

Voyage 1 Limited







Fairfax Road

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?	Outstanding	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Good	

Overall summary

This was an announced inspection carried out on the 6 January 2015. At the last inspection in April 2014 we found the provider met the regulations we looked at.

Fairfax Road provides 24 hour personal care and support for up to four people who have learning disabilities and complex needs. The care provided is long term. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

At this inspection we found the provider had systems in place to protect people from the risk of harm. Staff understood how to keep people safe and knew the people they were supporting very well. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Summary of findings

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal. The service met the requirements of the Deprivation of Liberty safeguards.

Care was personalised and delivered to a very high standard. People received good support to make sure their nutritional and health needs were appropriately met. People's needs were assessed and care and support

was planned and delivered in line with their individual care needs, however, there was sometimes a delay in recognising when care delivery should be reviewed. In the main, support plans contained information which explained how people's needs should be met.

The service had good management and leadership. The provider had a system to monitor and assess the quality of service provision. Safety checks were carried out around the service and any safety issues were reported and dealt with promptly.

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.

Staff knew what to do to make sure people were protected and had a clear understanding of how to safeguard people they supported.

Risk associated with people's care was identified and managed. Staff understood how to manage risk and at the same time actively supported people to make choices.

There were enough staff to keep people safe. Recruitment checks were carried out before staff started working for the provider.

People's medicines were managed consistently and safely.

Good



Is the service effective?

The service was effective in meeting people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

Staff understood how to support people who lacked capacity to make decisions.

People's nutritional needs were met.

Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

Good



Is the service caring?

The service was caring.

People looked well cared for and were very comfortable in their home.

We observed care and saw people received very good person centred support and enjoyed the company of staff. Staff knew the people they were supporting very well.

Staff understood how to provide a high standard of care and were confident this level of care was maintained at Fairfax Road.

Outstanding



Is the service responsive?

The service was not consistently responsive to people needs.

People received personalised care and, in the main, support plans reflected people's needs and preferences. Sometimes there was a delay in identifying how people's care should be delivered.

People enjoyed a range of person centred activities within the home and the community.

Requires Improvement



Summary of findings

Systems were in place to respond to concerns and complaints.

Is the service well-led?

The service was well led.

Staff told us the service was well managed and they were encouraged to put forward suggestions to help improve the service. They spoke positively about the registered manager and said they were happy working at the home.

The provider had systems in place to monitor the quality of the service.

Good



Fairfax 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 6 January 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who maybe out during the day; we needed to be sure that someone would be in.

At the time of this inspection four people were living at the home. During our visit we spoke with five members of staff,

the registered manager and one person living at the home. Others who used the service were unable to tell us about their experience of living at the home. We spent some time observing care in the dining room and lounge area. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We looked at documents and records that related to people's care and the management of the home. We looked at two people's care and support plans.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People who lived at Fairfax Road were safeguarded from abuse. Staff were confident people were safe and if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. Staff we spoke with told us they had received training and regularly discussed safeguarding at team meetings. We talked with staff about their understanding of protecting vulnerable adults. They knew what to do if abuse or harm happened or if they witnessed it.

The registered manager understood safeguarding procedures and how to report any safeguarding concerns and told us they were in the process of introducing a local procedure for reporting and recording of injuries. They said this was to safeguard people they supported and to make sure injuries were reported appropriately. Information about how to safeguard people including reporting concerns was displayed in the home.

Risks were identified and managed so people were protected. Risk assessments identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. People were provided with appropriate equipment to help reduce the risk of harm. This included pressure relieving equipment and sensor equipment to help prevent falls. In the main, risk assessments contained detailed information, however, some risk assessments had not been fully completed because the level of risk had not been calculated.

Following the inspection, the operations manager wrote to us and confirmed all support plans had their risk boxes reviewed and amended accordingly to show the level risk has been thoroughly considered in support planning.

We saw a range of environmental risk assessments had also been carried out and covered areas such as the loft area, food preparation, electrical items and the fish tank in the lounge area. The home's fire risk assessment included smoking and household fuels. We saw the fire alarm was tested on a monthly basis and regular fire drills had been

completed. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

Through our observations and discussions we found there were enough staff with the right experience to meet the needs of the people living at the home. The registered manager said staffing levels were kept under review and adjusted according to the dependency levels of people who were living at the service. Members of staff told us they were able to spend sufficient time with people and did not have to rush when providing care and support.

