Voyage 1 Limited

48 Hafod Road

Inspection report

Hereford
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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

48 Hafod Road is located in Hereford, Herefordshire. The service provides personal care for up to eight people with learning disabilities, physical disabilities and autistic spectrum disorders . On the day of our inspection, there were four people living in the home.

The inspection took place on 20 March 2017 and was unannounced. There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

At our previous inspection on 8 and 16 August 2016, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, safeguarding service users from abuse or improper treatment,person-centred care, meeting hydration and nutrition needs, and good governance. As a result, we asked the provider to complete an action plan to detail the steps they would take to improve the quality of care provided to people. The home was also placed into special measures, meaning significant improvements were required, or enforcement action would be taken.

At this inspection, we found people's needs had been reviewed and shared with the staff team. Guidance was in place for staff to follow to enable them to keep people safe. People received their medicines safely, and as prescribed.

Staffing levels were determined according to people's needs, both in terms of their safety and their wellbeing. People were able to go out when they wanted as there were sufficient staff to support them with this.

People's eating and drinking needs were known by staff, and professional and medical guidance were followed. Health professionals were involved in staff training to ensure that staff had the necessary skills and knowledge to meet people's needs.

People were encouraged to make choices and be involved in decisions which affected them and their care. Where information had to be presented in a different way, to enable people to make choices, staff adapted their communication style and method.

People's privacy and dignity were maintained, and staff understood the importance of this. People's independence was maintained as much as possible.

People's care plans reflected the individual care and support needs people had, and this information was used to inform staff's interactions with people. People's changing health and wellbeing needs were

responded to.

People were supported to maintain their preferred social and leisure opportunities, as well as to develop and try new ones. There was a system in place for responding to and acting on complaints and feedback.

The registered manager had created a positive, respectful environment, which benefited the people living at the home. Routine checks and audits were carried out to ensure a high standard of care was maintained.

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 is safe.

People's individual safety and support needs were known by staff. Guidance was in place for staff to follow to help them keep people safe. Staffing levels meant that there were no unnecessary restrictions on people's freedom.

People received their medicines safely, and as prescribed.

Is the service effective?

Good

The service is effective.

People's health was maintained, and medical and professional guidance were followed. Staff received training which was relevant to their roles and to the needs of people living at the home.

Is the service caring?

Good

The service is caring.

People's individual communication needs were understood and catered for. People were supported by staff who were positive about them and what they could achieve. People's privacy and dignity were maintained.

Is the service responsive?

Good

The service is responsive.

People could enjoy their individual hobbies and interests, as well as experience new ones. People's individual needs and preferences were known and respected by staff. People's changing needs were reviewed and responded to.

There was a system in place for capturing and acting on complaints and feedback.

Is the service well-led?

Good

The service is well-led.

The registered manager had created a climate of trust and respect, which had improved the working and living environment for staff and people. There were systems in place to monitor the quality of care provided. Staff, relatives and health professionals were positive about the management of the home, and the benefits of this to people's care.

48 Hafod 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.

We made an unannounced inspection on 20 March 2017. The inspection team consisted of one Inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service. This information helped us to focus the inspection.

We asked the local authority if they had any information to share with us about the care provided by the service. Due to previous concerns regarding the care people receive, there was a local authority action plan in place with the provider.

We spent time with two people who use the service. We spoke with the acting operations manager, the registered manager, and four members of staff. We also spoke with two relatives and two health professionals. We looked at one care plan, which included risk assessments, capacity assessments, best interest decisions, and guidance from health professionals. We looked at complaints received and three staff recruitment files.

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Good

Is the service safe?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This was because people living at Hafod Road had not been protected from harm or abuse. The provider was asked to complete an action plan which described the actions they would take to meet the regulation. The provider's action plan told us that they would ensure support guidelines were in place for each individual living at Hafod Road, and ensure these were both kept under review and shared with staff.

At this inspection, we found there were guidelines and protocols in place for individuals regarding their support needs and how to keep them safe. For example, we saw support guidelines in place for areas such as physical health, medication, relationships and finances. The guidance contained information for staff about people's triggers to becoming upset or distressed, and how best to support them. Staff were told to report any concerns or changes to the registered manager. One person's support guidelines stated, "Always communicate with staff and team leaders any observations you make in changes to [person's name] behaviour or appearance. [Person] relies on us to keep them safe and well."

