

Voyage 1 Limited

Cornerways

Inspection report

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Date of inspection visit:
04 June 2019

Date of publication:
10 July 2019

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

Cornerways is a care home without nursing registered to provide care for up to eight people who may have learning disabilities, behaviour that may challenge, physical disabilities, mental health needs and/or autistic spectrum conditions. At the time of our inspection there were eight people living at the service.

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.

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

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.

We have recommended that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

People felt safe living at the service. Relatives felt their family members were kept safe in the service. The registered manager and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Staff recruitment and staffing levels supported people to stay safe while working towards their goals and going about their lives. The management of medicines was safe, and people received their prescribed medicine on time. There were contingency plans in place to respond to emergencies. The premises and equipment were cleaned and well maintained.

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 received effective care and support from staff who knew them well. The registered manager had planned and booked training to ensure staff had appropriate knowledge to support people. People enjoyed

the food and could choose what they ate and where to eat. People had their healthcare needs identified and were able to access healthcare professionals such as their GP.

We observed kind and friendly interactions between staff and people. People confirmed staff respected their privacy and dignity. The registered manager was working with the staff team to ensure caring and kind support was consistent. People and their families were involved in the planning of their care.

The registered manager encouraged feedback from people and families, which they used to make improvements to the service and protected against the risks of receiving unsafe and inappropriate care and treatment. The staff team recognised and responded to changes in risks to people and ensured a timely response and appropriate action was taken. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

The registered manager had quality assurance systems in place to monitor the running of the service, the quality of the service being delivered and took actions promptly to address any issues. The registered manager appreciated staff's contribution to ensure people received the best care and support. Staff felt the registered manager was supportive and open with them and communicated what was happening at the service and with the people living there. People and relatives felt the service was managed well and that they could approach the management and staff with any concerns.

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

Rating at last inspection

At the last inspection the service was rated good (Report was published 27 August 2016).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Cornerways

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

Cornerways is a care home (without nursing) which is registered to provide a service for up to eight people with learning disabilities. 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 the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted 10 community professionals for feedback and received one response. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who use the service. In addition, we spoke with the registered manager and received feedback from seven members of the staff team. We observed lunch, planned activities and interactions between staff and people living at the service. We carried out a tour of the premises. We reviewed a range of records relating to the management of the service for example, audits and quality assurance reports; records of accidents, incidents; compliments and complaints, and maintenance records. We looked at three staff recruitment files and staff support information. We looked at three people's support plans and associated records.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence found. We looked at training information, quality assurance audits, meeting minutes and spoke to two relatives.

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

- People felt safe living in the service and they knew who to ask for help if they felt unsafe. Relatives said their family members were safe with the staff.
- When there had been safeguarding concerns raised, the registered manager dealt with them appropriately.
- Staff knew how to deal with and report any issues relating to people's safety. Staff were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and the care they received.
- The registered manager assessed the risks and took action to mitigate them. People's support plans had detailed guidelines to ensure staff supported them appropriately including personal care, communication, emotional and behavioural support.
- Support plans provided guidance for staff on how to minimise the risk without restricting people or their independence. Information about risks and needs were kept under review. As people's needs changed, risk assessments were also adjusted to reflect it.
- Business continuity plans were in place to ensure people were supported in the event of emergency.
- The environment and equipment were safe and well maintained. Staff monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards as they went about their work. The registered manager had action plans in place to ensure safety in the service such as fire and legionella.

Using medicines safely

- People had their medicines managed safely.
- Medicines including specialised drugs were stored securely and regularly checked by the registered manager and senior staff.
- People were supported to have their medicines at the right times as prescribed.
- Only trained senior staff who had been assessed as competent supported people with their medicines.
- We reviewed medicine administration record (MAR) charts for the people who use the service. We found only one gap and the registered manager addressed it immediately.
- Where people were prescribed 'as required' medicines, we found there was clear guidance in place to identify when the person might need the medication or what symptoms they might present with.

Staffing and recruitment

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience. We found some information

gaps regarding employment histories. We raised this with the registered manager. We have since been provided with evidence that this has been rectified.

- There were enough staff to support people's needs and the registered manager regularly reviewed the numbers needed.
- People received support from staff on a one to one basis and in small groups. This was based on people's individual needs.
- Staff felt there were usually enough staff to do their jobs safely. The registered manager was always helpful ensuring the service operated at safe staffing levels. We saw staff responded to people's request for support during the day.