We saw the home followed safe recruitment practices. We looked at the recruitment records for three staff members. We found relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, interview records, evidence of identification, references received and evidence that a criminal record check had been completed in the staff files we looked at.

We looked at the systems in place for managing medicines in the home and found there were appropriate arrangements for the safe handling of medicines. Arrangements were in place to assist people to take their medicines safely. People's support plans provided guidance to ensure staff understood how to administer medicines to meet their individual needs. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely, and the records we looked at confirmed this.

We looked at medication administration records (MAR) and found these were completed correctly. Regular checks were carried out by the staff team and the registered manager to ensure people had received the correct medicines. One person's MAR had directions for administration that did not match the directions on the medicines container because the person's dose of medicine had been changed by the GP. The person had received the correct dose but conflicting directions could cause confusion when staff were administering medicines. The day after the inspection we received confirmation from the operations manager that the medication had been returned to the pharmacy and new stock had been received so labelling now corresponded with the MAR sheet.

Is the service effective?

Our findings

Staff we spoke with told us they were well supported by peers and management. They said they received training that equipped them to carry out their work effectively. We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included person centred support, fire safety, infection control and medication.

The registered manager told us staff completed an induction programme which included information about the company and principles of care. We saw an induction checklist which listed several areas for new members of staff to complete. The first six months was a probationary period and regular meetings were held with new members of staff to discuss their performance. We looked at three staff files and were able to see information relating to the completion of induction and the meetings that had been held.

Staff we spoke with confirmed they had regular supervision which gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at evidenced that each member of staff had received supervision on a regular basis. We saw staff had received an annual appraisal in 2014.

The staff we spoke with demonstrated a good understanding of the Deprivation of Liberty Safeguards (DoLS) and the key requirements of the Mental Capacity Act 2005 (MCA). They talked about considering people's capacity to take particular decisions and legal requirements when they supported people who did not have the mental capacity to make decisions for themselves. They were aware that any decisions had to be in the person's best interests.

Support plans included mental capacity assessments and records of best interest decision meetings. These included

decisions relating to medication, leaving the premises and for attending medical appointments. People had decision making profiles and agreements to help everyone understood how to support the person appropriately.

DoLS authorisations were in place to ensure people were kept safe and in receipt of appropriate care and treatment. One person had a mattress sensor to help keep them safe, this however, resulted in the person being under constant supervision. The registered manager agreed to review this and assess whether this was the least restrictive option and if they were subject to restrictions on their liberty. If required the registered manager said they would submit a DoLS application. The operations manager sent us information which reassured us they had taken appropriate action following the inspection.

We observed the lunch time meal in the dining room and saw people were not rushed and they were given time to choose their meal. We noted the atmosphere was calm and relaxed. We observed staff working as a team to help support people to eat their meal. People were eating different meals and staff explained these were based on each person's needs and preferences. People's care records confirmed this.

Staff we spoke with said meal times were consistently good and they were confident people ate healthily and had varied meals. Each person had a record which contained information about what they had eaten and drunk; these showed people had well balanced diets.

People's health needs were assessed and met. People had hospital passports which contained information to inform health professionals. There were separate areas within the support plan, which showed specialists had been consulted, in a timely manner about people's care and welfare which included health professionals. The registered manager and staff told us good systems were in place to monitor people's health and they had regular health appointments and their healthcare needs were well met.



Is the service caring?

Our findings

People who used the service were unable to tell us about their experience of living at Fairfax Road. One person answered some simple questions and told us they had enjoyed a recent party. We asked them if they liked living at the home and they responded very clearly and said, "Yes I do." We looked at photographs of outings and holidays with the person who clearly indicated they had enjoyed these times.

Throughout the day there was a very pleasant and calm atmosphere. We observed care in the dining room and lounge area and saw people received very good support and enjoyed the company of staff. People received person centred care, were relaxed and engaged in different activities. Staff were caring when they provided assistance and demonstrated a kind and compassionate approach. There was a good balance between giving people their own space and making sure they were comfortable and happy.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. Staff talked about spending time with people and how they enabled people to be independent but at the same time ensured they received appropriate

assistance. All the staff we spoke with were very confident people received very good care. One member of staff said, "Here is exceptional we provide excellent care. Everyone works very similar and I'm very proud to work here."