Staff we spoke with told us they had been given additional safeguarding training since the last inspection, and they now felt more confident about keeping people safe. One member of staff told us, "Something like that (previous incident at the home) just wouldn't happen here again." Staff told us they had been involved in updating people's risk assessments and now, risks were discussed and shared with the staff team. A health professional we spoke with told us that staff responded to concerns appropriately and that the approach to safeguarding was now, "really quite tight." Risks associated with individuals' care and support needs were in place and were known by staff. For example, one person could not be left alone for more than half an hour after eating. Staff were aware of this risk and the importance of following the risk assessment to keep the person safe.

At our previous inspection, we found the provider was also in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This was because people did not always receive their medicines safely, or as prescribed. People's medicines were not always ordered on time, which meant there was sometimes not enough medicine available for people. The provider told us they would ensure a monthly medication audit was carried out, out-of-date staff medication competencies would be updated, and that management would check the medication administration records four times a day to ensure all medicines had been given to people at the right time. At this inspection, we found the ordering of medicines had been improved and there was now a system in place for identifying low stock, and ensuring this was replenished; there had been no medication errors since our last inspection. Medication audits were carried out, and staff competencies had been updated, as per the action plan.

Due to the complex health needs of people living at the home, we were unable to ask people whether they felt there were enough staff to meet their needs and keep them safe. Relatives we spoke with told us the staffing levels at the home had increased, which now meant that there were fewer restrictions on people's freedom and people could go out a lot more than they were able to six months' ago. One relative we spoke

with told us, "Things have really improved for [person's name]. Beforehand, they couldn't use their gym membership as there were never enough staff on duty to take them. But now, [person's name] is going there regularly and is really enjoying it." We spoke with the provider, who told us that they now overstaffed the home to ensure people had either one-to-one to two-to-one care. This was reflected in our observations of staffing levels throughout the inspection.

Before staff members were allowed to start work, checks were completed to ensure they were safe to work with people. We saw that references and checks with the Disclosure and Barring Service (DBS) were completed and, once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care.

At our last inspection, there were concerns over the high use of unfamiliar agency staff and the impact that was having on people living at Hafod Road, specifically in relation to their anxiety levels and lack of consistency in their care. The provider, staff, relatives and health professionals told us the use of agency staff had greatly reduced. The records we saw confirmed this; over a six month period, there had been two months where no agency staff had been used. Where agency staff were used, they now had to undergo an induction to ensure they were aware of people's needs before supporting them. Furthermore, where possible, regular agency staff were used which meant they were familiar to people.

Good

Is the service effective?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This was because health professionals' recommendations and guidance were not always followed, specifically in relation to people's eating and drinking needs. Speech and Language Therapy (SaLT) referrals had been made, but the recommendations were not followed, which meant that people were given food which was unsuitable for them and placed them at risk of choking. The provider told us they would review people's professional and medical guidance and ensure staff were aware of it and its importance. The provider also told us they would arrange training for staff in dysphagia and specialist diets; dysphagia is difficulty or discomfort in swallowing.

At this inspection, staff we spoke with were knowledgeable of people's individual eating and drinking needs. We saw that where specific recommendations were in place regarding food textures and consistency, checks were carried out by a senior staff member before serving the meal. Staff told us this new system worked well, and ensured that no errors were made. We spoke with a speech and language therapist, who told us their recommendations and guidance were now followed by staff, including agency staff. We saw examples of where professional guidance was followed. For example, SaLT had requested for one person to be weighed weekly due to concerns about weight loss, and the weights were recorded and communicated to the SaLT team.

We looked at how other aspects of people's health were maintained. People had individual health action plans in place, which contained health information regarding areas such as dentist, optician and chiropody appointments. Where people needed particular monitoring in relation to their health, this was in place. For example, one person was prone to a certain type of infection. Guidance was in place for staff in respect of what symptoms they should be vigilant to, and how best to respond. Staff we spoke with told us how important it was for them to notice changes in people's health, as not everyone living in the home were able to verbally express to staff when they were unwell.

At our previous inspection, staff and health professionals expressed concern over training for staff, and they highlighted areas where they felt more training was required. At this inspection, staff and health professionals told us the training options had improved, which had benefited staff practice. The registered manager told us that staff training had been a priority when they started. They told us, " Training had gone by the wayside before and we've had to start from scratch." They told us they had involved health professionals in the training process as much as possible as this input would enhance staff understanding and help to ensure people's needs were met. Recent training had included positive behaviour support training, delivered by a psychologist. Staff had also received dysphagia training, as per the provider's action plan.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. The registered manager had arranged additional training and guidance for staff in this area, following a couple of instances where staff had not followed the best interest decision- making process. This was in respect of influenza vaccinations and providing consent on people's behalf. The registered manager had involved staff in best interest decision meetings so they could learn more about the process, and increase their understanding of the MCA. The registered manager told us, "There is more understanding now by staff about people's choices and not making those choices for people." This was reflected in what staff told us. Where people lacked capacity to make certain decisions, meetings were held with the person, relatives and health professionals to ensure staff acted in that person's best interests. Where appropriate, the registered manager had ensured people access to an Independent Mental Capacity Advocate (IMCA). An IMCA is someone who helps people with communication difficulties make their views known and represents people when decisions are being made about them.

