

Voyage 1 Limited

Falcons Rest and Poachers Cottage

Inspection report

Falcons Rest
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 25 May 2016 and was unannounced.

Falcons Rest and Poachers Cottage provides accommodation and personal care for up to 14 people with a learning disability who may also have physical disabilities and/or sensory impairments. There were 11 people living at the home when we visited.

A registered manager was in post at the time of our inspection. 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.

People were protected from avoidable harm and abuse because staff understood the potential signs of abuse and knew who to report any concerns about people's safety or wellbeing to. The provider had clear procedures in place for responding to concerns raised by staff or others.

The risks associated with individual's care and support needs had been assessed and plans developed to manage these. Incidents or accidents involving people living at the home were closely monitored by the management team and the provider to ensure lessons were learned.

There were enough staff on duty to meet the needs of the people living at the home and the use of agency staff was closely managed by the management team to promote continuity of care. The registered manager followed safe recruitment practices and all staff employed were subject to appropriate pre-employment checks.

People's medicines were stored, administered and disposed of safely by competent staff.

Staff had the right skills and knowledge to support people effectively and understood people's communication needs and preferences. Staff had been given an effective induction when starting work at the home and spoke positively about the range of ongoing training provided. This training reflected the individual needs of the people living at the home. The management team identified, recorded and reviewed staff training needs.

Staff were well-supported by the management team and received regular one to one sessions.

The service was working in accordance with the requirements of the Mental Capacity Act 2005 (MCA). Staff had a good understanding of the MCA and how to apply this in their day to day work. The provider had made DoLS applications for all of the people currently using the service, two of which had been fully processed and granted.

Staff had been trained in the safe and appropriate use of restraint and understood the circumstances in which restraint might appropriately and lawfully be used.

The people living at the home were offered a choice of food and drink and received appropriate support with eating and drinking. Any risks associated with people eating and drinking had been assessed, recorded and managed with the involvement of specialist external advice as required.

Staff understood people's health needs and supported them to attend routine appointments and check-ups. A wide range of external healthcare professionals were involved in monitoring the health of the people living at the service.

Staff spoke to people in a warm, friendly and polite manner, listening to them and responding appropriately to their requests. People were relaxed and at ease in the home's environment. Staff knew people well and treated them with dignity and respect.

There were no unnecessary restrictions upon the visiting arrangements at the service.

People were supported to make choices about their day to day care and support and the care and support provided was tailored to people's needs. People's relatives were involved in the planning of the care delivered to their family members.

People's care plans set out their individual needs, interests and preferences and placed an emphasis upon supporting people's decision-making. Staff were given the time needed to read these plans.

People were supported to spend time doing things they enjoyed and found interesting, although current staff vacancies had impacted upon people's activities.

Staff helped people keep in touch with those they valued.

People's relatives understood how to raise concerns or complaints about the service and felt confident these would be listened to. Formal procedures were in place for handling and responding to complaints.

The atmosphere within the home was warm and welcoming. Staff spoke with enthusiasm about their work and understood what was required of them.

The registered manager promoted an open dialogue with the people living at the home, their representatives and the home's staff team. Staff viewed the management of the service positively and felt their opinions mattered. The registered manager understood the responsibilities associated with their role, was well-supported and provided effective management and leadership to the service. They kept up to date with current best practice and carried out regular quality assurance checks in order to test out and improve the quality and safety of the service provided.

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.

People were safe because staff understood how to respond to and report abuse.

There were enough staff to meet people's needs and safe recruitment procedures were followed by the registered manager.

Is the service effective?

Good ●

The service was effective.

People were supported by staff with the necessary knowledge and skills. They had the right support to eat and drink and had access to relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who knew them well. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their needs, preferences and interests. People's relatives were aware of how to raise a concern and were confident that their views would be listened to.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted positive, open communication with people, their representatives and staff. There were effective quality assurance systems in place to drive improvements.

Falcons Rest and Poachers Cottage

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 25 May 2016 and was unannounced. The inspection team comprised of one inspector and one inspection manager.

Before the inspection, we reviewed the information we held about the service and looked at the notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority and Healthwatch for information.

During the inspection, we spoke with one person who lived at the home and four relatives. We also spoke with two care staff, the deputy manager and the registered manager.

We looked at three people's care records and the home's medication records.

Is the service safe?

Our findings

People's relatives felt their family members were safe living at the home. They described the practical steps staff took to keep people safe including monitoring them appropriately and making safe use of equipment. One relative told us, "We've always had confidence in the staff and the systems used to keep [person's name] safe." Another relative said, "[Person's name] is safe, well cared for and happy. On the whole, they are in good hands."

