Voyage 1 Limited

Fairfax Road

Inspection report

19 Fairfax Road
Leeds
West Yorkshire
LS11 8SY

Tel: 01132778842
Website: www.voyagecare.com

Date of inspection visit:
06 June 2017

Date of publication:
27 July 2017

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

Fairfax Road is a detached single storey house that provides accommodation, personal care and support for up to four people who have complex learning disability needs. The home is located in the Beeston area of Leeds. On the day of the inspection three people were living in the home.

The inspection took place on 6 June 2017 and was announced. We gave the provider 24 hours' notice of our inspection because we wanted to ensure a member of the management team was present to assist us with the inspection.

A registered manager was in post whose time was split between this service and another small service run by the same provider. 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 the last inspection in January 2015 we rated the service 'good' overall. At this inspection, the service maintained this rating.

People were protected from abuse whilst living in the home. Risks associated with people's care and support were assessed and measures put in place to help keep them safe. People's healthcare needs were assessed and clear and person centred plans of care put in place. People were supported to attend appointments such as annual health checks. People's needs were assessed and care plans were in place which were regularly reviewed. Staff had a good understanding of people's plans of care. We concluded care needs were met.

Medicines were managed in a safe and proper way. People received their medicines as prescribed and clear and consistent documentation was maintained. The premises were well maintained and suitable for its purpose. Key safety checks were undertaken on the building and equipment.

There were enough staff deployed to ensure people received the care, support and supervision needed to keep them safe and ensure their welfare. Staff were subject to safe recruitment procedures to check they were suitable to work with vulnerable people. Staff received regular training and support to allow them to effectively undertake their role. Staff felt well supported and told us that morale was good within the service.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, best interest processes were followed. People were involved to the maximum extent in the decision making process.

People were supported to maintain a balanced diet. Action was taken to protect people against the risks of malnutrition. People were supported by kind and caring staff who treated them with dignity and respect.

Staff knew people well and how they liked to be supported.

People's independence was promoted and encouraged. People who used the service were supported to set goals, in order to achieve their full potential. People were fully involved in this process and goals were subject to regular review. A range of activities and social opportunities were available to people. This included the visits of external entertainers and maintaining links with the local community.

We found an open and inclusive atmosphere within the home. People, relatives and staff praised the way the service was run and told us management were approachable. Audits and checks were carried out by members of the management team to help continuously improve the quality of the service provided. People's feedback was sought and used to make improvements to care, support and the overall quality of the service.

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 received their medicines as prescribed. The administration of medicines was recorded in a safe and consistent way. Staff received training and their knowledge was checked annually to ensure they continued to give medicines safely.

People were safe from abuse living in the home. Safeguarding procedures were in place and we saw they had been followed to help protect people. Risks to people's health and safety were assessed and measures put in place to keep people safe.

There were enough staff working at the service to ensure people received regular supervision, interaction and support. Safe recruitment procedures were in place.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the rights skills and knowledge to care for them. Staff received a range of training, support and supervision.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People's involvement in decisions relating to their care and support was maximised.

People's healthcare needs were assessed and appropriate plans of care put in place. People received annual health checks and had health action plans which provided a structured approach to keeping them healthy.

People were supported to eat a varied and nutritious diet and action was taken to address any weight loss.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. They knew people well and their individual preferences.

Where appropriate, people were encouraged to be as independent as possible, such as helping around the home.

People's communication needs were assessed and individual techniques were used to effectively communicate with people.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and clear and detailed plans of care put in place. These were subject to regular review. People and relatives were involved in care planning through monthly meetings and annual reviews.

People were provided with a range of social opportunities such as activities. This included trips out into the community, holidays and activities within the home.

A system was in place to log, investigate and respond to complaints. No recent complaints had been made about the service, with minor issues discussed during monthly key worker meetings.

Is the service well-led?

Good

The service was well led.

We found an open and inclusive culture within the home. Relatives and staff praised the way the home was run and said the management team were approachable.

A range of audits and checks were undertaken to help monitor and improve the service. This included checks by senior care workers and management.