At the time of our inspection, every person living at 48 Hafod Road had been assessed in respect of their individual care and support needs, and the provider had ensured DoL applications had been submitted accordingly. We reviewed a sample of these applications and saw that each application was specific to individuals' requirements. Where conditions were in place on people's DoLS, these were adhered to and reviewed to ensure they continued to be met, Staff we spoke with knew why DoLS applications had been made for people and were able to explain to us the individual reasons for the applications.

Good

Is the service caring?

Our findings

At our previous inspection, people's privacy had not been upheld as confidential information about them had been shared inappropriately by staff. At this inspection, the provider told us that issue had been addressed and there had been no further instances of privacy being compromised. 'Values and Attitude' training had taken place for staff, to reinforce the need to respect people's privacy. Staff we spoke with understood the importance of maintaining people's privacy and that people had a right to this.

Staff we spoke with understood the people they supported, including their likes, dislikes and personalities. One member of staff told us, "[person's name] has a lovely, quirky personality. [Person] loves discussing DVDs; it makes them really happy. So we chat about those a lot. We put a new shelf up for them recently to keep them all on." Staff spoke positively and enthusiastically about people living at Hafod Road, and about their enjoyment in working with them. One member of staff told us, "The people we support should never be underestimated, nor the things they are capable of."

People's individual communication needs and styles were known by staff. For example. Staff told us about how one person communicated to staff when they wanted staff to leave their room and for them to be by themselves. Another member of staff told us about how a person communicated when they were unwell or unhappy, such as using a higher pitch in their voice. One member of staff we spoke with told us, "We encourage people to make their own choices. Even if they are non-verbal, they have their ways of telling you." We saw there was guidance in place for staff in respect of presenting information to people in different ways so they were given the opportunity to make decisions. One person responded better to visual prompts rather than verbal, and so a visual aid was used to explain time-scales to them. People living at Hafod Road had access to independent advocates, as required. This was to ensure that people's views, wishes and opinions were heard.

We saw that people's independence was encouraged as much as possible. Staff we spoke with told us about the importance of not deskilling people, and the importance of supporting people to do as much as they can for themselves. For example, one member of staff told us about the importance of one person going clothes shopping with staff and selecting their own clothes and shoes to buy and wear. Staff told us that although clothes shopping with the person was quite challenging due to their particular support needs, it was more important that the person was able to maintain their independence and right to choose. We saw throughout our inspection that people were encouraged to take part in household chores, as much as possible, as well as making their own drinks, with support.

We asked staff how they upheld people's dignity. Staff told us about discreet, verbal prompts they gave to people about their personal care. Staff also told us about dignity blankets they used when out with people and supporting them with their continence needs, and the importance of keeping people's continence products in an inconspicuous bag or backpack, so attention was not drawn to these. Staff understood about people choosing to lock their bedroom doors and being left alone. They told us about one person and how important this was to them, which staff respected.

Good

Is the service responsive?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This was because people did not always receive care and support which reflected their individual preferences or meet their needs. The provider was asked to complete an action plan which described the actions they would take to meet the regulation. The provider's action plan told us that they would plan person-centred reviews to identify people's individual likes, dislikes and preferences and choices and carry out an audit of activities to ensure these reflected people's choices and preferences.

At this inspection, we found that people had more opportunities to enjoy their individual hobbies and interests. One member of staff told us, "People lead really full and varied lives now, there is an emphasis on that and [registered manager] makes sure we have enough staff on to take people out when they want to." Relatives we spoke with told us they were pleased with the progress which had been made in this area, and that people were happier as a result. On the morning of our inspection, everyone living at Hafod Road was out and being supported with their individual hobbies and interests. We saw that people had been encouraged and supported to experience new social and leisure opportunities. One person had recently started to attend a local club, and this was being reviewed to see whether they had enjoyed their experience. Staff told us there was a balance to be struck between broadening people's experiences and interests, and making sure that people did not feel overwhelmed or anxious by a change in their routines. Staff told us that regular reviews of new activities were important to make sure they were suitable. In the care plan we looked at, we saw the person's keyworker had completed a feedback page after every new activity tried so they could share with the staff team what the person liked and disliked.