Staff talked about how they ensured people's privacy and dignity was maintained and gave good examples of how they did this. The dignity champion told us they regularly discussed how they gave people dignity, choice and respect and had quizzes where they all had to answer questions on the principles of care.

People were very comfortable in their home. People spent time in different areas of the home and this was based on their preferences. For example, one person's support plan contained detailed guidance for staff about where the person liked to sit when they got up on a morning. We saw the guidance was followed.

Staff knew and understood people's individual needs and their likes and dislikes. Staff were able to tell us about a range of ways they supported people to make sure their individual needs were met. Staff tried hard to help people express their views. People had very good information in the care records to help staff understand what people were communicating. Each person had a communication plan which contained specific details about their actions, what they meant and how staff should respond.

Is the service responsive?

Our findings

People's care and support needs were assessed and plans identified how care should be delivered. The support plans we reviewed contained information that was specific to the person and contained good detail about how to provide care and support. There was information that covered areas such as what is important to me, how to support me well and a typical day. People's care files contained life story information to help staff understand and know their history.

Although we found good information was provided some detail was not up to date. For example, one person's support plan stated it was important for them to go for a walk regularly but when we looked at the daily records it was evident this was not happening. Staff confirmed the person's support plan was not up to date because their mobility had deteriorated so this was no longer an appropriate activity. One person was identified as being at risk of falling out of bed but the care delivery for managing this had not been reviewed. Another person had a speech and language therapy assessment (SALT) which stated 'normal diet, softer uniform textures'. The person's typical day document stated a health professional had recommending 'avoid giving crisps with lunch'. The person's support plan for healthy eating stated 'sandwiches for lunch sprinkle a few crisps on plate'. We saw the person had crisps at lunchtime which a member of staff told us they liked. The registered manager said they had would contact the SALT team and review the documentation and update were necessary.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified. Meetings were held to ensure any changes in care needs and health issues were picked up. Staff confirmed that they went through the monthly recordings workbook to summarise the previous month. People had person centred review meetings to help identify what was important to the person in the future. One person's meeting minutes had information that showed their care was being reviewed but no actions were recorded to help ensure everyone was clear about how their future goals were going to be achieved. We discussed the support plans and person centred review with the registered manager who was going to ensure all relevant information was recorded and updated.

People enjoyed a range of person centred activities within the home and the community. These included, hydrotherapy, music therapy and shopping. People had attended reflexology sessions but this was not being provided at the time of this inspection. Staff told us they were looking at finding a replacement activity because people had enjoyed these sessions.

The registered manager told us they had no ongoing complaints. They said people were given support to make a comment or complaint where they needed assistance. They told us people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

Is the service well-led?

Our findings

At the time of this inspection the registered manager had been registered with the Care Quality Commission since the 15 December 2014 but had worked at the home since 10 November 2014. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed.

Staff spoke positively about the registered manager and said they were happy working at the home. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff told us they were encouraged to put forward views and make suggestions to help the service improve. One member of staff said, “The manager is good and wants everything to be as it should be.” Another member of staff said, “It’s a great service. We all work very closely together and try hard to make sure everyone here has a nice life.”

Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation.

Records showed there were effective systems in place to monitor and review safeguarding concerns, accidents, incidents and complaints. We saw investigations were thorough and action plans were in place to address any shortfalls. This helped ensure any trends were identified and acted upon.

The registered manager told us they completed a number of weekly and monthly checks. We saw the quarterly audit for October to December 2014 which included sections to check if the service provided was caring, effective, responsive, safe and well-led. A number of weekly and monthly audits were completed which included medication and health and safety. A comprehensive action plan was created and identified actions were monitored by the registered manager.

The registered manager told us a weekly service review was carried out which included accident, incidents, staffing and complaints. This was reviewed by the provider’s internal quality team and feedback was given to the registered manager if necessary. Where actions had been identified these were added to the overall quality action plan.

A quality service review had been carried out in November 2014 which included the views of people living at the home, relatives, friends and staff. This asked people what was working well and what was not working as well. Identified actions were added to the quarterly quality action plan. The provider’s internal quality team carried out an annual check of the service. However, this report was not available on the day of our visit.

Staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw the staff meeting minutes for December 2014 and discussions included the quality action plan, dignity champion, safeguarding and infection control. We also saw key worker meetings were held monthly between staff members and people living at the home.