

Voyage 1 Limited

Strafford House

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 

Overall summary

This inspection took place on 22 and 23 September 2015 and was announced on the first day. The home was previously inspected in October 2013 and the service was meeting the regulations we looked at. The provider name changed in 2014 therefore, this is the first inspection since this change in registration.

Strafford House is a care home for people with learning disabilities. It can accommodate up to six people. All bedrooms have en-suite facilities. The service is situated in Hooton Roberts near Rotherham. At the time of our inspection there were five people living at the service.

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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was registered at two locations and there was a deputy manager at this service who also had management responsibilities.

People who used the service and their relatives we spoke with told us the service provided good care and support. They told us they felt safe, the staff were caring, considerate and respected their choices and decisions.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this and the registered manager has assessed people to determine if an application was required.

People were involved in menu planning, shopping and meal preparation. We saw people were able to choose what they wanted to eat and there was no set times. There was plenty of choice and snacks available. People had access to drinks as they wanted them.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect.

People's needs had been identified, and from our observations, we found people's needs were met by staff who knew them well. Care records we saw detailed people's needs and were regularly reviewed.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and annual appraisals of their work performance. However, this was not always in line with the provider's policy and therefore, some staff were overdue for supervision..

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager was aware of how to respond to complaints. Information on how to report complaints was clearly displayed in the service. People told us they had been given information on how to raise complaints. People we spoke with did not raise any complaints or concerns about the service. Although one person raised a minor issue, which was dealt with by the registered manager promptly and appropriately.

Staff and people who used the service who we spoke with told us that all staff were approachable, the registered manager operated an 'open door' policy and the service was well led.

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 how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people.

People's health was monitored and individual risks had been assessed and identified as part of the support and care planning process.

Medicines were stored and administered safely.

There was enough skilled and experienced staff to meet people's care needs. Although records did not always evidence that people's activities had taken place.

Good



Is the service effective?

The service was effective.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The service was also meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their dietary requirements. Their plans were clear about what they liked and didn't like and included guidance about any special dietary requirements.

Each member of staff had a programme of training and was trained to care and support people who used the service safely.

Good



Is the service caring?

The service was caring

From speaking with people who used the service, their relatives and staff it was evident that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding, kindness and respect, and took into account people's privacy and dignity.

We saw people who were able were involved in discussions about their care and we saw evidence of this in care files.

Good



Is the service responsive?

The service was responsive

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable on people's needs and people's needs were met. However documentation of this could be improved.

People regularly accessed the community and took part in a variety of activities.

Good



Summary of findings

There was a complaints system in place. The complaints procedure was available to people who used the service and visitors. We found people were listened to and any concerns taken seriously and acted on.

Is the service well-led?

The service was well-led.

There was a registered manager in post.

There were systems in place for monitoring quality of the service provided. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues.

People who used the service also had opportunity to attend meetings to ensure their views were listened to.

Good



Strafford House

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 checked 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 22 and 23 September 2015 and was announced on the first day. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service, from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

The provider had not completed a provider information return (PIR). We had not requested one. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with four people who used the service and two people's relatives.

During our inspection we spoke with five care staff and the registered manager. Following the visit we also contacted two health care professionals by telephone to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

People who used the service and their relatives told us Trafford House was a safe environment. People we spoke with said they felt very safe. One person said, “I feel safe here, if there is anything wrong it is always sorted.” A relative told us, “I know (my relative) is safe, they love it there and that is the most important thing.” Another relative told us, “(my relative) is happy to visit family but is always happy to go back to Trafford House, which is good.”

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, one person told us they went out on their own they said, “I tell staff where I am going and what time I will be back.” They added, “They phone me if I am not back to check I am OK.”

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. All staff we spoke with told us how they would respond to suspected abuse; they all said they would report immediately to the registered manager. They also knew who to contact at the local authority and senior managers within voyage should the need arise. Staff were also aware of whistle blowing procedures and explained how they would do this if necessary.