People's feedback was sought through a variety of mechanisms and used to make improvements to the service.

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.

The inspection took place on 6 June 2017 and was announced. The inspection was carried out by one Adult Social Care inspector.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications we had received from the home. We contacted the local authority safeguarding and commissioning departments to get their views on the service. The service had completed a Provider Information Return (PIR) which is a document which tells us about the service, what it does well and improvements it plans to make. We used this to assist in the planning of the inspection.

We used a variety of methods to gather information about people's experiences. We observed care and support for several hours in the communal areas of the home. During the inspection we spoke with one person that used the service. We looked at the way people's medicines were managed, examined two people's care records and viewed other records relating to the management of the service such as maintenance records and meeting notes. Staff files and training records were reviewed. We looked around the home in people's bedrooms, with permission and the communal areas. During the inspection, we spoke with the registered manager, two senior support workers and one support worker. Following the inspection we rang two relatives to get their feedback on the quality of the service provided.

Good

Is the service safe?

Our findings

The person and relatives we spoke with said people were safe from abuse living in the home. Staff had received training in safeguarding vulnerable adults and were clear on the actions to take should they suspect any abuse. Safeguarding procedures were clearly displayed throughout the premises to remind staff of how to do this. Concerns and safeguarding were also discussed during team meetings, staff supervision and key worker support meetings to provide a range of mechanisms for concerns to be raised. A whistleblowing helpline was also in place to support staff to confidentially raise concerns. One safeguarding incident had occurred in the last year and we saw safeguarding procedures had been correctly followed including alerting the local authority and notifying the Care Quality Commission. Care plans and risk assessments were updated following the incident to help prevent a re-occurrence and keep the person safe.

Risks to people's health and safety were assessed and risk assessments put in place which covered areas such as falls, moving and handling and any specific equipment they used. We saw assistive technology such as mattress alarms were used to alert staff to people's movement and reduce the risk of falls. Risks were graded using a matrix resulting in "stop" 'think" or "go" outcomes. These supported staff to put control measures in place to reduce risks to an acceptable level without restricting people's personal freedoms. Risk assessments were in the most part detailed, person centred, relevant and subject to regular review. However we identified one person was assessed as being at high risk of choking. Although they had a risk assessment in place which stated how to reduce the choking risk, it did not mention what to do if the person began choking. We raised this with the registered manager who agreed to add this information.

A system was in place to log, investigate and learn from any incidents or accidents that occurred within the service. We identified a low number of incidents had occurred with no concerning themes or trends.

Medicines were managed safely. Staff giving medicines had received training in the safe administration of medicines and they were subject to annual competency checks to ensure they maintained the required skills and knowledge. Medicines were stored securely within a locked cabinet or fridge and suitable arrangements were in place to dispose of out of date or unwanted medicines.

We looked at people's Medicine Administration Records (MAR's) which were well completed. This included clear and consistent recording of the administration of boxed and bottled medicines and topical medicines such as creams. We counted the stock levels of several medicines and found they matched with what records stated should have been present. This provided evidence people were receiving their medicines as prescribed on a consistent basis. Stock balances of medicines were also checked regularly by staff in order to promptly identify any discrepancies.

Where people were prescribed "as required" medicines, protocols were in place to support their safe and consistent use. For example, two people who used the service were unable to tell staff if they were in pain, so detailed protocols instructed staff as to how pain would be expressed through body language. Staff we spoke with were familiar with these protocols. One person who used the service had been assessed as being able to self-medicate. They looked after their own medicines and staff provided the right balance between

safe support and maximising the person's independence.

Relatives we spoke with said they thought there were always enough staff on duty within the home. Staffing levels were based on people's individual needs and dependencies. There were usually two staff members in the house during the day and one at night to care for the three people living in the service. This arrangement ensured people were provided with their contracted hours of support. We observed there to be enough staff to ensure people's needs were met. Staffing levels allowed people to receive regular interaction, social opportunities and supervision to ensure they were kept safe. Staff were able to spend quality time with people, providing companionship and engaging people in activities as well as undertaking task based support. Staff confirmed staffing levels were appropriate and consistently maintained from day to day.

