

Voyage 1 Limited

Riverside & Roseberry Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Riverside and Roseberry Lodge is a residential care home providing personal care to 13 people living with learning disabilities. The service comprises of two purpose built, interconnected bungalows.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. 13 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. One bungalow was divided into six individual flats. Seven people in the second bungalow had their own bedroom and shared communal facilities.

People's experience of using this service and what we found

People told us they felt very safe and very happy living at the service. People and relatives said staff were very caring and listened to them. Staff encouraged people to be as independent as they were able. They knew how to safeguard people from abuse. Staff were recruited using systems to reduce the risk of unsuitable candidates being employed. Risks to people and for tasks carried out by staff were identified and actions were taken to mitigate these. Medicine management was effective.

Staff had the skills and knowledge to deliver care and support in a person-centred way. They received the appropriate training, supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's health needs were met. The service worked with a range of professionals to meet people's needs

People's care and support was based on their individual needs and preferences. They were able to live fulfilling lives and were encouraged to take part in the activities and events that interested them. Staff encouraged and supported people to be part of their local community.

People and relatives told us the service was well led with a strong, established staff team. The registered manager ensured people and staff were involved in the development and running of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection

The last rating for this service was good (published 4 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Riverside & Roseberry Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch to gather information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager, a senior support worker and three support workers. We spoke with two visiting professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a professional who regularly visited the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to safeguard people from abuse. They told us they were confident any concerns they raised would be dealt with appropriately by the management team.
- Staff received training in safeguarding people from abuse.
- People told us they felt safe living at the service. One relative told us, "[Name] is definitely safe here."

Assessing risk, safety monitoring and management

- Risks to people were assessed. Actions to be taken to reduce risk were identified. Risk assessments were regularly reviewed.
- Where they were able, people were supported to take positive risks such as accessing public transport independently.
- Checks of the premises and equipment in use continued to be carried out to help ensure people's safety.
- Plans were in place to support people in emergency situations including personal evacuation plans.

Staffing and recruitment

- The registered manager monitored staffing levels to ensure people received the right level of support.
- Staff and people told us staffing levels met people's needs.
- The provider's recruitment processes minimised the risk of unsuitable staff being employed. Employment histories and experience were explored and Disclosure and Barring Service checks carried out.

Using medicines safely

- Medicines continued to be managed safely.
- Medicine records were completed fully without errors or unexplained gaps.
- The registered manager followed STOMP guidance. STOMP is a national project to help stop the over-medication of people with a learning disability, autism or both.

Preventing and controlling infection

- Measures continued to be taken to control the potential spread of infection.
- Gloves and aprons were in plentiful supply for staff.
- The premises were clean and tidy. One relative told us, "The place is always spotlessly clean."

Learning lessons when things go wrong

- Accidents and incident were reviewed by the registered manager and provider. Where lessons learnt had been identified these were shared with the staff team.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were thoroughly assessed before they moved into the service so appropriate support could be provided.
- The registered manager and staff team were knowledgeable about national guidance and best practice and used this to deliver effective support.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people well.
- Staff were trained in areas the provider felt were key to their roles. Where there were gaps in staff training dates had been scheduled. Staff were very positive about the training they received.
- Staff received support through regular supervision meetings and an annual appraisal.
- The provider's induction training incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.
- New staff worked alongside more experienced staff until they felt confident enough to work unsupervised.

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

- People had enough to eat and drink.
- Menus were devised by people living at the service. Staff gave people information and support around making healthy lifestyle choices.
- People and relatives spoke positively about the food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external professionals. For example, well women clinics to monitor and promote their health.
- Advice given by external professionals was followed by staff.
- People had health action plans and hospital passports.
- One relative told us, "When [name of person] was in hospital the staff stayed with him all night." They told us this helped them feel very reassured.

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

- The building met the needs of people living there.
- Where people were more independent they had their own self-contained flats as well as communal areas they could access.

- The building was spacious and allowed people with mobility challenges to move around freely.
- Bedrooms had been personalised to meet individual taste and support needs.

Ensuring consent to care and treatment in line with law and guidance

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

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

- The registered manager and provider continued to ensure the requirements of the MCA were met.
- DoLS applications had been made appropriately.
- We observed that people were actively encouraged to make their own decisions as far as possible.
- Staff were observed seeking permission from people before carrying out tasks with them.
- Where people were unable to make their own decisions best interest meetings had taken place.