The training records showed that staff received training in safeguarding people from abuse. The local authority policy was also available to staff. This ensured they were aware of the local procedures to protect people.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people’s needs and some people who accessed the service were funded for one to one staffing, the rotas we saw allocated adequate staff to ensure these levels were provided to meet people’s needs. Staff we spoke with confirmed that there was mostly enough staff on duty. The only exception was when two people wanted to go at the same time to different activities. This could not be facilitated at the same time. Staff explained that they managed this by organising the week’s activities so everybody received the appropriate one to one hours on different days and times. We saw this was

documented in people’s activity plans. People we spoke with told us they were able to go out when they wanted but on occasions had to be flexible with times, which they didn’t mind.

People’s health was monitored and reviewed if any changes had occurred. People identified as being at risk when going out in the community had up to date risk assessments. We saw that some people were supported by staff when they went out during our inspection. We also saw other risks had been assessed for individuals and measures were in place to ensure people’s safety. For example risk of seizures at night, the registered manager had reviewed and updated one person’s care plan during our visit to ensure all risks were identified and addressed.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received, administered and returned. However, we found the amount carried over from the previous month’s supply was not always recorded on the MAR; the registered manager assured us this would be put in place. We found the audit sheets had the amount recorded and this was accurate. Staff were able to explain how they supported people appropriately to take their medication and were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required.

The recruitment procedures ensured the required employment checks were undertaken for new staff. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We looked at the recruitment files of three staff and spoke with staff that were on duty during the inspection. Information within the recruitment files, and staff comments, confirmed that the required checks had been carried out prior to commencement of employment at the service.

Is the service effective?

Our findings

People and relatives we spoke with told us staff respected choices and decisions. One person told us, “Staff always knock on my door, they respect my decision if I want to be left alone or want some space.” Another person said, “The staff always respect and support me in my decisions, but tell me if something is not right.”

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The DoLS requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. The general manager had assessed all the people who lived at the service following new guidance and had submitted applications. All staff we spoke with had a very good understanding of this legislation. Staff were also aware of the legal requirements and how this applied in practice.

People were supported to maintain good health, have access to healthcare services and received on going healthcare support. We looked at people’s records and found they had received support from healthcare professionals when required.

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included managing behaviours that may challenge, infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported.

Staff records we saw showed staff had predominantly received supervision in line with policies. Staff we spoke with also confirmed they had received supervisions and support. Although, some supervisions were late, the registered manager acknowledged this and told us the supervisions were now booked and would be carried out. One staff member told us, “We are all well supported it is a good place to work. We work well as a team and people we support are happy, which is the main thing.” The registered manager told us that during supervisions she discussed training requirements with staff to ensure they kept their knowledge up to date to meet people’s needs.

People’s nutritional needs had been assessed and people’s needs in relation to nutrition were documented in their plans of care. We saw people’s likes, dislikes and any allergies had also been recorded. We saw people choosing what they wanted to eat and people ate at the times they preferred. We saw there was a good choice of food available in the service and there were snacks and fresh fruit available for if required. People told us the food was very good. One person said, “I choose what I want to eat and what time, although we mostly eat together in the evening, but we don’t have to.”

Is the service caring?

Our findings

People we spoke with told us the staff were lovely and relatives we spoke with told us the staff were very good. All relatives we spoke with acknowledged the new registered manager had improved things and was continually looking at ways to improve the service and quality of life for people who they supported.

A relative told us, “The new manager is a breath of fresh air, communication is good and staff are supported in their roles, which means they are able to support people appropriately.” Another relative we spoke with said, “The staff do a very good job, they are caring and kind.”

People who used the service we spoke with said they liked living at Trafford House, one person said, “The staff are lovely.” Another person said, “Staff listen to me and respect me.”

People were supported to maintain family relationships and friendships. People’s support plans included information about those who were important to them. On the day of our visit one person was supported to meet their family in town for lunch.

The service had well maintained outside garden areas. Some people enjoyed gardening and took pride in the grounds looking nice. Relatives we spoke with told us it was good that the new manager had got the gardening going again, as people enjoyed it.

We spent time in the communal areas with people who used the service and staff from conversations we heard it was clear staff understood people’s needs, how to

approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. We also saw the staff and people they supported talking, laughing and joking together it was very inclusive. There was also banter between people who used the service and people were enjoying themselves.