The premises were well maintained and suitable for their intended purpose as a small home for people living with learning disabilities. There were adequate amounts of communal space and seating to comfortably house the three people who lived in the home. This included a large dining kitchen, a living room, toilet and bathroom facilities and a pleasant garden area. People's bedrooms were appropriately sized and personalised to their individual requirements. Key safety checks took place on the premises and equipment to ensure it was maintained in safe condition. This included checks on hoists, bed rails, fire, water, electrical and gas systems. Health and safety checks were undertaken by staff to help keep the building safe. These looked at the environment to ensure it was free from clutter and hazards as well as fire safety. Personal evacuation plans were in place for each person who used the service. These provided information on how to safely evacuate people in the event of an emergency such as a fire. Some of these may have benefitted from more detail as to the exact evacuation arrangements needed at various times of day. We fed this back during the inspection and the management team said they would review these.

Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. This included ensuring staff completed an application form, attended an interview and proved their identity. Employment offers were subject to satisfactory references and a Disclosure and Barring service (DBS) check. We spoke with a new member of staff who confirmed they had been subject to the required recruitment checks. One person who used the service was involved in the recruitment of new staff. Records showed they had formed part of the team interviewing prospective candidates and their comments on candidates were recorded within interview notes. This showed people had a say in the recruitment of staff.

Good

Is the service effective?

Our findings

A relative we spoke with told us that staff had the right skills to care for their family member. They told us that although there had been a fair turnover of staff over the last few years, staff were always knowledgeable about their relative and some core staff had been supporting them for nearly 20 years.

Staff received a range of training relevant to their role. Staff new to care completed the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support. Staff received regular training updates in topics such as behaviours that challenge, moving and handling, medicines, Mental Capacity Act 2005 (MCA) and safeguarding. This comprised of both face to face training and computer based modules. Staff told us the training provided was useful and gave them the skills they needed to undertake their role effectively. A system was in place to alert management as to when training expired so it could be rebooked. We looked at training records and saw staff training was kept up-to-date.

Staff also received regular supervision conducted by senior care workers and annual appraisals. This helped monitor staff performance and address both performance issues and developmental needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found appropriate DoLS applications had been made for people who lacked capacity and the service believed were being deprived of their liberty. At the time of the inspection one DoLS was in place with no conditions attached. Another DoLS had previously been in place and although the service had reapplied to the supervisory body prior on its expiry, the supervisory body had yet to re-assess the person and as such the DoLS had expired. A third person who had a greater level of capacity and independence had correctly not been subject to a DoLS application. This demonstrated the service had a good understanding of the DoLS process and had used it correctly.

Staff had received training in the MCA. We saw evidence the service was working within the legal framework of the MCA. For example, where people lacked capacity to make particular decisions, we saw best interest processes had been followed, involving relatives and health professionals. These had been undertaken in areas such as assistive technology and activities. Consideration of consent and capacity was also embedded

into care plans and risk assessments. Care planning showed that where possible, people were involved as much as possible in decisions relating to their care and support.

People who used the service were provided with a range of suitably nutritious food which met their individual needs. Meals were decided on a daily basis based on people's choices. For example, at lunchtime we saw one person eating a lemon curd brioche and a mousse in line with their preference. In the evening we saw people eat a sausage casserole with fresh vegetables followed by a dessert. Two people required assistance at mealtimes and we saw this was provided by staff in a patient and unrushed way with staff providing gentle encouragement throughout. We looked at records of people's dietary intake which showed they were provided with a varied and suitably balanced diet.

Appropriate action was taken to protect people from the risks of malnutrition. People's weights were regularly monitored. One person had been assessed as being nutritionally at risk, and efforts had been made to increase their weight. This included the administration of a nutritional supplement and fortifying foods. During the inspection we saw staff provide them with a banana milkshake to help increase their calorie intake.

People's health needs were assessed and plans of care put in place to assist staff. Relatives we spoke with said the service was very good at keeping people well and they always contacted relevant health professionals should people's condition change.