Staff we spoke with understood the importance of ensuring people's care reflected their individual needs and personalities. One member of staff we spoke with told us, "You have to work with people in their different ways. That helps to build their confidence and makes them feel secure." Another member of staff told us, "The care here is very personalised. We tailor our approaches to suit individuals." We saw examples of this during our inspection. Staff told us that one person responded well to clear boundaries and a direct approach, but that a different approach was used with another person living at the home as they would find such directness upsetting. We saw that staff approaches differed with both people and that the differing approaches suited the individuals concerned.

Staff were knowledgeable about people's health and emotional needs, as documented in people's care plans. For example, care plans contained information about "A good day", which explained how to achieve a good day for each person living at the home. This included information about people's individual routines and their support guidelines. Staff we spoke with knew about people's routines and preferences, as well as important considerations when supporting them. One person did not like staff to wear glasses or dangly items when assisting with their personal care, which staff were aware of an respected, and was documented in the person's care plan.

We considered how the provider responded to changes in people's health and wellbeing needs. As per the

provider's action plan, person-centred reviews had been carried out to ensure people's care and support reflected their current needs. We saw examples of where action had been taken as a result of these reviews. We looked at one review, and saw that a referral had been made for one person for a sensory assessment as a result. This was to look at ways at improving the person's physical environment.

We looked at how the provider responded to complaints and feedback from people, relatives and health professionals. We found that there was a complaints system in place, and the information about how to complain was clearly displayed. We saw that there had been two complaints received since our previous inspection, which had both been investigated and resolved. In the event someone was unsatisfied with the response they received to their complaint, this was then reviewed by an independent operations manager who had no association with the service. As part of the keyworking role, keyworkers met with people on a monthly basis and reviewed whether they, or their relatives, had any concerns or complaints. These were then logged and acted upon.

Good

Is the service well-led?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This was because the managerial instability at the home had impacted upon the quality of care people received; communication between staff and management had broken down, and the provider's quality assurance systems had not identified all of the concerns identified during the inspection, such as medication errors. There was no registered manager in post at the time of our last inspection. The provider was asked to complete an action plan which described the actions they would take to meet the regulation. The provider's action plan told us that a registered manager would be in post, and there would be a recruitment drive due to the staff shortages at the home.

Due to people's complex needs, they were unable to discuss with us the changes in management with us, or share their views on how the home was run. Staff, relatives and health professionals were positive about the registered manager and the improvements they had made. One health professional we spoke with told us, "The manager has turned the place around; it's like a different home now." A relative we spoke with told us, "Things have improved so much. Not just for the staff, but for people living there." Staff told us they now felt supported in their roles, both through monthly one-to-one meetings as well as daily, informal support. One member of staff told us, "[registered manager] has our trust but also, our respect." Another member of staff told us, "[registered manager] has given us stability and consistency, which is exactly what we needed. They involve us in the how the home is run."

We spoke with the registered manager about some of the changes they had made since coming into post six months' ago. They told us they had started by including staff more and getting them involved in things such as people's care plans, as well as meetings with health professionals. As a consequence, the registered manager told us that staff's knowledge and confidence had increased. They told us, "The staff are happier, which means the people we support are happier. Staff have worked really hard to make the improvements needed." We found the atmosphere at the home to be relaxed and positive, with audible laughter from people and staff throughout the day.

The registered manager carried out daily observations and checks to maintain oversight of the home and ensure that high standards of care were maintained. The registered manager had recently introduced observational supervisions, which were used as a way of observing staff practice and providing feedback. The registered manager told us they had ensured the purpose of this had been explained to staff, so they were aware it was a development tool and was not something to be feared. As a result, staff were now receptive to this. The provider had recently introduced peer audits, which involved managers from other homes carrying out quality assurance audits at services they did not work at. The registered manager told us this was a good system because, " it prevents complacency and managers getting too comfortable."

We spoke with staff about the provider's whistleblowing procedure and what they would do if they needed to raise an alert about practice at the home. The term whistleblowing can be defined as raising a concern about a wrong doing within an organisation. At our previous inspection, staff told us they did not feel comfortable or confident in whistle-blowing as they felt the provider would not listen to their concerns, or

take any action. At this inspection, staff told us they felt they were valued and listened to more by the provider, which meant they could approach them with any concerns.

The provider had, when appropriate, submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.