Staff understood their role and responsibilities in relation to keeping people safe. One staff member described the importance of supporting people to receive their medicines correctly and looking out for subtle changes in behaviour that may mean things are not right. During the inspection, we spoke with one person who lived at the home. This person confirmed that staff would sit and talk with them in the office if they were concerned about anything. We saw that people's care plans provided clear guidelines for staff on how to keep people safe.

Staff recognised the potential signs of abuse and knew what to do if they had any concerns about people's safety or wellbeing. Staff told us they felt confident about bringing concerns to the attention of the management team. The provider had clear procedures in place for responding to any such concerns raised by staff or others, and had previously made appropriate notifications to the relevant authorities in line with these procedures.

The management team had assessed the risks associated with each individual's care and support needs, taking into account, for example, their long term health conditions, support with mobility, personal care tasks and their social needs. They had worked with others, including external specialists, to develop plans to manage these risks. For example the speech and language therapist had assessed and advised on people's communication needs and swallowing difficulties.

People's relatives felt involved in decision-making about the risks affecting their family members. One relative told us, "They talk to us about anything that involves a risk." This relative went on to describe the home's positive approach to risk, saying "[Person's name] hasn't been wrapped in cotton wool. The home wants a balance between keeping them safe and helping them to do things."

Any incidents or accidents involving people living at the home were monitored by the management team and by the provider centrally in order to learn from adverse events and reduce the risk of them happening again. One staff member described how this monitoring had led to improvements in the training provided. They told us that staff were now better trained in how to support people when they became anxious or frustrated.

The registered manager monitored staffing levels to ensure that there were enough staff to meet the needs of the people living at the home. During our inspection, we saw that there were sufficient staff on duty to meet people's needs. However, some of the relatives and staff we spoke with felt there were not enough permanent staff currently employed by the home. The management team acknowledged that there were

significant staff vacancies at present and were actively working to address these. Whilst recruitment activities were ongoing, the management team closely managed the use of agency staff to ensure continuity of care and control any associated risks.

The manager adopted safe recruitment practices to ensure those employed were suitable for working with the people living at the home. Staff confirmed that they had completed a Disclosure and Barring Service (DBS) check and supplied written employment references before starting work at the home.

We saw that the provider had safe procedures in place for storing, administering and disposing of people's medicines. The registered manager described the additional staff checks that had been introduced as a result of monitoring the home's medicine procedures to ensure people received their medicines as prescribed. We found people's ability to self-administer medicines had been assessed. None of the people living at the home were managing their own medicines at the time of our inspection. Staff involved in the handling or administration of people's medicines had received initial and refresher training to ensure their competency. Additional training had been provided in the use of Midazolam as part of ensuring that staff were able to safely manage people's epilepsy. Midazolam is a medicine used in the emergency management of epileptic seizures. The management team had also produced clear guidance for staff around the use of "when required" medicines in order that staff understood the specific situations in which people were to be offered these medicines.

Is the service effective?

Our findings

People's relatives told us that staff had the right skills and knowledge to support their family members effectively. One relative said, "Staff know what to do, who to call for support and have built a good rapport with [person's name]."

The staff we spoke with felt they had been given an effective induction when they started work at the home. This provided them with the opportunity to become familiar with the needs and preferences of the people they would be supporting and to fully understand their job roles. The management team told us that agency staff also underwent a condensed induction to the home. A staff member confirmed that agency staff were given an introduction to the home when starting work there.

Staff spoke positively about the range of ongoing training provided and the beneficial impact this had had on their work. The deputy manager described how the safeguarding training they attended had enabled them to better understand what keeping safe meant to others. Staff had been trained in the safe and appropriate use of restraint at the service. This training was backed up by clear behaviour management guidelines for staff in people's care files, incorporating specialist advice. Staff understood the circumstances in which restraint might appropriately and lawfully be used.

We saw that the training provided reflected the individual needs of the people living at the home and was designed to give staff the knowledge and skills needed to perform their job roles successfully. For example staff had received training in how to support people's mobility and make safe and appropriate use of their mobility equipment. The management team had a system in place for identifying, recording and reviewing staff training needs.