People with learning disabilities should receive annual health checks to assess any deterioration in their health. We saw the service supported people to attend these checks in a timely manner. Each person also had a health action plan, providing clear information on the support they needed help keep healthy.

We saw people were helped to access services such as GP's, the dentist and chiropodist to maintain their health. The support provided by these professionals was documented within people's health files so staff at the service were aware. Hospital passports were also in place, a document summarising people's care and support needs which could be given to the hospital should they be admitted. This aimed to reduce distress and ensure people's care needs were known by hospital staff.

Good

Is the service caring?

Our findings

We found staff were kind and caring in nature and treated people with a high level of dignity and respect. People and relatives spoke positively about staff. One relative told us they thought staff were excellent and described how the staff team were dedicated to providing kind and friendly care.

We observed care and support and saw staff treated people with kindness and compassion. Staff greeted people warmly, smiled at them and used a good mixture of verbal and non-verbal communication to support people and make them feel at ease. Care workers were mindful of people's privacy and dignity. They demonstrated good caring values and their answers to our questions showed a dedication to ensuring people received highly individualised care and support.

People looked clean, appropriately dressed and well cared for. This provided evidence people's personal care needs were met by the service. Staff checked on people's appearance regularly and were quick to respond for example if someone spilt food on their clothes.

Good positive relationships had developed between people who used the service and staff. Staff knew people well and were able to tell us detailed information about every aspect of people's care and support regimes. One staff member had worked at the home for 18 years and had supported two of the people living in the home throughout that period, giving them an in-depth knowledge of these people. Detailed information on people's biography and past lives was recorded. This helped staff understand people's experiences in order to provide personalised care and support.

People were encouraged to celebrate special events such as birthdays. We saw one person had recently had their birthday and staff had supported the person to organise a party at the home with their friends and members of the local community attending. They told us they had enjoyed the event very much. A relative told us how staff had supported their relative to leave the home to attend a special family event. They said they were very grateful to staff for being able to ensure the person was included. This showed us staff wanted to help them maintain relationships with their friends and family. Visitors reported no restrictions on visiting times. They told us they were able to visit unannounced whenever they liked and they always found a pleasant and open atmosphere within the home.

People's independence was promoted where appropriate. For example one person was encouraged to maximise their independence around the home. They self-medicated, cooked and/or prepared some elements of food and accessed drinks and snacks independently. We saw their care and support plan focused on maximising this independence.

People were listened to by staff. Care plans focused on ensuring people's choices were maximised and we saw people offered choices throughout the day. Two people who used the service were unable to verbalise. Care plans provided evidence that people's body language and bespoke communication methods had been assessed and interpreted. For example one person's care plan stated how they would communicate if they were hungry, in distress or in pain. During the inspection we saw staff interpreting people's body language

appropriately to ascertain people's feelings. Decision making profiles were in place for each person. These instructed staff on how to support people to make choices and outlined the support they needed. This demonstrated the service recognised the importance of giving people choice and control over their lives.

Although some basic information on people's needs and wishes at the end of their lives had been recorded, end of life care plans would have ensured appropriate arrangements were in place for when people approached the end of their lives.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw the service was acting within the Equality Act and for example, made arrangements to support people meet their spiritual needs. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

Relatives we spoke with said they were confident people were receiving appropriate care that met individual needs. One relative said the care was "Absolutely brilliant, they are well looked after." A senior care worker explained how there was a robust pre-assessment process before anybody moved into the home to check people's needs could be met. At the time of the inspection, there was one empty bed. Great care was being taken only to admit someone who was compatible with other people living in the home, to ensure the comfort and safety of all residents.

Person centred care plans were in place for each person. We saw they provided a thorough and in depth assessment of people's needs and provided clear instructions for staff to follow. This included information on people's preferred daily routines. These were highly detailed for example including information on how bed covers needed to be positioned to ensure one person's safety and comfort. Staff we spoke with had a very good understanding of the content of people's plans of care, preferences and daily routines which provided us with further assurance their needs were being met.

