest decision had been made and a referral sent to the local authority if the decision deprived people of their liberty in any way. The applications that the service had made under DoLS had been authorised. This was because the decisions were the least restrictive options and agreed by the local authority to be in the person's best interest.

Where people were unable to verbally communicate to provide their consent to their care staff told us how they could communicate by using body language. We saw that details about people's communication were recorded in people's support plans. These confirmed how people used body language as a form of communication. Staff were knowledgeable about the way people communicated and they were able to identify for example if people were not well or in pain. We saw evidence of this from people's care records. We saw that staff had then taken appropriate action and provided relevant support.

The service had a positive approach to supporting people with challenging behaviours. The registered manager told us, "Instead of acting on the negatives, we reward positive behaviour." This was a technique used to try and prevent behaviours from occurring by focussing on positives. We saw that this was evident throughout our inspection. One person showed their weekly meal planner to the registered manager, who read it and saw a different cereal had been added. They commented, "That's a good idea." They also praised the person for completing their planner by saying, "Well done." The person was satisfied and pleased with the registered manager's response.

Staff had a good understanding of people's behaviours and there were detailed support plans around these in place. They provided clear information and guidance for staff to follow and provided information about triggers and actions that staff should and should not take. This was to support staff to be consistent in their approach and to ensure that people were receiving a consistent response.

Where people were able to they were encouraged to plan their own choice of menus a week in advance. The shopping for this then formed part of an activity, shopping

Is the service effective?

for ingredients at the local supermarket. Documentation about balanced diets and portion sizes was available and on display. The menus that we saw were healthy and nutritious. We observed one person preparing and eating their lunch. Their lunch was balanced and nutritious. Staff were supporting them to follow the Slimming World plan as recommended by a health professional. The person had lost over one stone.

Two people that used the service had coeliac disease and could become very ill if food contained or had been in contact with gluten. Staff were aware of the disease and the consequences for the person should they eat any foods containing gluten. They showed us how food was stored separately to avoid any cross contamination of foods. We

saw that people who used the service all had a take away of their choice, together on a Saturday night. The service told us how they had sourced gluten free takeaways within the area to ensure that the food was suitable to meet people's dietary requirements. The person that we spoke with told us how they enjoyed this and looked forward to it.

People's care plans included information about medical conditions they lived with and how they wanted to be supported. Staff received training about those conditions and they knew how to recognise changes in people's health and well-being. We saw from people's care records that they were supported to attend appointments with healthcare professionals when they needed to.

Is the service caring?

Our findings

When asked about the staff at the service a relative told us, "I consider them all very friendly, helpful and efficient." One person that we spoke with told us they liked living at Trinity Vicarage Road. They told us, "It's fun." We observed staff and people that used the service sharing jokes. We observed staff talking kindly to the people. We saw that they spoke in a non-patronising manner. They made time to listen to people and respond to them with dignity.

Staff had a good understanding of people's physical care and emotional needs. They demonstrated knowledge of people's particular likes and dislikes, where they liked to go out, the food they liked to eat and what they were allowed to eat due to dietary conditions. Staff also knew the types of behavioural difficulties people presented and how to challenge behaviours in a positive way. For example one person displayed extreme attachment issues and became fixated on a member of staff. This had become an issue when they worked with another person from the service and could trigger aggressive behaviour. The staff had worked very hard to try to alleviate this and tried a variety of solutions. One positive way that they had found that worked was to limit the knowledge of staff names on the rota and keeping it a surprise thus reducing the behaviour.

The service was person centred and had a positive approach to challenges. One staff member told us how the service supported a person to overcome their fear of needles. They explained how one person was terrified of needles and they were required to have regular blood tests every six months to monitor their health. During a multi-disciplinary team meeting, the staff were supported in trying Cognitive behavioural therapy (CBT) and assembled a 'goody box' of blood taking equipment. Cognitive behavioural therapy is a form of psychotherapy. It works to solve current problems and change unhelpful

thinking and behaviour. Over a three week process, the service began to get the person used to the process in a fun and encouraging way. This ended with a positive outcome for the person. They had a blood test prior to our inspection and it did not cause them to become distressed in any way. The work that staff had carried out demonstrated that they had concern for the person's well-being and wanted to relieve their distress.

People were provided with information in their preferred ways. We saw that information was recorded about how people liked to be given information, what the best way was for it to be presented to the person, when it was a good time for the person to make a decision and when was a bad time for them to make a decision. For example we saw that one person's support plan described that when workmen were in the service was a bad time for them to make a decision as they became anxious when workmen were around. Staff confirmed that they did not ask the person to make any decisions when workmen were around.

There were lots of photos, pictures, rugs and knick knacks around the service to provide a homely feel. People's rooms were personalised and people were encouraged to bring in personal items and furniture to support the ownership of their rooms. One person's room was due to be decorated. Staff told us how the person was going to pick out the paint colour that they wanted it decorated in.