The staff we spoke with felt well supported by the home's management team. This support included regular one to one sessions with a senior member of staff. One staff member explained that these sessions provided an opportunity for staff to raise any concerns and discuss further training and development options with the management team. The deputy manager said, "I find it a good time to get things sorted out and to clarify any issues"

We looked at whether the service was working in accordance with the requirements of the Mental Capacity Act 2005. 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 saw that the service assessed people's capacity to make decisions and made sure that things done for others were in their best interests in line with the principles of the MCA. People's care files provided staff with key information about their capacity and how to support their decision-making. The management team told us that staff received a full day's training on the MCA and DoLS and that their grasp of these issues was checked during their one to one sessions. The staff we spoke with demonstrated a good understanding of the MCA and how to apply this in their day to day work with people. During the inspection, we saw that staff asked people before they carried out care tasks. One staff member told us on the subject of seeking people's consent, "I ask people what they want or look for signs of this if they can't verbalise their needs."

Following an assessment of each individual's care and support arrangements, the provider had made appropriate DoLS applications. The registered manager told us that they were reviewing the status of the all submitted applications at present.

We asked the person we spoke with who lived at the home about the food and drink on offer. They confirmed they were offered a choice of food and drink at the service and told us about some of the things they particularly enjoyed eating. People's relatives were also satisfied with this aspect of the care and support provided to their family members. One relative told us, "[Person's name] looks like they have a balanced diet. Staff support them to make their own sandwiches and to choose and shop for healthy options as part of their weekly timetable." Another relative said, "[Person's name] seems to have anything they want and staff make it palatable."

During our inspection, we observed how staff supported people at lunchtime. We saw that people were offered a freshly prepared meal and received appropriate support with eating and drinking in an unrushed and cheerful atmosphere.

We saw that any risks associated with people eating and drinking had been assessed, recorded and managed with the involvement of specialist external advice as required. Details of people's special dietary needs were clearly recorded in their care files and staff were aware of this information.

Staff understood the health needs of the people living at the home and supported people to attend routine appointments and check-ups. We saw that a wide range of external healthcare professionals were involved in monitoring the health of the people living at the service, including doctors, physiotherapists, community nurses, dentist, opticians and epilepsy specialists. People's health needs and monitoring arrangements were clearly identified in their care files. People's relatives spoke positively about the manner in which staff responded to medical emergencies involving their family members and their changing health needs. One relative told us on this subject, "As a family we trust the home."

Is the service caring?

Our findings

During our inspection we saw staff talking with people in a warm, friendly and polite manner, listening to them and responding appropriately to their requests. People were relaxed and at ease in the home's environment. We heard one person singing along to the radio over lunch. We saw another person relaxing in the lounge watching videos on their tablet. One person told us they liked the staff. People's relatives felt staff adopted a caring approach towards their work. One relative told us, "Staff treat [person's name] incredibly well. It never ceases to amaze me how caring they are with him and his needs." Another relative said, "The home has changed [person's name's] life. They have come out of themselves completely. It's brilliant."

The staff we spoke with understood the people they supported as individuals, and spoke of them with affection, concern and respect. The deputy manager described how they and the staff team had sensitively supported one person to cope at a particularly difficult time of the year which reminded them of the loss of someone close to them.

People's communication needs and preferences were clearly recorded in their care files reflecting any specialist advice provided by the speech and language therapist or others. Staff spoke with an understanding of how to communicate effectively with the people living at the home. Although one of the people using the service was accessing advocacy services at the time of our inspection, staff confirmed that people had previously been supported to do so in order to help them express their views.

People's relatives felt that staff treated their family members with dignity and respect. One relative told us, "Staff are very tuned into [person's name] dignity and privacy. They have lots of protocols in place." The staff we spoke with demonstrated a clear insight into people's rights. One staff member told us about the practical steps they took to protect people's dignity and privacy whilst assisting them with personal care tasks. The deputy manager described the key aspects of looking after people's personal information. Information about the importance of dignity in care was displayed on the home's noticeboard and reflected in people's care files. People's relatives were also satisfied with the help their family members received from staff to maintain and develop their independence. One relative told us, "They (staff) encourage [person's name] to help in the kitchen and to do as much as possible for themselves."

People's relatives told us that there were no unnecessary restrictions upon them visiting their family members at the service. One relative told us, "We've always had the impression we can turn up whenever we want."

Is the service responsive?

Our findings

One person we spoke with felt staff supported them to make choices in their day to day care and support. People had been allocated key workers to encourage their involvement in decisions about their care. A key worker is a staff member who acts as a focal point for one of the people who lives at the service. Staff told us that weekly group meetings were organised at the home to provide a forum for people to put forward suggestions and raise issues.

People's relatives confirmed that the care and support provided was tailored to people's needs. One relative told us, "[Person's name] is very clear about they want, like and dislike. Staff sit down with them and talk about what they want to do. On the whole the care is tailored to them." Another relative said, "[Person's name's] preferences are taken into account. They give them as much choice as possible within the limits of their ability."