Preventing and controlling infection

- Appropriate measures were in place regarding infection control. The service was clean and free of malodour.
- Staff used appropriate personal protective equipment to help protect people from the risks relating to cross infection.
- Staff were trained in infection control and followed the provider's policies and procedures.

Learning lessons when things go wrong

- The registered manager had a system for recording accidents and incidents and information was recorded in detail with appropriate actions taken. They reviewed this information for trends and triggers, and to look for ways to reduce the risk of reoccurrence.
- Regular contact and communication within the staff team provided opportunities for the service to learn from past events and put measures in place to ensure everyone's safety.
- The service supported people who may become distressed and show behaviour that challenged, and the staff responded well to incidents of this kind. The service also worked with professionals around ideas of improvements or if things could have been done differently.

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 care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.
- People's support plans were very person centred and clearly described people's personal likes and preferences, their social interests, as well as physical and emotional needs. It demonstrated the person had been involved in drawing up their plan.
- Support plans detailed the outcomes people wanted to achieve and how they wished to be supported. Where people were diagnosed with a learning disability and/or mental health issue, support plans identified the impact of these needs on them individually and how staff should support them in all areas. It was also to ensure people were able to live life to the full potential and as they chose.

Staff support: induction, training, skills and experience

- The training information showed the mandatory training updates provided to staff at the service was not always in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in emergency first aid every three years, whereas current best practice guidelines say first aid should be updated annually.

We recommend the provider reviews and brings the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

- People received effective care and support from staff who knew how they liked things done. We observed the staff interacted well with the people and responded to those who needed help.
- Staff received training that equipped them with the knowledge they needed to support people. The registered manager had a system for monitoring staff training to ensure training was up to date. The registered manager had planned and booked training to ensure staff had appropriate knowledge to support people. When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. Staff felt really supported by the registered manager. They used the provider's performance and appraisal system. Staff members received feedback about their performance and discussed training needs during one to one supervision.

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

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking. Staff made sure foods were available to meet people's diverse

and cultural needs and preferences. People also helped decide on menu choices.

- The service sought the advice of dietitians or Speech and Language Therapists, as necessary, and followed any advice given.
- During the inspection, we saw that people enjoyed the food and were given options of food they wanted. They said snacks and drinks were available at any time and they were encouraged to drink regularly.

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 remain as healthy as possible. Support plans covered aspects of care including health and well-being to meet people's individual needs.
- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly.
- People were referred to various health professionals in good time to address any health or changing needs. The registered manager and the staff were knowledgeable and informed about people's health and wellbeing.
- We saw the care for people's health and wellbeing was proactive and organised well.

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

- The premises were clean and bright, and furnishings and fittings were of a good quality.
- People were involved in decisions about the premises and environment; individual preferences and support needs were reflected in how adaptations were made and the premises were decorated. For example, people were supported in choosing how they would like their bedrooms decorated.
- The people living at the service were able to mobilise independently or with aids such as walking frames or wheelchairs around the communal areas, their rooms, and the outdoor areas.

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.

- People's rights to make their own decisions, where possible, were protected.
- People agreed staff asked them before providing any care or support. We observed staff were polite and respectful towards people and their decisions.
- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA.
- People had specific support plans in place regarding their decision making. It gave a description of how people were able to make their own choices and to what degree.

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

- The service continued to provide caring and kind support to people who were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well.
- People were comfortable with staff and responded well to them. Relatives agreed staff were caring when they supported their family members. People and relatives agreed staff were caring and kind. They said, "Staff are fine, and they are respectful", "Staff are good and nice. I like living here" and "Staff are very nice, every single one of them. They provide brilliant care".
- People agreed staff knew how they liked things done when supporting them. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents' meetings, and verbal and written feedback.
- Staff respected people's choices about how and where they wanted to spend their time.
- People's bedrooms were personalised and decorated to their taste including pictures of friends and family, pictures and other items important to the person. We observed people and their appearance. They looked well cared for with clean clothes and appropriate footwear.