People's religious, cultural and spiritual needs were assessed and catered for. We saw evidence one person was supported to attend a local community group with others who shared their culture and religious beliefs.

Care plans were subject to regular review to ensure they responded to people's changing needs or support arrangements. People who used the service and their relatives were involved in the reviews. Key worker meetings were held with people where progress in undertaking activities and achieving other goals were discussed. Care reviews were also undertaken on an annual basis involving people and/or their relatives. We spoke with the relatives of two people who lacked capacity to make decisions relating to their care and support. They said the service was effective in discussing care and support arrangements and always informed them if the person's needs had changed.

Whilst key worker meetings and annual care reviews resulted in objectives and goals being set for people, we found these could have been monitored more effectively. For example, some people's objectives set at annual care review were not always reviewed at each key worker meeting. The registered manager said they were consolidating actions from all these meetings into one place to improve this process.

The registered manager showed us how they were in the process of updating care and support documentation to a new format to help make these more accessible to people who used the service. This would help further involve people in the development and review of care plans.

People were provided with a range of suitable activities and social opportunities. Staff we spoke with understood people well and the type of activities that they enjoyed. There was a person centred approach to activities. For example, one person enjoyed reflexology, and weekly sessions were held in the home for them. A music man visited regularly and staff took people out on trips such as shopping, for meals and to community centres. One person was more independent and staff supported the person to access the

community on their own. People were currently planning their summer holiday with all three residents planning a trip to Blackpool over the summer months.

Systems were in place to log and investigate complaints. Relatives we spoke with told us they were completely satisfied with the care and support provided. They both said they would feel comfortable raising issues with the registered manager and senior support workers and were confident any issues would be resolved. Information on how to complain was on display around the premises to bring it to the attention of people. We saw no formal complaints had been received about the service since the previous inspection. Minor complaints or 'grumbles' were explored and dealt with through informal discussion or key worker meetings.

Good

Is the service well-led?

Our findings

Relatives we spoke with said they were confident people were receiving high quality care and that they would definitely recommend the service to others. We found a pleasant, friendly and inclusive culture within the home, with staff dedicated to providing a person centred approach to people's care and support.

A registered manager was in place. We found them to be open and honest with us about the current quality of the service with a dedication to continuously improving the service provided. The registered manager was supported by senior care workers who had a range of management responsibilities such as completing staff supervisions and audits. Staff and relatives we spoke with told us they found the management team approachable and effective in its role. One staff member said, "One of the best managers, I can approach them with anything." Staff said communication from management and morale within the service was good.

Systems were in place to assess and monitor the quality of the service. Audits and checks were undertaken by senior care workers in a range of areas such as medicines, health and safety, infection control and the premises. This helped ensure the service operated safely and to a high standard. External expertise was also used to make improvements to the service. For example, a recent pharmacy audit had taken place and the registered manager was working through the actions to further improve the service.

The registered manager was supported by an operations manager who undertook regular visits to the home. These included a focus on monitoring the quality of the service. The provider's head office also conducted an annual audit of the service to drive continuous improvement. We looked at the most recent audit from December 2016 which showed a compliance score of 92.4% indicating a high performing service. Following these visits, an action plan had been created which the registered manager was in the process of working through. They were required to update the operations manager on a weekly basis as to actions taken to address improvement points from these visits.

The provider had recently recruited a service user quality checker. This was a service user who lived in one of the providers other homes that would visit the service and assess its quality from the perspective of a service user. Although a visit to this home had not yet taken place, we concluded it would be a valuable addition to the audit process.

Team meetings were regularly held. We saw these were a forum for discussing quality issues and checking staff understanding of key topics. For example a "pop quiz" on safeguarding had been discussed at the last meeting. This was an innovative way to test staff knowledge of safeguarding whilst making it fun. The registered manager told us this had been effective in highlighting some gaps in staff knowledge which were now in the process of being addressed.

The service valued the importance of seeking people's views on the quality of the service. People's feedback was sought through informal means on an ongoing basis, but also through quality questionnaires in a suitable format, key worker meetings and annual reviews.