People's relatives also felt involved in the planning of the care delivered to their family members and attended review meetings at the service for this purpose. The registered manager confirmed that they drew upon the knowledge and experience of people's relatives and gave a specific example of how this had provided a valuable insight into one person's behaviour. One relative described how they had been given a questionnaire to complete before a review meeting at the home which had informed the agenda for this meeting. Another relative told us, "Staff are very, very good at consulting with us about anything to do with behaviours. They ask our advice and we develop strategies." Another relative said, "Staff ask us what [person's name] is used to and what they like."

We saw that people's care plans described what was important to them and why. These plans set out people's individual needs, interests and preferences and placed an emphasis upon supporting people's decision-making. Staff told us they were given the time needed to read these plans. During our inspection we saw that staff implemented people's care plans through adapting the support given to individual's needs and preferences and by respecting people's decisions.

One person we spoke with told us about the activities they enjoyed participating in outside of the home, including recent visits to a fun fair in the local city centre over the course of two days. During our inspection, we saw people spending time doing things they found interesting and enjoyable. Staff spoke about the support people had to take part in a wide range of activities, including going for meals out, hydrotherapy sessions, watching local football matches and attending drama club. People's relatives talked positively about the activities on offer. One relative told us, "They give [person's name] a very diverse range of places to go." Some of the staff and one of the relatives we spoke with told us that the lack of permanent staff had impacted upon people's activities. We discussed this issue with the management team who acknowledged this and were working to address the problem through their ongoing recruitment activities.

The person we spoke with who lived at the home told us that staff helped them visit their family on a regular basis. Staff described a range of ways in which they helped people keep in touch with those they valued, including support with phone calls, text messages and the use of social media. We saw that people's care

files detailed the relationships of importance to each individual. People's relatives confirmed that their family members had the right support to stay in touch. One relative told us, "If I ever want to go anywhere with [person's name], it has been arranged straight away."

People's relatives told us they understood how to raise concerns or complaints about the service and felt confident these would be listened to. The provider issued periodic surveys to relatives to encourage their feedback. Formal procedures were in place for handling and responding to complaints. The registered manager confirmed that the home was not currently dealing with any complaints. The deputy manager talked us through a recent complaint received by the service, the response provided and the actions taken. One of the relatives we spoke with told us that the registered manager had listened to and taken on board a previous complaint made by them.

Is the service well-led?

Our findings

The registered manager encouraged a positive, open dialogue with the people living at the home, their representatives and the home's staff team. People's relatives felt the register manager was approachable and that they could speak with them freely. One relative told us, "We are perfectly happy that we can phone up or email the manager. They are easy to talk to." Another relative said, "The manager is very good and always willing to listen." Another relative told us, "We chose the home because they are very good at communicating with you and sharing information." This relative also praised the transparent manner in which the service operated which meant that any problems associated with people's care and support were openly disclosed and jointly discussed to find a way forward.

Staff also spoke positively about the management of the service and felt their opinions mattered. One staff member described their confidence in the management team and the value of the monthly staff meetings, adding "We do have a say in how the service is run." This member of staff also told us that staff felt able to challenge the management team's decisions and gave an example of when they had done so.

The registered manager told us they valued the views and opinions of the staff team and gave an example of the action taken in direct response to feedback from staff. This related to the limited information available about the training qualifications of agency staff working at the home. The deputy manager told us, "Feedback helps us make sure that we are getting it right and to learn."

During our inspection, we found the atmosphere within the home to be warm and welcoming, reflecting the positive culture promoted by the management team. People's relatives encountered a similar atmosphere during their visits to the home. One relative told us, "The atmosphere is jolly and relaxed. We're always welcome and people are friendly." Another said, "It's a lovely, very happy and open home. There's no tension."

The staff we talked to spoke with enthusiasm about their work. They understood what was required of them and felt supported by the registered manager. Staff were aware of the provider's vision for the service, which the deputy manager summed up as "people are paramount."

The registered manager understood the responsibilities associated with their role and with the support of the deputy manager provided effective management and leadership to the service. They felt well-supported by the provider's senior management team and by the managers of the provider's associated homes who had offered management support during the home's current recruitment drive.

The registered manager carried out regular quality assurance checks in order to test out the quality and safety of the service provided, using the provider's established systems. Any issues or shortfalls in quality identified were recorded and addressed. The registered manager described the action they had taken in response to discovering that specific care records had not been reviewed.

The registered manager told us how they kept up to date with current best practice in order to incorporate

this into the service provided by Falcons Rest and Poachers Cottage. This revolved around reading the regular internal bulletins distributed by the provider which covered any relevant legislative changes or developments in best practice.