Respecting and promoting people's privacy, dignity and independence

- People and relatives agreed staff showed them respect and were polite. People and relatives agreed staff protected their dignity and privacy.
- Staff understood the importance of treating people with dignity and compassion, and of respecting their privacy. For example, knocking on their doors, respecting their wishes for alone time and preserving dignity during personal care.
- People were encouraged and supported to be independent. Staff were helping with making choices, working together and involving them in day to day tasks which people really enjoyed. Staff supported people to do as much for themselves as possible.
- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept locked away in the office. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

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 meet people's needs, preferences, interests and give them choice and control

- People felt they received support that was individualised to their personal needs. Relatives agreed their family member received the care and support they needed. They said, "Staff do listen to [relative] and [relative] can share their opinion. Staff do think about [relative's] best interest" and "Staff are brilliant, I cannot praise them enough and this place is fantastic. [Relative] looks immaculate every time I visit".
- People continued to receive person-centred care. Support plans were very detailed and written in an individualised style. This provided staff with information and guidance on each person, so they could continue to meet their individual needs.
- People's needs and support plans were regularly assessed for any changes. People's changing needs were monitored, and support plans amended when changes occurred or if new information came to light. Where a person's health had changed it was evident staff worked with other professionals.
- The staff used shift handovers to discuss any tasks to complete or what was going on in the service. The registered manager worked alongside staff in the service. This way they could monitor practice regularly during the day and ensure appropriate action was taken to address any issues.

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.

- Support plans clearly described the support people needed to communicate effectively and what staff needed to do to communicate effectively with them, wherever possible.
- Staff were aware of different ways of communicating with people, for example, pictures, using pen and paper, Makaton and giving them time to respond. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.
- The registered manager was aware of the specific requirements of the AIS. We discussed the five steps of AIS with the registered manager to ensure all information presented was in a format people would be able to receive and understand.

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

- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People had a range of activities they could be involved in and staff ensured they got out of the house regularly.
- People were supported to follow their interests and take part in social activities according to their choices.

People were involved in the local community and visited local shops and other venues. Where possible the service provided access to local events to enhance social activities for all people. This took into account their individual interests and links with different communities. During our inspection we observed people were going out throughout the day.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and used it as an opportunity to capture any trends and improve the service.
- We saw the service received compliments regarding the care and support provided to people. The registered manager always thanked the staff and appreciated their work.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- People knew who to talk to if they had concerns. Relative said they had not needed to complain but that they were confident the registered manager would take action if they did.
- The registered manager took complaints and concerns seriously and used as an opportunity to improve the service. There had been two complaints since our last inspection and these had been addressed.

End of life care and support

- At the time of this inspection the service was not providing end of life care to anyone living at the service. We saw the staff had taken the time to explore end of life wishes with people and where appropriate with their families.

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 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

- The registered manager and staff demonstrated a shared responsibility for promoting people's wellbeing, safety, and security. There was a 'whole team approach' and supportive culture. People and relatives agreed the service was managed well.
- Staff felt listened to and the registered manager was approachable. Staff said the service was managed "excellent and with competence".
- The registered manager praised the staff team saying, "I feel my staff team is very strong. We have the same values and we work towards the same goals. The staff are open and honest with me, and we explain things to them. I respect them, and I believe they respect me. They are not just support workers; they are part of the team".
- The registered manager added she felt supported by their seniors within the organisation and other managers.
- One community professional said, "The management has historically been responsive and show sensitivity and insight into the residents, and I feel they have trained a good staff team".

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

- 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 safety and quality of care provided.
- The registered manager submitted notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- The registered manager had quality assurance systems in place to help them identify shortfalls and complete timely actions. The audits included medicines, care planning, review of any feedback received, stakeholder consultations and any accidents or incidents. The registered manager worked alongside staff that helped them observe daily practice and pick up any issues promptly.
- The registered manager worked with their senior management to review the quality of the service. They were also working according to continuous improvement plan to ensure necessary improvements were made.
- The registered manager had an open-door policy and welcomed any feedback of how to maintain good service.

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

- The registered manager was clear about their role. All the registration requirements were met. We discussed duty of candour and what incidents were required to be notified to the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. They were motivated to provide care and support to people as their needs and health were changing.
- The registered manager and staff held meetings for people who use the service to listen and gather any views or concerns they had.
- The registered manager held staff team meetings to ensure any items arising from audits, reviews, people's meetings, relatives' feedback were shared with the staff team. This was to ensure all team members were aware of any issues, actions to take and pass on positive feedback. The staff felt the meetings were useful and helped them keep up to date with what was going on in the service.
- The registered manager encouraged feedback and acted on it to continuously improve the quality of the service, so the people enjoyed living in the service.

Working in partnership with others

- The registered manager had a well-established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.
- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. Records showed the service had positive relationships and regular contact with professionals including GP's, occupational therapist, physiotherapist, speech and language team, mental health team and the local authority.