People were supported to access the community and activities. Some people accessed it on their own and others were supported by staff. People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it. People had also had holidays and one person was going on holiday the week after our visit. People told us about their holidays and how they enjoyed going away.

We saw that staff respected people’s dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked people they were supporting before they did anything to assist with care needs. We also saw staff respected people’s decisions.

We looked at people’s care plans and found they were involved in developing the plans. Information in the plans also told staff about people’s likes, dislikes, choices and preferences. We found that staff spoke to people with understanding, warmth and respect.

Staff were able to explain to us how they met people’s needs and told us they ensured new staff learnt people’s needs before they supported them without assistance from experienced staff. A relative we spoke with told us the consistency of key workers could be better, although acknowledged this had improved with the new manager.

Is the service responsive?

Our findings

The people who used the service and their relatives told us the staff were good and provided support that met people's needs. We also observed staff respond to people's needs. Staff we spoke with understood people's needs and explained to us how they met people's needs. Staff were also able to explain to us how each person responded differently and this required different approaches and methods, this evidenced staff were responsive to individual's needs.

One person told us, "The staff are very good, I like their company they always sort things out." A relative we spoke with told us, "The staff always listen, they understand (my relative) they manage their needs well, they love it at Stafford House."

We looked at two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. The plans had been written with the involvement of the person, where the person wanted to be involved and where appropriate, their close relatives. We did find one care plan had not been reviewed when a person's needs had changed, however staff we spoke with were aware of how to meet the person needs. The registered manager reviewed and updated the persons care plan while we were at the service. This was carried out with the person who used the service and their decisions were clearly detailed in the care and support plan.

People's support plans we looked at also contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities in the home and in the community. One person told us, "I enjoy going out, I like staff to go with me." Staff we spoke with told us the activities outside of the service were very good, however, they felt there could be more organised in house. For example, crafts, painting and cooking. We discussed this with the registered manager who agreed this could be improved and agreed to discuss this at the next house meeting.

We saw that when people were at risk, health care professional advice was obtained and the relevant advice

sought. Health care professionals we spoke with told us the staff were very knowledgeable on how to meet and respond to people's needs. One health care worker told us, "I have found that the manager and support staff listen to and follow any advice given. Staff will also contact our service with any concerns or queries regarding the people in their care. We have observed positive interactions between staff and the people they support who present as happy and settled in mood for the majority of the time." Another told us, "We have discharged two of the people we previously worked with due to positive outcomes, and this is in part due to the commitment from the manager and staff to help these individuals." Health care professionals also told us, "We often call in unannounced for an update on progress and have never been made to feel this is not welcome. People are often out in the community on individual outings with their one to one worker."

The registered manager told us there was a comprehensive complaints policy, which was also in an easy read version; this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. We looked at concerns that had been raised and saw the registered manager took all issues seriously, no matter how minor. There were outcomes documented and letters were always written to the person who raised the issue. These detailed the outcome and what to do if they were not satisfied. People we spoke with did not raise any concerns regarding the service and told us if they had any they would speak to staff or the manager. On the day of our visit an error had occurred with one person's activity so staff had not been available to take them out. They raised this with the registered manager who dealt with this appropriately and the person when we spoke with them was happy with the outcome. This showed the manager responded to complaints appropriately.

We observed staff gave time for people to make decisions and respond to questions. The general manager told us meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since September 2014. They were registered to manage two services and split their time between the services. Each service also had a deputy manager who also had management responsibilities.

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. One staff member told us, "I love my job, we all work together to ensure people have a good quality of life."

All staff we spoke with told us they received regular supervision and support. However some supervision was overdue, this had been addressed by the registered manager and dates were booked. Staff also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The manager has an open door policy, and is always willing to listen, if they are not at the service they can be contacted by phone."

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the regional manager. The reports included any actions required and these were checked each month to determine progress.

The registered manager told us staff completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received.

There were regular staff and resident meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of the last meetings from August 2015. The minutes documented actions required, these were logged as actions to determine who was responsible to follow up the actions and resolve.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Health care professionals we spoke with also told us the service was well managed. They said, "The manager and staff are committed to ensure the service is run for the people who live there and provide a good quality of life."