Staff had a good understanding of how they were able to respect people's privacy and dignity through the everyday support they provided. Staff knocked before entering people's rooms and ensured that people's bedroom doors were kept closed. They also told us how they promoted people's independence. We saw a person being encouraged and supported where necessary to prepare their own lunch. This promoted this persons independence. There were no restrictions on visiting times at the service. Staff confirmed that this was the case.

Is the service responsive?

Our findings

People and their relatives contributed as much as possible in the assessment and planning of their care. A relative of a person told us that they were actively involved in their care and encouraged to attend reviews. They felt part of the planning process. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Support plans contained guidance for staff which described the steps they should take when supporting people. They were regularly reviewed to ensure that they remained relevant to meet people's needs.

Staff knew and understood people's needs well. They were able to give examples of how they supported each person and how they responded to their needs. For example, one person has severe autism. The staff were knowledgeable of the complex disorder and understood how it affected the person's ability to communicate and relate with others. The service had age appropriate toys for the person which included a sand and water table as they liked the sensory stimulation. One staff member told us, "We don't work with [the person], they work with us, they are in control and take the lead." The service are having the garden paving extended outside to accommodate the person's outside playtime as this is what they enjoy.

There were opportunities for people to participate in activities and outings they enjoyed. On the day of our inspection some people were being supported to visit a market in Birmingham. People attended college and external groups if they wanted to. For example we saw that staff supported a person to attend Slimming World sessions as they wanted to lose weight. We saw that people had planned activities throughout the week. However these had not been regularly updated when arrangements had changed. For example on the day of inspection one

person had a planned activity of swimming, we looked at their care records that confirmed that they enjoyed swimming. We spoke with the person who told us, "I like swimming." The person was not supported to go swimming. We spoke with staff about this who told us that sometimes the person chose not to go. This had not been recorded anywhere. We discussed this with the registered manager who told us that they would ensure that if people had chosen not to participate in activities then they would ensure it was recorded.

The registered manager told us how they knew that January was a low mood month for people at the service. They had responded to this by planning a number of activities that people enjoyed such as an outing to the pantomime and actually having a replica Christmas day. They also told us how they would be planning for people's next holidays away. We saw that people had attended an annual holiday some people with family members and others supported by staff. One staff member told us, "It's people's holiday's we ask people where they want to go and what they want to do and we respect what people what want to do."

The service had not received any complaints. A relative told us that they would feel confident discussing any issues with the manager. They went on to tell us they felt assured that they would be dealt with in a fair and compassionate way. The relative of a person felt that by raising concerns it would not have a negative impact on their relative's care or treatment in any way.

We saw that there was a 'See something, say something' poster on display that provided people with contact details and advice about how they could make a complaint or raise a concern. There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information about how to make a complaint.

Is the service well-led?

Our findings

Staff members told us that they felt well supported in their roles and they were able to talk to their line manager if they needed to. One staff member told us, “I feel valued and listened to.” A staff member told us, “[the registered manager] would let me try anything [to improve the service].” They went on to tell us about how they had been encouraged to visit another service that was run by the provider to look at a particular area of good practice. They went and saw how the practice worked and then implemented it at Trinity Vicarage Road. This was an example of how areas of good practice were shared.

The registered manager told they were keen to evaluate the service constantly. They told us that this happened in conversation with the staff members and in managers meetings. They went on to tell us, “We don’t always get things right, but we are not reactive, but proactive.” We saw that managers meetings were held by the provider on a monthly basis and they allocated time to discuss lessons learned across the organisation. For example as a result of an incident where a person had burnt themselves on a shower pipe information was shared and all services were then notified to take action to prevent this from occurring again.

The provider produced a monthly newsletter that was available on display at the service. This contained information about achievements and news updates of people that used services and staff members. We looked at the newsletter available on display from October 2015. It included an article about a person that lived at Trinity Vicarage Road and their recent holiday. They were keen to show us and tell us that they had a good time.

Since being in post the registered manager had spent time getting to know people who that used the service and the staff members there. The registered manager had challenged bad practice and enhanced people’s knowledge to empower them to raise concerns. This was evident through team meeting minutes and safeguarding notifications that we had been received by CQC. The registered manager at the service was aware of the requirements and responsibilities of their role. We had received notifications from the service as required.

Staff understood their roles and responsibilities and were encouraged to ask questions. Staff were provided with updates about the service using an information folder where staff were required to read and sign documents. This meant that the service had a clear record of what information and when it had been communicated with staff.

We saw that the registered manager knew the people at the service well and carried out shifts in a support workers role to ensure that they were aware of the day-to-day culture at the service and could lead by example. A staff member told us, “[the registered manager] shows me the way.”

The registered manager completed a quarterly self-audit of the service. This provided a plan of immediate actions required and was then monitored by the operations manager. In addition the provider’s internal quality and compliance team completed a six monthly audit. An action plan was then produced and the service had to detail the actions that they were taking in response. The last audit had been completed on 11th August 2015. We looked at a number of points that had been identified as requiring some action to be taken. We found that relevant actions had been taken.