Is the service caring?

Our findings

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

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

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

- People told us they were very happy at the service. One person told us, "It's my favourite place." Another said, "It's the best place I've ever lived. I never want to leave."
- Relatives gave us very positive feedback about the service. One relative said, "Everything is brilliant. [Name of person] has come on leaps and bounds."
- Kind and caring support was provided by staff. We observed staff laughing, joking and singing with people but also providing sensitive reassurance when people became anxious. One person told us how they could approach staff if they started feeling anxious or upset. They told us staff would always make time to listen to them.
- People were encouraged to live full lives. They were supported to follow their hobbies and interests.
- Staff supported people to develop and maintain the relationships of importance to them.
- People were encouraged to learn about other people's cultures. Some people had recently attended the Middlesbrough Mela. The Mela is an event which celebrates and promotes the diverse cultures of the region.

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

- Feedback was sought from people and acted on.
- People were involved in the running of the service as much as possible. People were involved in choosing furnishings in the house and assisted with the recruitment of new staff.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We observed staff knew people very well.
- People were supported by staff to maintain and develop their independent living skills. Staff told us how they broke down tasks into small steps to help people learn new skills.

Is the service responsive?

Our findings

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

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

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

- People received support based on their assessed needs and individual preferences.
- Plans of support were person centred and included a one-page profile of the person as well as a 'This is me page' which detailed important information about the person.
- Staff were kept updated on changes to people's support needs, regular handovers of information took place.
- Rotas were flexible to meet peoples individual needs. For example, staff would change their shifts to accompany people on holiday or to take them on outings.

Meeting people's communication needs

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

- The provider ensured pictorial and easy read information was made available to people wherever possible
- Where people required information in formats other than pictorial or easy read the registered manager told us this would be provided on a bespoke basis for people.
- Communication care plans were in place. Where people had communication difficulties information was available for staff as to how they could best communicate with people and what signs, words and/or noises people may use to communicate something.
- Staff were knowledgeable about people's communication needs. We observed staff using signs and gestures to communicate effectively with people. One staff member told us, "Just because someone can't speak it doesn't mean they can't communicate very well."

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

- Staff supported people to develop and maintain their relationships
- One relative who did not drive told us how a driver from the service picked them up from their home and brought them to the home to visit their relative. Relatives told us they were always made to feel welcome.
- People were supported to access a wide range of activities. This included holidays, trips to football matches and shows as well as local groups and a cooking class.
- Staff were creative in developing activities for people. For example, a hot tub had been hired for or one

person's birthday party.

- People were supported by staff to go on a range of holidays including to Bridlington and Benidorm.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service however the provider had a complaints policy in place.
- People and relatives told us they had not needed to but they knew how to make a complaint.
- Informal complaints were not being recorded at the time of inspection. We discussed this with the registered manager who told us they would record informal complaints in future.

End of life care and support

- The service was not providing end of life care at the time of this inspection. End of life care policies and procedures were in place for when needed.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People said they were happy living at the service and with the support they received.
- Staff told us they said they were proud to work at the service. They all spoke very positively about the work culture and their values.
- Relatives and professionals told us communication with the service was good.
- The registered manager understood duty of candour requirements.

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

- The provider and registered manager carried out a range of checks and audits to monitor and improve standards.
- We received very positive feedback about the management of the service. One person told us the manager was "lovely." A professional told us, "I find the manager has good leadership skills and motivates the care team."
- Notifications about incidents that affected people's safety or welfare were sent to CQC appropriately.

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

- The registered manager ensured people were involved in the running of the service, including involving them in making decisions about the home and garden.
- Feedback was sought from people, their relatives and others. Where feedback had been received this had been acted upon.
- Staff meetings took place regularly. Staff said they could speak up at team meetings and their views were listened to. Staff said they felt well supported. One staff member told us the registered manager would "go the extra mile."
- The service had strong links with the local community. This included people attending local groups and a college.

Working in partnership with others

- The service had worked with a range of other professionals and agencies to improve the quality of service

available to people. This included commissioners, the local authority safeguarding team and healthcare professionals.

- External professional told us they held the service in high regard. One professional said, "We love coming here. We are always made to feel welcome"

Continuous learning and improving care

- The management team were keen to continue improving service delivery and shared their plans in this area.